

California Home Visiting Program Scope of Work

AUTHORITY

The Patient Protection and Affordable Care Act of 2010 established the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program to provide an opportunity for collaboration and partnership at the federal, state, and community levels to improve outcomes for families who reside in at-risk communities through evidence-based home visiting programs.

The Local Health Jurisdiction (LHJ) agrees to provide the services presented in this Scope of Work (SOW) from the California Department of Public Health, Maternal, Child and Adolescent Health (CDPH/MCAH) Division in collaboration with the California Home Visiting Program Branch for implementation of the California Home Visiting Program (CHVP). The funded LHJ/Agency is referred to as "LHJ site" in this SOW. The CHVP shall strive to develop collaborative community systems that protect and improve the health and developmental outcomes for California's pregnant women, parents, and families.

The purpose of the LHJ site SOW is to provide parameters for implementing or expanding an existing Nurse-Family Partnership (NFP) or Healthy Families America (HFA) home visiting program in accordance with Federal MIECHV and State requirements to achieve positive outcomes for each of the following five goals:

1. Provide leadership and coordinate maternal and early childhood systems and supports to advance federal, state, and local efforts to improve the health and well-being of families in California
2. Cultivate strong communities
3. Promote maternal health and well-being
4. Improve infant and child health development
5. Strengthen family functioning

Each LHJ site shall assure program integrity and fidelity to their selected evidenced-based model. The site shall comply with the terms of this SOW and its attachments, including CHVP Operational Requirements, in their entirety. These requirements include, but are not limited to, fulfilling all deliverables associated with benchmark constructs, attending required meetings and trainings, using a version of the Efforts to Outcome data system (referred herein as the "CHVP data system") to measure outcomes, perform continuous quality improvement, enter and submit timely data, and complete other required reports.

LHJ site agrees to abide by the Maintenance of Effort (MOE) as defined in the Affordable Care Act Section 295:

"Funds provided to an eligible entity receiving a grant shall supplement, and not supplant, funds from other sources for early childhood visitation programs or initiatives. The grantee must agree to maintain non-Federal funding (State General Funds) for grant activities at a level which is not less than expenditures for such activities as of the date of enactment of this legislation, March 23, 2010."

All activities in this SOW shall take place from receipt of funding, estimated to begin February 1, 2012, to June 30, 2013.

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Special Notice for \$50,000 Initial Allocation

CDPH/MCAH will allocate \$50,000 for one-time-use to each LHJ site for initial administrative functions associated with home visiting implementation activities. This amount must be used for activities required to implement CHVP. The initial allocation shall be used to hire qualified staff, provide the necessary equipment, training, and home visiting materials required by CHVP and either HFA or NFP model, affiliation or certification fees, and other administrative activities.

The table below summarizes a list of reports due to CHVP. Specifics related to the contents of reports are described further in this SOW and located under *Evaluation/Performance Measure* of each objective.

Deliverables	Due Date
Administrative Plan for \$50,000 One-Time Funding	Upon return of complete AFA packet
Orientation Attendance	April, 2012 or TBD
Staffing Report	May 31, 2012
Semiannual Progress Reports	See below
Supervisor Quarterly Reports	See below

Semiannual Progress Reports:

Reporting Period	From	To	Due Date
1) First Report	February 1, 2012	June 30, 2012	July 31, 2012
2) Second Report	July 1, 2012	December 31, 2012	January 31, 2013
3) Third Report	January 1, 2013	June 30, 2013	July 31, 2013

Supervisor Quarterly Reports:

Reporting Period	From	To	Due Date
1) Primary Administrative Report	February 1, 2012	June 30, 2012	July 31, 2012
2) Second Report	July 1, 2012	September 30, 2012	October 31, 2012
3) Third Report	October 1, 2012	December 31, 2012	January 31, 2013
4) Fourth Report	January 1, 2013	March 31, 2013	April 30, 2013
5) Fifth Report	April 1, 2013	June 30, 2013	July 31, 2013

See the following pages for a detailed description of the services to be performed.

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Objective(s)	Intervention Activities to Meet Objectives	Evaluation/Performance Measures	
		Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated	
		Process Measures	Outcome Measures
Administrative Plan			
1.1 Prior to CHVP implementation, sites will receive \$50,000 one-time allocation; sites will develop a summary of initial administrative functions associated with home visiting implementation activities.	1.1 The administrative plan must summarize administrative activities associated with CHVP implementation as follows: <ul style="list-style-type: none"> • Prioritization of activities required before program implementation (e.g., county approval to accept funds; obtaining site certifications/affiliations through NFP/HFA if needed; recruiting, hiring, orienting, and training staff, as well as for obtaining equipment and training materials. • Determine target dates for completion of each activity. • Names and contact information for the responsible staff who will be completing each activity. 		1.1 Submit a summary of administrative activities upon return of complete AFA packet.
MCAH Director Leadership			

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1.2 The LHJ Maternal, Child and Adolescent Health (MCAH) Director shall provide oversight of the LHJ site, including leveraging opportunities for coordination and integration of services to improve community linkages, reduce duplication of service, and foster seamless systems of services and supports for the target MCAH population.	1.2 The LHJ MCAH Director shall perform the following: <ul style="list-style-type: none"> • Provide authoritative advice, guidance, and assistance to LHJ site managers, supervisors, staff, and various nonprofit and private entities on all matters related to the development, implementation, operation, administration, evaluation, and funding for CHVP in their own local jurisdictions. • Designate self or an appropriate staff member as the central point of contact for CHVP in terms of program-related administration. • Participate in CHVP system of care improvement activities with specific emphasis on building local capacity to promote positive outcomes for children and families and addressing systems-level factors, such as ensuring a 	1.2.1a Submit a report on CHVP-related activities and accomplishments performed by the MCAH Director during the reporting period. 1.2.1b. Submit a report regarding discussion of the system of care improvement activities developed by LHJ sites and/or the Community Advisory Board during the reporting period. Required details of this report will soon be announced in a Program Letter.	

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	<p>strong network of community services; addressing gaps in local services and supports; enhancing cross agency coordination, collaboration and communication; integration of home visiting into the larger continuum of services for children and families; and prevention of service duplication.</p> <ul style="list-style-type: none"> Play a role in the state effort to build a high quality comprehensive and coordinated statewide early childhood system. 		
Program and Fiscal Management			
1.3 LHJ site will maintain program and fiscal management capability and will demonstrate that it is conducting CHVP activities as required in the CHVP established Policies and Procedures, Scope of Work and Fiscal Policies and	<p>1.3 LHJ site shall:</p> <ul style="list-style-type: none"> Semiannually review, revise and enhance internal policies and procedures for implementing CHVP. Implement CHVP according to HFA or NFP program fidelity 	1.3 Semi-annual progress reports to include a brief description of the LHJ policies reviewed during the reporting period, and a discussion of relevant policy changes during that period.	

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Procedures.	and CHVP requirements. <ul style="list-style-type: none"> Collect and electronically input data according to model and CHVP requirements. 		
MCAH Director Responsibilities			
1.4 By April 30, 2012, LHJ site will hire staff according to CHVP and model requirements.	1.4 LHJ site shall hire sufficient staff to serve 100 clients and adhere to their specific evidence-based model guidelines as follows: <u>NFP Model</u> - Supervising Public Health Nurse - Public Health Nurse - Administrative / Clerical Support <u>HFA Model</u> - Program Manager - Supervisor - Family Support Worker - Family Assessment Worker		1.4 Submit staffing report by May 31, 2012, that will include the following (see Attachment B): <ul style="list-style-type: none"> Staff recruitment status. Percentage of effort dedicated to CHVP. Submit organizational chart with names of staff hired by May 31, 2012.
Orientation			
1.5 By June 30, 2012, staff will complete required CHVP	1.5 LHJ staff shall participate in a CHVP-mandated "General Orientation" which will be face-	1.5 Submit a list of staff who attended CHVP-mandated	

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program orientation.	to-face (other details will be provided at a future date via an official Program Letter).	"General Orientation."	
Training			
1.6 LHJ sites will ensure that staff complete the required core trainings and ongoing training sessions required by the NFP National Service Office (NSO) or HFA model.	1.6 LHJ site shall ensure that staff receive training in the following curricula, assessment tools, and other training modules: NFP Model - Partners in Parenting Education (PIPE) - NCAST (Training assessment tool) - Ages and Stages Questionnaire (ASQ) - Keys to Caregiving - HOME Inventory - Other CHVP required trainings to be announced in a program letter HFA Model - Partners for a Healthy Baby (include latest versions of five modules: "Before Baby Arrives", Baby First 6 mo., Baby First 7-12 mo., Baby First 13-18 mo., Baby First 19-36 mo.) - Ages and Stages Questionnaire (ASQ) - Kempe Family Stress Checklist	1.6 Submit a list of staff who completed trainings, including the dates taken and copy of successful completion of core educational requirements.	

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	- Other CHVP required trainings to be announced in a Program Letter		
Enrollment			
1.7.1 <u>NFP Expanded and New LHJ Sites</u> – 100 families will be enrolled within 9-15 months from date of program	1.7.1 Conduct outreach activities to at-risk groups, areas, and community agencies and other service providers to ensure that	1.7 List and report the following : <ul style="list-style-type: none"> • Outreach activities. • Number <u>and</u> contact information for all 	1.7 (HFA sites) At the end of each reporting period, submit a report on the average time to

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<p>implementation and maintained throughout the duration of the program, recognizing effects of attrition when number of enrolled clients may temporarily fall below 100.(+)</p> <p><u>HFA Expansion and New LHJ Sites</u> – 100 families will be enrolled by 15 months from date of program implementation and maintained throughout the duration of the program , recognizing effects of attrition when number of enrolled clients may temporarily fall below 100.(+)</p>	<p>appropriate, eligible clients are identified and referred to LHJ.</p> <p>1.7.2 LHJ site will assess and enroll eligible families for CHVP services and will link non-qualifying referred families and families referred after the program has reached full capacity to other community resources.</p>	<p>community groups, and other service providers contacted.</p> <p>Report the following:</p> <ul style="list-style-type: none"> • Number of enrolled families by month. • Number and source of incoming referrals to CHVP and number of newly enrolled families by month. • Number and type of outgoing referrals made to appropriate community resources for families not enrolled in CHVP by month. 	<p>assess and enroll families following the receipt of referrals. Within this report, submit information on the total number of contact attempts from referral to assessment and enrollment. (*)</p> <p>1.7 (NFP sites) At the end of each reporting period, submit a report on the average time from receipt of referral to first client contact and home visit intake. Within this report, submit information on the total number of contact attempts from referral to first client contact and home visit intake. (*)</p>

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Home Visiting Service			
1.8 Between May 1, 2012, and June 30, 2012, the LHJ site will begin the process of implementation for home visiting services under the condition that LHJ board approval and implementation plan approval are met.	1.8 Implement home visiting services following the NFP or HFA model and CHVP requirements. Appropriate staff shall complete documentation of home visiting notes within 24 hours of occurrence and enter information into the data management system as required by CHVP.	1.8.1 Report the number and length of home visitor contacts. 1.8.2 Report the number of clients that were maintained on the home visitor caseload and the time duration of home visits.	1.8 Of those enrolled families or clients, report completed visits and the number of scheduled visits.
Fidelity and Quality Assurance			
1.9 Assure program fidelity and quality of CHVP implementation.	1.9.1 LHJ Site Supervisors are required to manage staff activities using reflective supervision based on NFP and HFA model requirements. 1.9.2 Verify the accuracy, validity and completeness of data input into the data system.	1.9.1 LHJ Site Supervisor shall electronically submit a quarterly report to the CHVP HFA or NFP Statewide Nurse Consultant that will detail LHJ site's successes, challenges, and any need for technical assistance. 1.9.2 At the end of each reporting period, submit a statement of the method(s) used for verifying the integrity of the	.

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	<p>1.9.3 Participate in model-specific quality assurance activities and any CHVP-directed Continuous Quality Improvement (CQI) activities to be developed.</p> <p>1.9.4 Identify areas in need of improvement and develop a plan to address deficiencies.</p> <p>1.9.5 Coordinate communication of quality assurance/improvement activities between the LHJ program and Community Advisory Board (CAB) or other community collaborative designated to address quality improvement needs.</p> <p>1.9.6 MIECHV Competitive Grant recipients will work with the CHVP external evaluators and ensure that all data is provided as needed under direction of the CHVP Branch.</p>	<p>data.</p> <p>1.9.3 - 1.9.5 Electronically submit all required CQI reports, including plan and activities to CHVP Branch. Other specific requirements related to CQI will be announced by CHVP via a Program Letter.</p> <p>1.9.6 MIECHV Competitive Grant recipients will report required activities as defined in the attached Operational Requirements.</p>	

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		Process Measures	Outcome Measures
Data Collection			
1.10.1 Collect all information that will contribute to the 35 constructs that comprise the 6 legislatively-mandated benchmark domains, and any possible additional CQI and/or evaluation measures identified by CHVP in the CHVP Policies and Procedures Manual (to be released).	1.10.1 – 1.10.4 LHJs will use CHVP or NFP/HFA data forms and processes as defined in the CHVP Policies and Procedures Manual (to be released) or Program Letter. LHJs' appropriate staff shall collect and enter the data into the secure data management system on an ongoing basis and as required by CHVP and NFP or HFA.		
1.10.2 Collect participant demographic, process, quality improvement, and outcome data using the required tools through self-report and observation at each of the defined time intervals.			

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<p>1.10.3 Collect home visitor and supervisor demographic, process, and quality improvement data at each of the defined time intervals.</p> <p>1.10.4 Collect information on collaboration and systems of care from program staff using the required tools (TBA) at each of the defined time intervals.</p> <p>1.10.5 Verify the accuracy, validity, and completeness of data collected and entered into MIS.</p>	<p>1.10.5 LHJ site in collaboration with the CHVP Evaluation Team Member will develop methods for verifying the integrity of these data.</p>	<p>1.10.5 LHJ shall electronically submit data by the end of each quarterly reporting period that meets all requirements set forth by the CDPH/MCAH in the Policies and Procedures Manual (to be released).</p>	

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Goal 2: Cultivate strong communities.

The federally required benchmarks and constructs corresponding to Goal 2 include:

- Improvement in the coordination and referrals for other community resources and supports
 - Number of families identified for necessary services; Number of families that required services and received a referral to available community resources; Number of Memoranda of Understanding or other formal agreements with other social service agencies in the community; Number of agencies with which the home visiting provider has a clear point of contact in the collaborating community agency that includes regular sharing of information between agencies; Number of completed referrals.

Objective(s)	Intervention Activities to Meet Objectives	Evaluation/Performance Measures	
		Process Measures	Outcome Measures
Community Advisory Board			
2.1 CHVP LHJ will form a Community Advisory Board (CAB)	2.1 CAB activities include: <ul style="list-style-type: none"> • Quarterly meetings. • Maintenance of meeting minutes, a list of membership to be made available by LHJ site to CHVP upon request. • Assist in informing program operation and implementation, quality assurance/improvement, child and family advocacy, and public awareness regarding home visiting. Establish or improve system of care improvements, interagency coordination, information sharing, and referral system. 	2.1 Briefly describe the activities and frequency of CAB meetings during the reporting period to enhance CHVP implementation and operation.	2.1.1 Submit a report of policy recommendations developed by CAB. 2.1.2 Submit a report of outcomes related to policy recommendations (guidance to be announced in a Program Letter). 2.1.3 Submit a report of accomplishments as related to each of the CAB goals and objectives (specific goals and objectives to be announced in a Program Letter).

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Goal 2: Cultivate strong communities.

Objective(s)	Intervention Activities to Meet Objectives	Evaluation/Performance Measures	
		Process Measures	Outcome Measures
Memoranda of Understanding (MOU) / Formal Agreements			
2.2 LHJ site will increase or enhance the number of MOUs or other formal agreements with other local social service agencies in the community. (+)	<p>2.2.1 Develop and/or maintain documented agreements (e.g., MOUs, letters of support or agreements) with community agencies and other service providers specified by CHVP.</p> <p>2.2.2 Develop community partnerships and facilitate coordination and integration of services among MCAH and other community programs/services.</p>	2.2.1 – 2.2.2 At the end of each reporting period, submit a report that lists, describes, and updates the types of agreements (e.g., MOUs, formal/informal agreements) with community agencies and other service providers involved in referral of potential clients.	2.2.1 – 2.2.2 Report the number of MOUs or other formal agreements with other local social service agencies.

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Collaborative Effort			
2.3 LHJ site will increase information sharing with other local social service agencies in the community. (+)	2.3.1 Develop collaborative relationships with local service agencies and hospitals in the community to effect strong referral resources and allow service integration. 2.3.2 The LHJ will develop a clear point of contact (person/s) with collaborating community agencies and share information on a regular basis as it relates to outreach, enrollment, referrals, care coordination, etc. 2.3.3 Outreach and education about CHVP.	2.3 The number of agencies with which the home visitor has a clear point of contact and with whom information is regularly exchanged.	2.3.1-2.3.2 System of care survey to be developed that will include measurement of number and types of interagency relationships.
Increase identification and referral of families in need of services for families already enrolled			
2.4 Home visitors screen mothers/children for needs at scheduled intervals (or whenever parent/caregiver/home visitor (HV) concerns arise) using identified screening/ assessment tools. (+)	2.4 Home visitor to administer screening/assessments (e.g. ASQ, ASQ-SE, <i>Edinburgh Postpartum Depression Scale</i> , etc.) at scheduled time periods or whenever parent/caregiver/HV concerns arise in accordance to CHVP requirements.	2.4 Submit report on the following: - The number of children/mothers screened for needs at each scheduled time period for each identified screening/ assessment tool. (*)	

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2.5 Home visitors shall provide appropriate referral(s) to available community resources for children and mothers with identified need(s) based on screening tools, clinical assessment, or parental concern. (+)	<p>2.5.1 For each identified concern, based on screening tools, clinical assessment, or parental concern, the mother and/or child receives a referral(s) to available community resources.</p> <p>2.5.2 Home visitor shall follow-up with the family regarding outcome of referral.</p> <p>2.5.3 Maintain access to, or develop an updated list of community referral resources/services including hospitals, health care providers, and community agencies. Domains shall include:</p> <ul style="list-style-type: none"> • Maternal, Infant, and Child Health • Mental Health • Early Childhood Development • Substance Abuse • Domestic Violence Prevention • Child Maltreatment Prevention • Child Welfare • Education • Other Social and Health Services <p>Note: Referrals include both internal</p>	<p>2.5.1 Submit report on the following:</p> <ul style="list-style-type: none"> - The number of identified needs (based on screening tools, clinical assessment, or parental concern) with and without a corresponding referral to available community resources. (*) <p>2.5.2 Submit a list of the number and type of referral resources/ services available and appropriate for the participants in the program regardless of whether LHJ uses a telephone access resource. (*)</p>	<p>2.5.1 Document and report on the number of completed referrals (i.e., the home visiting provider is able to track individual family referrals and assess their completion by obtaining a report of the service provided). (*)</p>

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	referrals (to other services provided by the local agency) and external referrals (to services provided in the community but outside of the local agency).	2.5.3 Document any changes or updates to the list of community referral resources.	

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Notations to Scope of Work:

- (*) reports must be generated from CHVP database and submitted to CHVP with semiannual progress reports at a due date indicated above.
- (+) Health Resources and Services Administration (HRSA) required construct

All reports required under Evaluation Measures are to be submitted semiannually unless otherwise specifically indicated.

California Home Visiting Program Scope of Work

Goal 3: Promote Maternal Health and Well-being

The federally required benchmarks and constructs corresponding to Goal 3 include:

➤ Improved Maternal and Newborn Health

- Prenatal care; Parental use of alcohol, tobacco, or illicit drugs; Preconception care; Inter-birth intervals; Screening for maternal depressive symptoms; Breastfeeding; Well-child visits; Maternal and child health insurance status.

Objective(s)	Intervention Activities to Meet Objectives	Evaluation/Performance Measures	
		Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated	
		Process Measures	Outcome Measures
Prenatal Care			
3.1 If enrolling during pregnancy, increase receipt of early and adequate prenatal care. (+)	3.1.1 Educate women regarding early and adequate prenatal care. 3.1.2 Refer to prenatal provider, and use Comprehensive Perinatal Services Program (CPSP) provider when available. 3.1.3 Identify and address barriers to keeping prenatal appointments.	3.1 Number of referrals to CPSP and other prenatal providers.	3.1 Report on the number of early and adequate prenatal care visits (*).
Maternal Health Insurance			
3.2 If enrolling during pregnancy, increase the proportion of women with health insurance during pregnancy. (+)	3.2 Make referrals and assist clients to enroll in Healthy Families, Medi-Cal, Access for Infants and Mothers (AIM), and other low cost/no cost health insurance programs for health care coverage.	3.2 Number of referrals to low cost/no cost health insurance programs for health care coverage.	3.2 Report the number and percent of women with health insurance at specified time frame intervals required by CHVP (to be announced in a Program Letter). (*)

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Notations to Scope of Work:

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(+) Health Resources and Services Administration (HRSA) required construct

All reports required under Evaluation Measures are to be submitted semiannually unless otherwise specifically indicated.

California Home Visiting Program
Scope of Work

Goal 3: Promote Maternal Health and Well-being

Objective(s)	Intervention Activities to Meet Objectives	Evaluation/Performance Measures	
		Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated	
		Process Measures	Outcome Measures
3.3 Decrease maternal Emergency Department (ED) visits. (+)	3.3 Educate women on appropriate use of ED and medical home for routine care.		3.3 Number of visits per mother at each reporting period. (*)
3.4 If enrolling during pregnancy, decrease maternal use of alcohol, tobacco, and illicit drugs during pregnancy. (+)	3.4 Assess mother for alcohol, tobacco, and illicit drugs and refer as appropriate.	3.4 Number of women with identified substance use receiving referrals to appropriate agencies for alcohol, tobacco, and illicit drug use.	3.4 Number of women who drink alcohol at/during specified times required by CHVP (to be announced in a Program Letter). (*) Number of women who use tobacco at/during specified times required by CHVP (to be announced in a Program Letter). (*) Number of women who use illicit drugs at/during specified times required by CHVP (to be announced in a Program Letter). (*)

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Notations to Scope of Work:

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(+) Health Resources and Services Administration (HRSA) required construct

All reports required under Evaluation Measures are to be submitted semiannually unless otherwise specifically indicated.

California Home Visiting Program
Scope of Work

Goal 3: Promote Maternal Health and Well-being

Objective(s)	Intervention Activities to Meet Objectives	Evaluation/Performance Measures	
		Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated	
		Process Measures	Outcome Measures
Inter-birth Interval			
3.5 Decrease the proportion of women with a subsequent pregnancy within 18 months postpartum. (+)	3.5.1 Educate on family planning and use of different types of contraceptives and refer to appropriate agencies.		3.5 Number of women with confirmed subsequent pregnancy less than 18 months postpartum. (*)
Maternal Depression			
3.6 Increase the proportion of women screened for maternal depression and referred for services as appropriate.	3.6.1 Educate women on the signs and symptoms of maternal depression. 3.6.2 Screen women for maternal depression with the Edinburgh Postnatal Depression Scale at specified intervals required by CHVP (to be announced in a Program Letter), and refer to appropriate services as warranted. 3.6.3 Identify community partners with expertise in management of postpartum depression/perinatal mood disorders.	3.6 Number of women screened for maternal depression. (*)	3.6 Number of women at-risk who are referred and receive services for postpartum depression/perinatal mood disorders.

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Notations to Scope of Work:

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(+) Health Resources and Services Administration (HRSA) required construct

All reports required under Evaluation Measures are to be submitted semiannually unless otherwise specifically indicated.

California Home Visiting Program
Scope of Work

Goal 3: Promote Maternal Health and Well-being

Objective(s)	Intervention Activities to Meet Objectives	Evaluation/Performance Measures	
		Process Measures	Outcome Measures
Breastfeeding			
3.7 If enrolling during pregnancy, increase proportion of women who plan prenatally to breastfeed. (+)	3.7.1 Educate women regarding the importance of breastfeeding for at least 6 months and of continued breastfeeding through one year postpartum.		3.7 Number of women who plan on breastfeeding their baby. (*)
3.8 Increase the proportion of women breastfeeding. (+)	3.8.1 Educate women regarding the importance of breastfeeding for at least 6 months and continued breastfeeding through one year postpartum.		3.8 Number of women who breastfeed at/during specified times required by CHVP (to be announced in a Program Letter). (*)
Postpartum Visit			
3.9 If enrolling before 10 weeks postpartum, increase proportion of women who had a postpartum visit with a medical provider.	3.9.1 Educate women regarding the importance of a postpartum visit with a medical provider.		3.9.1 Number of women who attend a 3-8 week postpartum visit with a medical provider. (*) 3.9.2 Number of women who attend an 8-12 week postpartum visit with a medical provider. (*)

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Notations to Scope of Work:

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(+) Health Resources and Services Administration (HRSA) required construct

All reports required under Evaluation Measures are to be submitted semiannually unless otherwise specifically indicated.

California Home Visiting Program Scope of Work

Goal 4: Improve Infant and Child Health and Development

The federally required benchmarks and constructs corresponding to Goal 4 include:

- Improved Maternal and Newborn Health
 - Prenatal care; Parental use of alcohol, tobacco, or illicit drugs; Preconception care; Inter-birth intervals; Screening for maternal depressive symptoms; Breastfeeding; Well-child visits; Maternal and child health insurance status
- Child Injuries, Child Abuse, Neglect, or Maltreatment and Reduction of Emergency Department Visits
 - Visits for children to the emergency department from all causes; Visits of mothers to the emergency department from all causes; Information provided or training of participants on prevention of child injuries; Incidence of child injuries requiring medical treatment; reported suspected maltreatment for children in the program; Reported substantiated maltreatment for children in the program; First-time victims of maltreatment for children in the program.
- Improvements in School Readiness and Achievement
 - Parent support for children's learning and development; Parent knowledge of child development and of their child's developmental progress, Parenting behaviors and parent-child relationship; Parent emotional well-being or parenting stress; Child's communication, language and emergent literacy; Child's general cognitive skills.

Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Short, Intermediate, and Long Term Measures to be reported in the Semiannual Progress Report or more frequently where indicated	
		Process Measures	Outcome Measures
Insured Children			
4.1 Increase proportion of children who have health insurance. (+)	4.1 Make referrals and assist parents to enroll children in Healthy Families, Medi-Cal, Access for Infants and Mothers (AIM), and/or other low cost/no cost health insurance programs.	4.1 Number of referrals to low cost/no cost health insurance programs for health care coverage.	4.1 Number of children that have any type of health insurance at specified time intervals required by CHVP (to be announced in a Program Letter). (*)

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Notations to Scope of Work:

(*) reports must be generated from CHVP database and submitted to CHVP with semiannual progress reports at a due date indicated above.

(+) Health Resources and Services Administration (HRSA) required construct

All reports required under Evaluation Measures are to be submitted semiannually unless otherwise specifically indicated.

California Home Visiting Program Scope of Work

Goal 4: Improve Infant and Child Health and Development

Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Short, Intermediate, and Long Term Measures to be reported in the Semiannual Progress Report or more frequently where indicated	
		Process Measures	Outcome Measures
Child E.D. Visits			
4.2 Decrease child Emergency Department (ED) visits. (+)	4.2 Educate parents on appropriate use of ED and help establish medical home for routine care.		4.2 Number of child visits to the ED at a specified time interval required by CHVP (to be announced in a Program Letter). (*)
Well-Child Visits			
4.3 Increase the proportion of children who receive all recommended well-child visits from 0-2 years. (+)	4.3 Educate families to understand the importance of well-child visits and immunizations. Support parents to adhere to scheduled well-child visits.		4.3 Number of infants that received all recommended well-child visits for their age. (*)
Child Injuries			
4.4 Decrease the incidence of child injuries requiring medical treatment. (+)	4.4 Educate families regarding home safety measures and injury prevention.		4.4 Number of child injuries that required medical treatment at specified intervals required by CHVP (to be announced in a Program Letter). (*)

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Notations to Scope of Work:

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(+) Health Resources and Services Administration (HRSA) required construct

All reports required under Evaluation Measures are to be submitted semiannually unless otherwise specifically indicated.

California Home Visiting Program Scope of Work

Goal 4: Improve Infant and Child Health and Development

Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Short, Intermediate, and Long Term Measures to be reported in the Semiannual Progress Report or more frequently where indicated	
		Process Measures	Outcome Measures
Child Abuse			
4.5 Decrease suspected and substantiated child abuse and neglect. (+)	4.5.1 Provide resources to parents to prevent child abuse. 4.5.2 Model appropriate parenting skills and refer to parenting classes, counseling, or other support resources. 4.5.3 Provide emotional support to the family. 4.5.4 Look for signs of child abuse and/or neglect through observation at each home visit.	4.5.1 Number of referrals to support services for parents who are suspected of maltreatment and/or neglect. (*) Number of referrals to Child Protective Services (CPS) for suspected maltreatment and/ or neglect. (*)	4.5.1 Number of cases of suspected child maltreatment. (*) Number of cases of substantiated child maltreatment. (*)
Child Safety			
4.6 Home visitors provide women with information regarding child safety, safe home environment, and prevention of child injuries. (+)	4.6.1 Provide education and educational materials (e.g., brochures, videos) related to child safety, safe home environment, and injury prevention. 4.6.2 Administer the Home Safety Checklist according to CHVP requirements.	4.6.1 Document information provided on child injury and safe home environment.	4.6.1 Number of women provided information on child injury and safe home environment. (*) 4.6.2 Number of Home Safety Checklists administered. (*)

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Notations to Scope of Work:

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(+) Health Resources and Services Administration (HRSA) required construct

All reports required under Evaluation Measures are to be submitted semiannually unless otherwise specifically indicated.

California Home Visiting Program Scope of Work

Goal 5: Strengthen family functioning

The federally required benchmarks and constructs corresponding to Goal 5 include:

- Child Injuries, Child Abuse, Neglect, or Maltreatment and Reduction of Emergency Department Visits
 - Visits for children to the ED from all causes; Visits of mothers to the ED from all causes; Information provided or training of participants on prevention of child injuries; Incidence of child injuries requiring medical treatment; Reported suspected maltreatment for child in the program; Reported substantiated maltreatment for children in the program; First-time victims of maltreatment for child in the program.
- Improvements in School Readiness and Achievement
 - Parent support for children’s learning and development; Parent knowledge of child development and of their children’s developmental progress; Parenting behaviors and parent-child relationship; Parent emotional well-being or parenting stress; Child’s communication, language and emergent literacy; Child’s general cognitive skills.
- Domestic Violence
 - Screening for domestic violence; Of families identified for the presence of domestic violence, number of referrals made to relevant domestic violence services; Of families identified for the presence of domestic violence, number of families for which a safety plan was completed.
- Family Economic Self-Sufficiency
 - Household income and benefits; Employment or Education of adult members of the household; Health insurance status.

Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Short, Intermediate, and Long-Term Measures to be reported in the Semiannual Progress Report or more frequently where indicated	
		Process Measures	Outcome Measures
School Readiness			
5.1 Parents increase their support of their children's learning and development (e.g., having appropriate toys available, talking and reading with their child). (+) • Parents increase their	5.1 LHJ will integrate the Strengthening Families framework and protective factors to promote high-quality parenting behavior and the parent-child relationship. Protective Factors: <ul style="list-style-type: none"> • Parental Resilience • Social Connections • Concrete Support in Times of Need • Knowledge of Parenting and Child 	5.1 Submit a description of activities incorporating the five Protective Factors of “Strengthening Families Framework” in the Policies and Procedures Manual for home visiting service delivery. Administer tools	5.1 Number of families with improved scores on tools related to school readiness/ strengthening families as recommended/ required by CHVP (to be announced in a Program Letter).

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Notations to Scope of Work:

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(+) Health Resources and Services Administration (HRSA) required construct

All reports required under Evaluation Measures are to be submitted semiannually unless otherwise specifically indicated.

California Home Visiting Program
Scope of Work

Goal 5: Strengthen family functioning

Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Short, Intermediate, and Long-Term Measures to be reported in the Semiannual Progress Report or more frequently where indicated	
		Process Measures	Outcome Measures
<p>knowledge of child development and of their child's developmental progress. (+)</p> <ul style="list-style-type: none"> Parents have an improved relationship with their child (e.g., discipline strategies, play interactions). (+) <p>5.2 Screen target child for developmental progress using the Ages and Stages Questionnaire (ASQ) Version 3 and the Ages and Stages Questionnaire-Social Emotional (ASQ-SE) instruments.</p>	<p>Development</p> <ul style="list-style-type: none"> Social and Emotional Competence of Children www.strengtheningfamilies.net <ul style="list-style-type: none"> Assist families in improving the quality of the child's home environment and the extent of stimulation available to the child. Model appropriate parenting skills and refer to parenting classes and other support resources. <p>5.2.1 Provide anticipatory guidance and education regarding importance of developmental screening.</p> <p>5.2.2 Administer the ASQ-3 and ASQ SE at specified intervals required by CHVP (to be announced in a Program Letter).</p>	<p>related to school readiness/ strengthening families as recommended/ required by CHVP (to be announced in a Program Letter).</p> <p>5.2.1 – 5.2.2 Number of children that received all scheduled assessments. (*)</p>	
Parental Stress			
<p>5.3 Increase parental emotional well-being and decrease parental stress. (+)</p>	<p>5.3 Conduct assessment of family level stress, social support, and parental emotional well-being using CHVP required assessment tools.</p>		<p>5.3 Number of families with improved parental well-being and stress scores. (*)</p>

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All reports required under Evaluation Measures are to be submitted semiannually unless otherwise specifically indicated.

California Home Visiting Program
 Scope of Work

Goal 5: Strengthen family functioning

Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Short, Intermediate, and Long-Term Measures to be reported in the Semiannual Progress Report or more frequently where indicated	
		Process Measures	Outcome Measures
Domestic Violence			
5.4 Home visitors screen mothers for domestic violence (DV) at appropriate intervals. If needed (either based on screening tools, clinical assessment, or mother's concern), home visitors refer mothers to DV services and assist them in developing a safety plan. (+)	5.4.1 The home visitor will screen for relationship related issues and DV at specified intervals or as needed. 5.4.2 The home visitor will refer women to DV services as needed (either based on screening tools, by clinical assessment, or mother's concern). 5.4.3 Home visitor will assist women experiencing DV with the creation of a safety plan. Revisit/update the plan as needed.	5.4.1 The number of women who received DV screening during specified intervals required by CHVP (to be announced in a Program Letter). (*) 5.4.2 The number of women who received at least one referral to a relevant DV service after a newly positive screen or disclosure of abuse. (*) 5.4.3 The number of women who completed a safety plan after a newly positive screen or disclosure of abuse. (*)	

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California Home Visiting Program Scope of Work

Goal 5: Strengthen family functioning

Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Short, Intermediate, and Long-Term Measures to be reported in the Semiannual Progress Report or more frequently where indicated	
		Process Measures	Outcome Measures
5.5 Increase the proportion of women provided reproductive coercion information and resources.	5.5.1 Screen women for presence of reproductive coercion and provide information and resources. 5.5.2 Refer screen-positive women to providers to obtain coercion-resistant birth control methods and counseling. 5.5.3 Provide emotional support.	5.5.1 Number of at-risk (e.g., screen positive) clients referred for “coercion resistant” birth control methods and counseling.	
Employment and Education			
5.6 Increase the proportion of parents improving employment status or educational attainment. (+)	5.6 Assist parents to develop a plan to achieve educational and employment goals.	5.6 Describe activities performed to assist parents in developing educational and employment goals at specified intervals required by CHVP (to be announced in a Program Letter).	5.6 Number of households with increased parental employment status or education attainment. (*)
Household Health Insurance			
5.7 Increase proportion of household members with health insurance	5.7.1 Make referrals and assist families to enroll in Healthy Families, Medi-Cal, and other low cost/no cost health insurance programs for health care coverage.	5.7 Number of family members who received referrals to low cost/no cost health insurance	5.7 Number of household members insured at specified intervals required by CHVP (to be announced in a Program

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Notations to Scope of Work:

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California Home Visiting Program
Scope of Work

Goal 5: Strengthen family functioning

Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Short, Intermediate, and Long-Term Measures to be reported in the Semiannual Progress Report or more frequently where indicated	
		Process Measures	Outcome Measures
coverage. (+)		programs for health care coverage.	Letter). (*)
Income			
5.8 Proportion of households with an increase in total household income and benefits. (+)	5.8 Assist parents in developing an economic self-sufficiency plan. Refer to community resources, job training, and employment events.		5.8 Number of households with an increase of combined household income and monetary benefits.

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ATTACHMENT A

PROGRAM OPERATIONAL REQUIREMENTS FOR CALIFORNIA HOME VISITING PROGRAM

Purpose

The California Home Visiting Program (CHVP) Local Health Jurisdiction (LHJ) sites must meet all objectives and complete each of the required intervention activities stated in the Scope of Work (SOW) in order to remain in compliance with the contract agreement. The Program Operational Requirements outlines additional information and specifics to assist each LHJ site in completing activities, meeting objectives defined in the SOW, and implementing program activities with quality and fidelity to the home visiting model. The Program Operational Requirements should be considered both part of the SOW and a precursor to the forthcoming CHVP Policies and Procedures Manual. The SOW contains federally mandated requirements. LHJ's ability to meet and maintain CHVP goals and objectives will affect future LHJ funding.

Background Information

The delivery of home visiting services addresses the diverse needs of children and families in communities at risk and provides an unprecedented opportunity for collaboration and partnership at the federal, state, and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs. The California Department of Public Health/Maternal, Child and Adolescent Health (CDPH/MCAH) Division selected two evidence-based home visiting models for implementation in California: Nurse-Family Partnership (NFP) and Healthy Families America (HFA). Selection of these models was based on findings from the Home Visiting Evidence of Effectiveness Review (HomVee) Study that gave NFP and HFA the most favorable ratings for primary and secondary outcomes in the benchmark areas. LHJ sites are responsible for administering the CHVP in accordance with model fidelity, the requirements stated in the SOW, and the CHVP Policies and Procedures Manual. LHJ site staff is responsible for having in-depth knowledge of all CHVP program components and manuals, such as the Policies and Procedures Manual for LHJ sites, the CHVP Standards, NFP model or HFA model, as well as the federal benchmarks and constructs. This may include any future manuals.

CHVP PROGRAM REQUIREMENTS RELATED TO THE SCOPE OF WORK

1. Site Visits and Technical Assistance

CHVP will perform formal and/or informal site visits at their discretion. LHJ sites are required to participate in CHVP site visits and allow CHVP Quality Assurance (QA) Teams to access program-related records, participant records, and observe home visiting activities.

2. Progress Reports

- a. LHJ site shall submit Progress Reports postmarked no later than the due dates specified in this SOW. Progress Reports are to be prepared in accordance with the information and format provided by CHVP. Faxed Progress Reports will not be accepted.
- b. LHJ site is required to follow all CHVP procedures for reporting information submitted in each Progress Report.
- c. Failure to submit an acceptable Final Progress Report may jeopardize future funding for LHJ site.
- d. LHJ site must submit one copy of Progress Reports in original format to CHVP via certified mail, postmarked no later than 30 days after the period ending on *Due Date*. In addition, the same Progress Reports must be submitted electronically at the *Due Date* stated below. LHJ site's failure to submit Progress Reports in a timely manner may jeopardize future funding for LHJ site. CHVP reserves the right to require additional components in the Progress Reports such as:

- Accomplishments;
- Challenges; and/or
- Plan for Improvement

The following schedule below must be followed for Progress Reports:

Reporting Period	From	To	Due Date
1) First Report	February 1, 2012	June 30, 2012	July 31, 2012
2) Second Report	July 1, 2012	December 31, 2012	January 31, 2013
3) Third Report	January 1, 2013	June 30, 2013	July 31, 2013

3. Additional Reports:

- For supervisor quarterly reporting, see 6.c. below.
- LHJ site shall complete CHVP evaluation requirements as directed by CHVP in accordance with prescribed form and format.
- LHJ site will be required to respond as necessary to any ad hoc and/or final reports as designated by CHVP.
- LHJ site shall submit "Staffing Report," to CHVP by May 31, 2012, and/or upon any change in personnel. Prior approval from CHVP NFP/HFA Statewide Nurse Consultant is required for changes in staffing patterns that deviate from the original contract agreement.

4. Media Communication

LHJ site shall coordinate and collaborate with CHVP or its designee in any local or statewide media/communication efforts, as directed and approved by CHVP. If media is involved in communicating the program and its implementation to the public, proposed information must be shared and approved by CHVP first.

5. Communication/Transmittal Process

a. Transmittal Process

CHVP transmittal form must be used by the LHJ site to send contract related documents and/or to request CHVP approval for items identified in the SOW. Completed CHVP communication forms shall be electronically submitted to CHVP (See Attachment C).

b. Program Letter

Any clarification related to the Scope of Work including this Program Operational Requirement will be communicated to the LHJ site via a Program Letter.

c. Communication with Statewide Nurse Consultants

In order to establish a clear channel of communication and maintain model fidelity, CHVP-related questions must be directed to the CHVP NFP or HFA Statewide Nurse Consultant first before involving the NFP or HFA National Office or staff. The following order of communication is expected from LHJ sites:

- LHJ site NFP Supervisors, under the direction of the local MCAH Director, must first contact the CHVP Statewide Nurse Consultant for NFP program-related questions.
- LHJ site HFA Supervisors, under the direction of the local MCAH Director, must first contact the CHVP Statewide Nurse Consultant for HFA program-related questions.
- Home Visitors for both models must contact their immediate supervisors for program-related issues.
- CHVP NFP/HFA Statewide Nurse Consultants will regularly communicate with the CDPH/MCAH Program Nurse Consultants overseeing Title V Block Grant Scopes of Work.

6. Supervisor Quarterly Reports

LHJ site Supervisors are required to submit quarterly reports summarizing their successes, challenges, and any technical assistance needs for that period to the CHVP HFA or NFP Statewide Nurse Consultant. This quarterly report may be sent via email and should also be included in the biannual Progress Report.

The following schedule below must be followed for Supervisor Quarterly Reports:

Reporting Period	From	To	Due Date
1) First Report	February 1, 2012	June 30, 2012	July 31, 2012
2) Second Report	July 1, 2012	September 30, 2012	October 31, 2012
3) Third Report	October 1, 2012	December 31, 2012	January 31, 2013
4) Fourth Report	January 1, 2013	March 31, 2013	April 30, 2013
5) Fifth Report	April 1, 2013	June 30, 2013	July 31, 2013

7. Request for Adjustments

Requests regarding adjustments in *Due Dates* of deliverables must be submitted to CHVP in writing via transmittal process.

8. Maintenance of Effort (MOE) Agreement

LHJ sites agree to abide by the MOE as defined in the Affordable Care Act Section 295:

“Funds provided to an eligible entity receiving a grant shall supplement, and not supplant, funds from other sources for early childhood visitation programs or initiatives. The grantee must agree to maintain non-Federal funding (State General Funds) for grant activities at a level which is not less than expenditures for such activities as of the date of enactment of this legislation, March 23, 2010.”

Specific questions or proposals should be directed to the local county counsel.

Home Visiting defined by the Health Resources and Services Administration (HRSA):

“Home visiting is defined as an evidence-based program, implemented in response to findings from a needs assessment, that includes home visiting as a primary service delivery strategy (excluding programs with infrequent or supplemental home visiting), and is offered on a voluntary basis to pregnant women or children birth to age 5 targeting the participant outcomes in the legislation which include improved maternal and child health, prevention of child injuries, child abuse, or maltreatment, and reduction of emergency department visits, improvement in school readiness and achievement, reduction in crime or domestic violence, improvements in family economic self-sufficiency, and improvements in the coordination and referrals for other community resources and supports.” (HRSA-10-275)

9. Performance and Accountability

LHJ site whose deliverables are not met, as outlined in the SOW, will receive technical assistance from CHVP. In addition, CHVP reserves the right to require a Corrective Action Plan from the LHJ site. LHJs must contact the CHVP HFA or NFP Statewide Nurse Consultant to request assistance from CHVP as soon as concerns regarding meeting deliverables are identified.

CHVP PROGRAM REQUIREMENTS ON IMPLEMENTATION

The following actions are necessary to initiate, implement, and sustain CHVP. Additional details regarding program operation will be discussed in the CHVP Policies and Procedures Manual to be released soon.

Contract Agreements at the Local, State, and National Level

LHJ site must secure a contract agreement or affiliation with national models (NFP or HFA) prior to CHVP implementation. Before LHJ approaches the national models for contract agreement, the site is required to collaborate and receive approval from CHVP. In addition, a copy of the most recent contract agreement or approved affiliation agreement from the NFP National Service Office (NSO) or the Prevent Child Abuse America (PCAA) National Office (NO), if any, must be received by CHVP through mail or electronic format, upon contract execution. Copies of any signed affiliation or contract agreements with the NSO/NO after this contract execution must be submitted to CHVP within 10 days of receipt. LHJ site must regularly inform the CHVP Statewide Nurse Consultant regarding the status of contracting from NFP NSO or status of securing affiliation from PCAA NO.

INITIAL IMPLEMENTATION REQUIREMENTS

LHJ site must meet the initial certification or affiliation requirements of the national program model (NFP or HFA). LHJ site organizational structure must be prepared to assume the capacity to house the service and manage the hiring, supervision, and payment of all personnel and ensure general fiscal stability. The following actions must be considered prior to initiation of services:

1. MCAH Director

The MCAH Director is required to devote a minimum of 0.15 Full Time Equivalent (FTE) to CHVP oversight, fostering partnerships and collaboration within the LHJ, and directing the local CHVP Community Advisory Board (CAB). These requirements are in addition to the Key Personnel requirements for the MCAH Director as outlined in the MCAH Policies and Procedures Manual for LHJs.

LHJ must meet the MCAH-LHJ FTE and credentialing requirements for the MCAH Director. LHJ may not receive waivers for the MCAH Director FTE requirements; waivers will be considered for credentialing only. If total FTE (LHJ plus local MCAH) exceed 1.0 FTE, local MCAH may meet staffing requirements utilizing a MCAH Coordinator.

2. NFP Staff Recruitment

CHVP will require two primary staff positions consistent with the national NFP recommendation: Nurse Supervisor and Public Health Nurse Home Visitor (PHN-HV). The FTE Public Health Nurse positions are based on the number of required caseloads. The FTE Nurse Supervisor is based on the total number of PHN Home Visitors. For example, a LHJ site with a caseload of 100 participants must have four FTE PHNs and one FTE Nurse Supervisor. CHVP NFP Statewide Nurse Consultant reserves the right to ask for additional information or justification for any identified staffing deviations.

NFP Nurse Supervisor

Qualifications:

- Registered Nurse license in good standing
- Master's degree in Nursing or closely related field (must submit a request to the NFP Statewide Nurse Consultant for alternative degree approval)
- Public Health Nurse certificate
- Three to five years of experience as a Public Health Nursing Supervisor

Responsibilities:

Supervision Commitments

- Report directly to the MCAH Director
- Use reflective supervision with PHN-HV, demonstrate NFP theory integration, and facilitate professional development essential to the PHN-HV

- Provide clinical supervision with reflection through the following activities:
 - a. One-on-one clinical supervision, including weekly one-on-one meetings with PHN-HV for 1-hour duration;
 - b. Case conference with the team to review cases for professional growth and problem solving, twice a month for 1.5 to 2 hours duration;
 - c. Meetings with the team to discuss program implementation issues twice a month;
 - d. Field supervision with PHN-HV between 2 to 3 hours per nurse every 4 months or as needed.
- Provide close oversight to PHN-HV when complex physical or mental health issues are identified from selected clients who are case managed
- Ensure that PHN-HV is assigned a caseload of no more than 25 participants
- Provide supervision for FTE PHN-HVs. CHVP Branch prefers a ratio of one FTE supervisor to four FTE PHNs, unless exception is granted by CHVP Branch Quality Assurance team. Ensure time spent is 40 hours each week with a team of no less than four PHN-HV.

Quality Assurance Commitments

- Support CHVP in the activities that will lead to success in achieving the benchmarks, constructs, and operational component of the SOW
- Participate in a minimum of six one-to-one meetings with CHVP Statewide Nurse Consultant to evaluate the progress of CHVP and identify quality improvement activities as needed
- Serve as the liaison with the CHVP nurse consultant, attend meetings required by the NFP/CHVP Statewide Nurse Consultant
- Write protocols for quality assurance activities for the PHN-HV.

Training Commitments

- Attend mandatory and recommended trainings identified by CHVP

NFP Public Health Nurse Home Visitor (PHN-HV)

Qualifications:

- Registered Nurse in good standing
- Bachelor's degree in Nursing
- Public Health Nurse certificate
- Experience in public health and cultural competency

Responsibilities:

Home Visiting Commitments

- Carry a caseload of no more than 25 families
- Conduct home visits integrating use of required assessment tools and refer clients to necessary resources as appropriate
- Provide medical case management, as defined by the NFP model, to families identified as having complex physical or mental health issues, such as pregnancy with or without complications, adolescent pregnancy, premature infants, or children with special needs
- Provide a summary of case physical assessment, developmental and case documentation during a reflective case conference with the supervisor
- Data entry is an optional responsibility for this position.

Training and Meeting Commitments

- Attend mandatory orientations and meetings required by CHVP announced through a Program Letter.

NFP Administrative Assistant

Responsibilities:

- Data entry and other administrative tasks. The agency has the option to have their nurses enter the data, but the expectation to have 0.5 FTE support staff remains.
- Minimum of 0.5 FTE support staff required per 100 clients

3. HFA Staff Recruitment

CHVP will require four primary staff positions consistent with the national HFA recommendation: Program Managers/Supervisors, Family Assessment Workers (FAWs), and Family Support Workers (FSWs).

HFA Program Manager/MCAH Director

Qualifications:

- Master's degree, preferably in a health science, human services, or behavior science, such as psychology, sociology, or a related field;
OR
- Bachelor's degree, preferably in a health science or behavior science, such as psychology, sociology, or a related field, AND a minimum of five years' administrative experience in quality assurance/improvement and program development.

Responsibilities:

- **The MCAH Director may also act as HFA Program Manager. The percentage of effort for combined position must be specified in the Staffing Report (Attachment B).**
- Report directly to the MCAH Director (if not one and the same)
- Oversee program operations, funding, quality assurance, evaluation, and supervision of staff
- Develop and implement policies and procedures related to local CHVP
- Ensure accreditation and program standards are met as described in CHVP Policies and Procedures and HFA Self-Assessment tool; and
- Establish and maintain agreement and effective partnerships with home-visiting-related partner agencies and medical providers.

HFA Supervisor

Qualifications:

- Master's degree, preferably in a health science, human services, or behavior science, such as psychology, sociology, or a related field;
OR
- Bachelor's degree, preferably in a health science or behavior science, such as in psychology, sociology, or a related field, AND a minimum of three years' experience working in a public health or community related setting in the clinical field with experience in supervising health professionals and managing programs.

Responsibilities:

- Full-time supervisors are to have six or fewer direct services staff.
- Spend a minimum of 1.5 to 2 hours per employee each week on formal supervision using a reflective model of supervision. Allow additional time to shadow the FSWs and FAWs to monitor and assess their performance and provide constructive feedback and development.
- Supervisors will serve as the liaison with the CHVP HFA Nurse Consultant. Supervisors are required to attend meetings required by the CHVP HFA Statewide Nurse Consultant at designated times.
- Use a reflective supervision model in face-to-face supervision with FAWs and FSWs, and facilitate professional development essential to the home visitor role.

Family Assessment Workers (FAWs)

Qualifications:

- Bachelor's degree in health science or behavioral science, such as psychology, sociology, or a related field
- Experience working with clients in communities
- Experience in assessment process and scoring , recording of information, conducting patient interviews, implementing treatment plans, employing problem-solving techniques, handling crisis intervention matters, and using proper case management and referral procedures
- Ability to establish rapport easily, outgoing, friendly and non-judgmental, confident and assertive
- Cultural competence is preferred

Responsibilities:

- Conduct family and child assessments and screen families for enrollment in the program
- Document and enter assessment data in CHVP database
- Refer families to appropriate resources based on assessment
- Communicate pertinent assessment findings to FSW

Family Support Workers (FSWs)

Qualifications:

- Bachelor's or Associate's degree, preferably in health science, behavior science, or general education courses in liberal arts, sciences, and the humanities, in areas such as addiction or child protection.
OR
- Graduation from high school with a minimum of 5 years' experience providing services to infants, children and families and ability to demonstrate extensive knowledge of community resources verifiable through reference check. (**Exemptions must be pre-approved by the CHVP HFA Statewide Nurse Consultant**).
- Experience working with clients in communities
- Experience observing patients/clients and recording information, conducting patient interviews, implementing treatment plans, employing problem-solving techniques, handling crisis intervention matters, and using proper case management and referral procedures
- Strong desire to help others, effective communication and interpersonal skills, sense of responsibility, and ability to manage time effectively
- Attributes such as patience and understanding are highly valued
- Cultural competence is preferred

Responsibilities:

- Conduct home visits with families to include the following elements:
 - facilitate the parent-child relationship
 - observe and listen to parental concerns
 - respect family values and culture
 - support parents in their role as advocates for themselves and their children
 - assess, facilitate, and promote positive child growth and development
 - provide information and appropriate referrals to community resources
 - maintain appropriate documentation that outlines the services provided to the family and help facilitate quality management
 - serve no more than 15 families at a time who are currently being seen weekly
 - carry a caseload of no more than 25 families
 - caseload may need to be reduced to accommodate families with multiple needs or to accommodate communities in which there are long distances between home visits

4. Other Staffing Requirements by CHVP

- LHJ site must adhere to the Core Competency Requirements specified by NFP, HFA and CHVP Branch for hiring qualified staff. Applicants should demonstrate sufficient skills to meet the SOW objectives and activities. CHVP Branch reserves the right to approve or disapprove changes in key personnel positions that occur after awards are made.
- In order to ensure adequate funding of all contract deliverables, CHVP Branch reserves the right to require the LHJ to reduce or eliminate any staffing position(s) in excess of the minimum required staffing pattern as identified in the model or CHVP requirements.
- LHJ site shall submit "Staffing Report," to CHVP Branch **by May 31, 2012**, and/or upon any change in personnel. Prior approval from CHVP NFP/HFA Statewide Nurse Consultant is required for changes in staffing patterns that deviate from the original contract agreement.
- Alternative patterns of staffing will need approval from CHVP Branch.
- All staff for each model must meet the Core Competency Requirements before providing services to the families, (see the Policies and Procedures Manual for LHJ site). Exemptions must be pre-approved by the CHVP Statewide Nurse Consultant before staff recruitment.
- LHJ site will report to CHVP Branch any changes in staffing or reduction in percentage of effort (less than 100%) dedicated by staff to CHVP **within seven days of the change**, along with plans for addressing these changes. The LHJ site must contact the CHVP Statewide Nurse Consultant any time there is a reduction in the percentage of effort dedicated by staff to CHVP.

CORE COMPETENCY REQUIREMENTS

Additional core competency requirements for NFP and HFA positions are located in the CHVP Policies and Procedures Manual.

CHVP MEETINGS AND TRAINING REQUIREMENTS

LHJ site is required to attend and participate in CHVP meetings, workgroups, and trainings directed by CHVP. LHJ site is responsible for staff members' receiving core training on HFA and NFP models they are implementing and other CHVP required training to meet the program benchmarks. The following describes required training for NFP and HFA staff.

NFP Training

The Nurse Supervisors and PHN-HV are required to:

- Attend core educational sessions and mandatory one week training; and
- Complete self-study materials as directed by NFP.

HFA Training

LHJ site must comply with the training requirements to ensure staff receive the training support and have the skill set necessary to fulfill their job functions and achieve the program's goals with families.

1. Orientation topics:

- Staff (assessment workers, home visitors, and supervisors) must receive orientation (separate from intensive role-specific training) prior to direct work with families, to familiarize them with the functions of the program. (For specific orientation topics, refer to HFA 2008-2011 Self-Assessment Tool Updated 3-1-10, pp. 69-74. Please

contact your Prevent Child Abuse America (PCAA) National Office (NO) to obtain a copy of the 2008-2011 HFA Self-Assessment tool.)

2. Intensive Training

- All staff must receive in-person Core Training from a Certified HFA trainer in either Parent Survey (Assessment) or Integrated Strategies (Home Visitors) within six months of hire.
- Supervisors must receive in-person training based on the track (assessment or home visiting) they supervise and administrative, clinical, and reflective practice training within six months of hire or affiliation of the site. In addition to both track-trainings, supervisors are also required to attend two days of supervision training.

3. Wraparound training

- Once affiliation is received from HFA, staff will be able to access the *Wraparound* training topics (HFA standards 10-4 A-F and 10-5 A-F) available online, and must be completed within six and 12 months of hire respectively (refer to HFA 2008 - 2011 Self-Assessment Tool Updated 3-1-10, p. 113-116).

4. Ongoing training

- After year one of operation, LHM site is required to provide to their staff ongoing training in topics which take into account the worker's knowledge, skill base, and needs. CHVP will collaborate with each LHM site to determine needs and coordinate training.

Note: For new and expansion sites, LHM shall keep on file the proof of completion of all required core and follow-up trainings, and CHVP-required trainings of employed staff along with their curricula.

WORK SPACE AND EQUIPMENT

LHM site shall provide necessary equipment and establish an optimal work space for staff who will be implementing CHVP, including:

- Appropriate telecommunication and computer equipment capabilities for staff use
- Access to a LHM site Policies and Procedures Manual for easy reference
- Easy access to community resources or agencies either electronically or on paper

DELIVERY OF HOME VISITING SERVICES

1. Enrollment

Potential participants are enrolled only if the enrollment criteria specified in the model elements are satisfied.

2. LHM Site Responsibilities During Home Visiting Implementation

In order to implement the program with fidelity to the models, LHM site shall share experiences learned and program improvement with other LHM entities that are implementing the NFP or HFA models through CHVP coordinated meetings and teleconferences. If issues or difficulties arise regarding home visiting program implementation, the LHM site must contact the CHVP Statewide Nurse Consultant for either the NFP or the HFA model. Other responsibilities include the following:

- LHM staff shall demonstrate a level of competence in the skills related to Home Visiting including assessments, interventions, referrals and follow-up.
- LHM staff for each site shall ensure that the CHVP Statewide Nurse Consultant for either NFP or HFA is involved in the process of program implementation and accreditation.
- CHVP Home Visitors shall collect required data on client visits, and the Home Visiting Supervisor will ensure that these data are entered into the database or data system required by CHVP within 1 week of the client's visit, taking all appropriate steps to maintain client confidentiality.

- LHJ staff will obtain agreement from CHVP Branch before reporting data outside of their own program (this is to protect against inconsistencies in reporting coming from different sources).
- LHJ will send copies to CDPH-MCAH of all reports submitted to NFP NSO or PCAA NO.
- LHJ shall implement the Home Visiting Program in accordance with program fidelity to the models.

Home Visitation Guidelines

NFP Home Visitation Guidelines:

- Ensure that each full-time PHN-HV carries a caseload of not more than 25 active families.
- PHN-HV must maintain the established visit schedule.
- Ensure that the essential program content as described in NFP Home Visit Guidelines is covered with clients by Nurse Home Visitors. (Refer to Policies and Procedures Manual for model visit schedule specifics.)
- All PHN staff visitation must be documented within 24 hours of visit.

HFA Home Visitation Guidelines:

- Ensure that each full-time FSW carries a caseload of no more than 15 active families seen weekly or a weighted caseload of 26 to 30 points for Level 1 families or families seen weekly.
- Ensure that each full-time FSW carries an overall caseload of no more than 25 families.
- FAWs and FSWs must maintain the established visit schedule.
- Ensure that the essential program content as described in HFA Home Visit Guidelines is covered with clients by the FSW. (Refer to Policies and Procedures Manual for model visit schedule specifics.)
- All Home Visitors' visitation must be documented within 24 hours of the visit.
- CHVP reserves the right to access all collected data and establishes CHVP ownership of CHVP uniquely-defined data content and functionality.

CLIENT CONFIDENTIALITY AND HIPAA REQUIREMENTS

The Health Insurance Portability and Accountability Act (HIPAA) was passed by Congress in 1996, and took effect in 2003. It establishes standards for Protected Health Information (PHI) from disclosure and informs clients of how their information will be used. LHJ site must abide by stringent rules and regulations related to HIPAA. This ensures that all communication of PHI is confidential.

LHJ site must establish and maintain appropriate administrative, technical and physical safeguards to protect the confidentiality of the data, prevent unauthorized use of or access to it and obtain any necessary written permissions or agreements for data analysis or disclosure of PHI, including from CHVP, and in accordance with HIPAA regulations including, but not limited to, authorizations, data use agreements, and business associate agreements.

Appropriate safeguards include, but are not limited to, securing and maintaining all hard copy or other records containing participant information containing PHI (such as CD-ROM, diskettes, thumb drives, etc.) in a locked file cabinet inaccessible to staff other than those directly involved in either the delivery of service to the participant, supervision of these direct service-delivery staff, or in data entry; and securing all electronic records containing participant information containing PHI in password-protected, encrypted files, with access only for staff directly involved in delivery of services to participants, supervision of these staff, or data entry.

Each LHJ site must have on file a Confidentiality Agreement signed by each staff member who has the ability to view the raw data, either by collecting the data or by viewing it after it has been recorded; these individual Confidentiality Agreements must be renewed annually.

All client-participants will sign an informed consent to have their information shared with CDPH for purposes of aggregated, unidentifiable public health reporting.

Failure of LHJ site to comply with any applicable provision of HIPAA will constitute a breach of agreement.

SPECIFIC REQUIREMENTS FOR COMPETITIVE GRANT RECIPIENTS

(Fresno; Los Angeles Communities; Merced; Nevada; Sacramento Communities; San Mateo; Solano; and Stanislaus)

A. Activities Required for Competitive Grant Recipients

In collaboration with the CHVP Statewide Nurse Consultant and Quality Assurance Team, and external evaluator, the following activities are required for counties that received MIECHV Competitive Expansion Grant funding:

1. Provide a sample of community leadership, family members, and clinicians who will participate in interviews and/or focus groups with external evaluators during first two months of client enrollment
2. Assist external evaluators with scheduling of focus groups with selected community leaders, family members, and clinicians to develop appropriate measures and incorporate information deemed important for formal Site Visits; these activities are to occur during the first three months of client enrollment
3. Specific designees (including community leaders, home visiting clinicians, family members, and program administrators) participate in community focus groups during the first three months of client enrollment
4. Assist with organizing and scheduling site visits with key informants in collaboration with external evaluators during the first quarter of State Fiscal Year (SFY) 2012/2013
5. Work with external evaluator to set up locations and schedule of participants for site visit during the first quarter of SFY 2012/2013
6. Participate in site visits with Evaluation Team Site Visitors during the first quarter of SFY 2012/2013
7. Receive feedback from evaluators regarding interview and site visit data before the end of second quarter for SFY 2012/2013
8. Respond to survey tools for key informants during the fourth quarter for SFY 2012/2013
9. Key program administrators to participate in phone interviews with external evaluators during the fourth quarter for SFY 2012/2013
10. Enter additional data (type and frequency to be announced); this activity is ongoing

B. Deliverables for Competitive Grant Recipients

The following deliverables are required from the Competitive Grant Recipients semiannually in a progress report in accordance with the due dates indicated in the Scope of Work:

1. List of key participants including administrators, home visiting staff, supervisors, family members, advisory board members, and local community leaders provided to external evaluators; these activities are to occur during the first three months of client enrollment.
2. Schedule of focus group meetings during the first quarter of State Fiscal Year (SFY) 2012/2013
3. Establishment of dates of focus group meeting participation and roles of participants during the first quarter of State Fiscal Year (SFY) 2012/2013
4. Site Visit schedule developed collaboratively with external evaluators during the first quarter of SFY 2012/2013

5. Agenda for site visits, provided by external evaluators with locations and participants, during the first quarter of SFY 2012/2013
6. Summary report of site visits provided by external evaluators before end of second quarter for SFY 2012/2013
7. Participation in oral feedback sessions at end of site visit; receive formal written report highlighting key areas of discussion from external evaluators during quarter following site visit before end of second quarter for SFY 2012/2013
8. Email of links to survey tools or mailing through U.S. Postal Service of hard copy of survey; transmission of completed tools to external evaluators during the fourth quarter for SFY 2012/2013
9. Dates of scheduled interviews in annual reports during the third quarter for SFY 2012/2013
10. Entry of additional data; this activity is ongoing

QUALITY IMPROVEMENT FOR ALL HOME VISITING NFP AND HFA SITES

Efforts to improve home visiting outcomes for home visiting sites are required through effective collaboration with the model program consultant and State QA teams. CHVP requires the following activities to facilitate and establish a high quality CHVP:

- Communicate Continuous Quality Improvement Program initiatives to CHVP
- Participate in MCAH/CHVP workgroups/committees
- Collect consistent and accurate data for home visiting activities
- Maintain detailed supervisory guidelines and expectations
- Promote measures to improve the process of identifying and enrolling participants who reflect the model's and the LHJ target population
- Develop a Community Advisory Board with diverse representation to ensure broad-based community support for LHJ's implementation of CHVP
- Participate in periodic assessment by NFP or HFA model to ensure LHJ implements the Home Visiting Program with fidelity to the selected model
- Involve the Statewide Nurse Consultant in strengthening fidelity to the model for improved results
- Periodically review and update LHJ site-specific Policies and Procedures Manual to improve home visiting interventions, documentation, and data collection; CHVP reserves the right to review LHJ site's Policies and Procedures Manual and approve changes
- Ensure staff are trained in accordance with NFP or HFA model requirements, in addition to CHVP training requirements
- Adhere to the program components and requirements for each model, including CHVP protocols
- Consistently deliver home visiting services to families enrolled in services

**Attachment B
Staffing Report**

Contract Number:

Agency Name:

This report is used to detail any changes in the LHJ site staff that deviates from the original contract agreement or staffing Scope of Work (e.g., refilling a position, reduction in percentage of effort, termination of staff and/or change in FTE). Complete and submit the information below to CDPH within 7 days of any staffing change. Prior approval is required from the CHVP NFP or HFA Nurse Consultant for changes in staffing patterns that deviate from staffing Scope of Work. (Use additional sheets if necessary.)

Use chart below for ethnicity and relevant experience/expertise codes.

Ethnic Group		Relevant Experience/Expertise (list all that apply)	
AA African American	C Caucasian	HV Home Visitation	MIH Maternal/Infant Health
H/L Hispanic/Latino	O Other (specify)	CH Community Health	CL Clinical Background
API Asian/Pacific Islander		CD Child Development	M Management
AI American Indian		FS Family Services	O Other (specify)

NAME, DEGREE(S)	JOB TITLE	SALARY (Monthly or Hourly)	% OF TIME	START DATE	END DATE	ETHNIC GROUP	RELEVANT EXPERIENCE

Comment Section: (Please specify reasons for staff changes since last submission).

Attachment C California Home Visiting Program

Directions: Use this *CHVP Transmittal form* to submit supporting documentation or requesting prior approval from CHVP. Send form and attachments to: CA-MCAH-HomeVisiting@cdph.ca.gov

TO: California Home Visiting Program

Date: _____

CHVP LHJ site: _____

CONTRACT #: _____

BUDGET REVISION

SCOPE OF WORK REVISION

PROGRESS REPORT:

DUE DATE:

EQUIPMENT REPORT

02/02/12 – 06/30/12

07/31/12

Purchase

07/01/12 – 12/31/12

01/31/13

01/01/13 – 06/30/13

07/31/13

STAFFING REPORT

New Hire and Supporting Documents

Separation

Nurse/Program (SPECIFY):

Data (SPECIFY):

Contract (SPECIFY):

Training (SPECIFY):

Comments:

FOR CHVP USE ONLY	Date(s)	CHVP Team Distribution
Received on :	_____	Contract Manager.....
Distributed to staff::	_____	Nurse Consultant
Distributor's Name:	_____	Program Specialist.....
		Statewide NC
Response to LHJ:	_____ (11 working days)	Training Coordinator
Response Completed:	_____	Evaluation Consultant
Comments:		

**California Home Visiting
Allocation Table
First-Year Implementation Beginning 02/01/12**

	County	Model	FY 2011-12 ¹	FY 2012-13
Formula	Los Angeles	NFP	\$496,047	\$1,039,133
	Butte	HFA	\$275,001	\$539,999
	Los Angeles	NFP	\$496,047	\$1,039,133
	Contra Costa	NFP	\$499,026	\$1,047,627
	San Diego	NFP	\$415,647	\$842,022
	Imperial	HFA	\$320,427	\$652,792
	Kern	NFP	\$456,435	\$945,691
	Madera	HFA	\$289,195	\$574,562
	Shasta	NFP	\$349,518	\$677,989
	Del Norte/Humboldt/Siskiyou	NFP	\$443,079	\$908,565
	Alameda	NFP	\$446,238	\$921,122
	San Francisco	NFP	\$600,123	\$1,296,818
	Sacramento	NFP	\$473,934	\$985,749
	Total Formula Grant Funds Allocated			\$5,560,717
Competitive	Merced	NFP	\$422,163	\$858,938
	Fresno	NFP	\$424,217	\$863,839
	Sacramento	NFP	\$473,934	\$985,749
	Los Angeles	HFA	\$390,350	\$795,694
	Nevada	HFA	\$384,075	\$807,502
	Stanislaus	NFP	\$415,946	\$845,334
	San Mateo	NFP	\$530,218	\$1,126,652
	Solano	NFP	\$448,801	\$924,893
	Total Competitive Grant Funds Allocated			\$3,489,705
Totals	Total Funds Allocated		\$9,050,422	\$18,679,802
	Number of Counties		21	21

¹First-year (SFY 2011-12) phase-in is assumed to begin on 2/1/12 for the local communities. First year funding also includes an additional \$50,000 per site for start-up costs.