

California Home Visiting Program
Scope of Work

Agency:
Agreement Number:

Fiscal Year: 2012-2013

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. 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 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

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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 Outcomes data system (referred herein as the “CHVP ETO data system”) to measure outcomes, perform continuous quality improvement, enter and submit timely data, and complete other reports as required.

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 beginning July 1, 2012, to June 30, 2013, contingent on availability of funds and spending authority.

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
Staffing Report	As needed (see Attachment B)
Semiannual Progress Reports	See below
Supervisor Quarterly Reports	See below and Attachment A

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

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Supervisor Quarterly Reports:

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

Supervisor Quarterly Reports

LHJ site Supervisors are required to submit quarterly reports summarizing their successes, challenges, and any technical assistance needs to the assigned CHVP Nurse Consultant. This quarterly report may be sent via email and should also be included in the semiannual Progress Report. ***Attachment A, Operational Requirements, (page 3) provides additional information, including the reporting period.***

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	
		Measures to be Reported in the Semiannual Progress Report or more frequently where indicated	
		Process Measures	Outcome Measures
MCAH Director Leadership			
1.1 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.	1.1 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 non-profit 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. • Provide leadership to the local Community Advisory Board (CAB). • Communicate with the CHVP MCAH Director representative for the State Interagency Team (SIT). • Participate in CHVP system of care improvement activities with specific emphasis on 	1.1 Report on CHVP-related activities and accomplishments performed by the MCAH Director during the reporting period. <ul style="list-style-type: none"> • Respond to CHVP online and in-person surveys regarding change in systems of care. 	

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Notations to Scope of Work:

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

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	<p>building local capacity to promote positive outcomes for children and families, and addressing systems-level factors, such as:</p> <ul style="list-style-type: none"> Ensuring a 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. <ul style="list-style-type: none"> • Play a strategic and collaborative role in the state effort to build a high quality comprehensive and coordinated statewide early childhood system. 		
Program and Fiscal Management			
1.2 LHM site will maintain program and fiscal management	1.2 LHM site shall: <ul style="list-style-type: none"> • Semiannually review, revise 	1.2 Brief description of the LHM policies reviewed during the	

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capability and will demonstrate that it is conducting CHVP activities as required in the CHVP established Policies and Procedures Manual, Scope of Work and Fiscal Policies and Procedures.	<p>and enhance internal policies and procedures for implementing CHVP.</p> <ul style="list-style-type: none"> • Implement CHVP according to HFA or NFP program requirements to ensure fidelity and in accord with CHVP requirements. • Collect and electronically input data into the CHVP ETO data system according to model and CHVP requirements. 	reporting period, and a discussion of relevant policy changes during that period.	

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MCAH Director Responsibilities			
1.3 LHJ site will hire and maintain staff according to CHVP and model requirements and report any staffing changes.	1.3 LHJ site shall hire and maintain 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		1.3 Submit an updated staffing report, detailing any changes in the LHJ site staff that deviate from the original contract agreement or staffing SOW (see Attachment B): • Staff recruitment status. • Percentage of effort dedicated to CHVP. • Within seven days of staff changes submit an updated staffing report.

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Cultural Sensitivity			
1.4 Provide culturally sensitive home visiting practice in order to reduce disparities in maternal, infant and early childhood health and behavioral outcomes.	1.4.1 LHJ staff shall participate in trainings or educational opportunities designed to enhance cultural sensitivity. 1.4.2 Staffing should reflect the diverse cultures and languages of your service population. 1.4.3 Use culturally sensitive materials and translation services when necessary. Possible resources: http://rootsofhealthinequity.org/ http://www.unnaturalcauses.org/ http://calpactucb.blogspot.com/2011/10/cultural-competency-training-with-dr.html	1.4.1 Submit a list of staff that attended cultural sensitivity trainings and provide descriptions of the trainings. 1.4.2 Identify bilingual or multilingual staff. 1.4.3 Submit translation services utilized; list by language and frequency. 1.4.4 Brief narrative description of barriers and/or concerns to providing culturally sensitive services; also note if outreach and/or services have been limited or restricted.	

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Training			
1.5 LHJ sites will ensure that staff complete the required core trainings and ongoing training sessions required by the NFP or HFA model and coordinate with CHVP.	1.5 LHJ site shall ensure that staff receive training in the following curricula, assessment tools, and other training modules: <u>NFP Model</u> <ul style="list-style-type: none"> • Partners in Parenting Education (PIPE) • NCAST (Training assessment tool) • Ages and Stages Questionnaire (ASQ) • Keys to Caregiving • Home Observation and Measurement of the Environment (HOME) Inventory • Women's Experience of Battering (WEB) • Other CHVP required trainings to be announced in a program letter as appropriate 	1.5 List staff that have completed trainings, including dates and copies of successful completion of core educational requirements.	

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	<p><u>HFA Model</u></p> <ul style="list-style-type: none"> • 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 • HOME Inventory • Women’s Experience of Battering (WEB) • Other CHVP required trainings to be announced in a Program Letter as applicable. 		
Enrollment			
1.6 <u>NFP Expansion and New LHJ Sites</u> – 100 families will be enrolled within 9-15 months from date of program implementation and maintained throughout the duration of the program, recognizing effects of attrition when number of enrolled clients may	1.6 Conduct outreach activities to at-risk groups and areas, as well as community agencies and other service providers to ensure that appropriate, eligible clients are identified and referred to LHJ. <ul style="list-style-type: none"> • LHJ site will assess and enroll 	1.6 List and report the following : <ul style="list-style-type: none"> • Outreach activities. • Number and contact information for all community groups and other service providers contacted. 	1.6 <u>NFP sites:</u> Report on the average time from receipt of referral to first client contact and home visit intake. Submit information on the total number of contact attempts from referral to first client contact and

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		Process Measures	Outcome Measures
<p>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>^Based on HFA weighted caseload requirements, some sites may need to submit a waiver to CHVP for reduced enrollment.</p>	<p>eligible families for CHVP services and will link non-qualifying referred families, as well as those families referred after the program has reached full capacity, to other community resources.</p>	<ul style="list-style-type: none"> • Report the following: <ul style="list-style-type: none"> • Number of enrolled families by month. (*) • Number of attempted and completed home visits. (*) • Number and source of referrals from local agencies to the local home visiting program. (*) • 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>home visit intake. (*)</p> <p>1.6 <u>HFA sites:</u> Report the average time to 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>

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		Process Measures	Outcome Measures
Home Visiting Service			
1.7 The LHJ site will begin the implementation process for home visiting services under the following conditions: <ul style="list-style-type: none"> • LHJ board approval; • NFP National Service Office (NSO) approval of the LHJ site implementation plan and a signed contract <u>or</u>; • Affiliation or current accreditation received from Prevent Child Abuse America National Office; • Availability of CHVP ETO data system and/or CHVP forms; and • CHVP approval to begin client enrollment 	1.7 Implement home visiting services following the NFP or HFA model and CHVP requirements. Appropriate staff shall document home visiting notes within 24 hours of occurrence and enter information into the CHVP ETO data system within one week of client visit	1.7.1 Number and length of home visitor contacts. (*) 1.7.2 Number of clients that were maintained on the home visitor caseload and the time duration of home visits. (*)	1.7 Of those enrolled families or clients, report number of scheduled visits and number of completed visits. (*)
Fidelity and Quality Assurance			

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		Process Measures	Outcome Measures
1.8 Assure program fidelity and quality of CHVP implementation.	1.8.1 LHJ Site Supervisors are required to manage staff activities using reflective supervision based on NFP and HFA model requirements.	1.8.1 LHJ Site Supervisor shall submit the Supervisor Quarterly Report to the assigned CHVP Nurse Consultant detailing the LHJ site's successes, challenges, and any need for technical assistance. Submit via email to: CA-MCAH-HomeVisiting@cdph.ca.gov 1.8.2 Supervisor and/or home visitor shall conduct periodic chart audits and report results and number reviewed (minimum 10%). 1.8.3 Submit LHJ site specific CQI plan based on guidelines in the CHVP Policies and Procedure Manual. Update CQI plan annually. 1.8.4 Submit CHVP CQI data report (developed by CHVP); identify activities for achieving quality improvement. 1.8.5 Submit highlights of CAB or other community group	
	1.8.2 Staff shall verify the accuracy and completeness of data input into the CHVP ETO data system.		
	1.8.3 Perform model-specific and CHVP-directed Continuous Quality Improvement (CQI) activities.		
	1.8.4 Identify program or evaluation areas in need of improvement; also identify strengths and best practices and create action steps for CQI		
	1.8.5 Coordinate communication of quality assurance/improvement activities between the LHJ program and Community Advisory Board (CAB) or other community collaborative designated to address quality		

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	improvement needs. 1.8.6 MIECHV Competitive Grant recipients (Merced, Fresno, Sacramento, Los Angeles, Nevada, Stanislaus, San Mateo, and Solano Counties) will work with the CHVP external evaluators and ensure that all data is provided as requested.	discussions related to CQI and any recommendations and/or outcomes from these discussions. 1.8.6 MIECHV Competitive Grant recipients will report required activities as defined in the attached Operational Requirements.	

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Data Collection			
1.9.1 Collect all information that will contribute to the 35 constructs that comprise the six legislatively-mandated benchmark domains; also additional evaluation measures identified by CHVP.	1.9.1 – 1.9.2 LHJs will use CHVP and model required data forms and processes as defined in the CHVP Data Collection Manual. Appropriate LHJ staff shall collect and enter the data into the secure CHVP ETO data system on an ongoing basis and as required by CHVP and NFP or HFA.		1.9 Review and submit data system reports (using CHVP developed reporting features). (*)
1.9.2 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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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 and percentage 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	
		Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated	
		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 progress with system of care improvements, interagency coordination, information sharing, and referral system. 	2.1 Briefly describe the activities and frequency of CAB meetings which enhance CHVP implementation and operation.	2.1. Submit a report of accomplishments as related to each of the CAB goals and objectives. If applicable, include any policy recommendations and/or outcomes from these recommendations. May include the development of a Referral System, and integration of services.

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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. (+)	2.2.1 Develop and/or maintain documented agreements with community agencies and other service providers 2.2.2 Develop community partnerships and facilitate coordination and integration of services among MCAH and other community programs/services.	2.2 List, describe, and update the types and numbers of agreements with community agencies and other service providers involved in referral of potential clients. (*)	

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Goal 2: Cultivate strong communities.

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		Process Measures	Outcome Measures
Collaborative Effort			
2.3 LHJ site will increase information sharing with other local social service agencies in the community and establish a clear point of contact. (+)	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 LHJ site 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 Promote outreach and education about CHVP.	.	2.3 Number of agencies where the home visitor has a clear point of contact and with whom information is regularly exchanged. (*)
2.4 Home visitors shall assist clients in accessing services and resources in their community for each identified need. (+)	2.4.1 Home Visitor shall screen and identify needs following model and CHVP policies and procedures 2.4.2 Home visitor shall follow-up with the family regarding outcome of referral. 2.4.3 Maintain access to, or develop an updated directory of community referral resources/services including hospitals, health care providers, and community agencies. Domains shall include: <ul style="list-style-type: none"> • Maternal, Infant, and Child Health • Mental Health 	2.4.1 Number and percent of families with identified needs that have or don't have a corresponding referral to available community resources. (*) 2.4.2 Document how the client pursues and receives services and works towards self-sufficiency.	2.4 Document and report the number and percent of completed referrals and services received. (*)

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Goal 2: Cultivate strong communities.

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	<ul style="list-style-type: none"> • Early Childhood Development/Parenting • Substance Abuse • Domestic Violence Prevention • Child Maltreatment Prevention • Child Welfare • Education/Employment • Other Social and Health Services <p>Note: Referrals include both internal referrals (to other services provided by the local agency) and external referrals (to services provided in the community but outside of the local agency).</p>	2.4.3 Number and type of referral resources/ services available and appropriate for the clients in the program; and document any changes or updates to the list of community referral resources.	

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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 Increase the number of women who received prenatal care as a result of participating in CHVP. (+)	3.1 Educate women regarding early and adequate prenatal care and for women not receiving prenatal care, immediately refer to prenatal care provider; use Comprehensive Perinatal Services Program (CPSP) provider when available.	3.1 Number of referrals to prenatal providers. (*)	3.1 Number and percent of pregnant women who at intake were not receiving prenatal care and subsequently received care. (*)
3.2 Increase the number of women who receive adequate prenatal care. Refer to the Policies and Procedures Manual for guidance on what constitutes adequate care.	3.2 Reinforce the importance of adequate prenatal care and identify and address barriers to keeping prenatal appointments.	3.2 Activities contributing to success in overcoming barriers to receiving prenatal care.	3.2 The number and percent of women receiving adequate prenatal care. Refer to the forthcoming Policies and Procedures manual for guidance on what constitutes adequate care. (*)

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Goal 3: Promote Maternal Health and Well-being

Objective(s)	Intervention Activities to Meet Objectives	Evaluation/Performance Measures	
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		Process Measures	Outcome Measures
Maternal Health Insurance			
3.3 Increase the number of women with health insurance during pregnancy and postpartum. (+)	3.3.1 Provide information to clients about how to access health insurance programs and the benefits of health care coverage. 3.3.2 Make referrals and assist clients in Medi-Cal enrollment and other low cost/no cost health insurance programs for their own health care coverage.	3.3 Number and percent of uninsured women given referrals to low cost/no cost health insurance programs for their own health care coverage. (*)	3.3 Number and percent of women with health insurance during pregnancy and at 2 and 12 months postpartum. (*)
Maternal Emergency Department (ED) Visits			
3.4 Increase client awareness on appropriate use of the Emergency Department (ED). (+)	3.4 Educate women on appropriate use of ED and patient centered medical home for their own routine care.		3.4 Number and percent of women visiting the ED. (*)
Maternal Alcohol, Tobacco and Illicit Drug Use			
3.5 Decrease or stop maternal use of alcohol, tobacco, and illicit drug use during pregnancy and postpartum. (+)	3.5 Assess mother for alcohol, tobacco, and illicit drug use during pregnancy and postpartum; provide information and referrals to health counseling as appropriate.		3.5 Report number and percent of pregnant <u>and</u> postpartum women who: 3.5.1 Drank alcohol during pregnancy or abused alcohol postpartum; were referred to alcohol use counseling; and completed referral. (*)

Notations to Scope of Work:

(*) Reports must be generated from CHVP ETO data system and submitted to CHVP with semiannual progress reports.

(+) 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
		Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated	
			3.5.2 Used tobacco; were referred to tobacco use counseling; and completed referral. (*) 3.5.3 Used illicit drugs; were referred to drug use counseling; and completed referral. (*) <i>(HFA does not collect alcohol or illicit drug information so reporting is not required for HFA sites).</i>

Notations to Scope of Work:

(*) Reports must be generated from CHVP ETO data system and submitted to CHVP with semiannual progress reports.

(+) 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			
3.6.1 Decrease the number of women with a subsequent pregnancy within 18 months postpartum.	3.6 Assist clients in reproductive life planning: <ul style="list-style-type: none"> • Discuss family planning • Educate on the use of different types of contraceptives. • Refer to appropriate agencies to obtain contraceptives. • Assist clients to understand the characteristics of healthy relationships and provide resources to assist in dealing with abuse, reproductive coercion or birth control sabotage. 		3.6.1 Number and percent of women with confirmed subsequent pregnancy less than 18 months postpartum. (*)
3.6.2 Increase the number of women using contraception up to 12 or more months postpartum. (+)			3.6.2 Number and percent of women using contraception at 6 and 12 months postpartum. (*)
Maternal Depression and Parental Stress			
3.7 Increase the number of women screened for maternal depression and parental stress; increase the number referred for services. (+)	3.7.1 Educate women on the signs and symptoms of maternal depression and stress.	3.7 Number and percent of women screened for maternal depression and stress per model and CHVP requirements. (*)	3.7 Number and percent of women who screened positive for depression; number and percent of women screening positive who were referred for appropriate services; and number and percent of referred women who completed the referral. (*)
	3.7.2 Screen women for maternal depression and stress with the Edinburgh Postnatal Depression Scale at specified intervals required by the model and CHVP, and refer to appropriate services as warranted (see Attachment D for data collection times).		

Notations to Scope of Work:

(*) Reports must be generated from CHVP ETO data system and submitted to CHVP with semiannual progress reports.

(+) 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
	3.7.3 Identify community partners with expertise in management of postpartum depression/perinatal mood disorders.		
Breastfeeding			
3.8 Increase the number of prenatally enrolled women initiating breastfeeding; increase exclusive breastfeeding up to 6 months of age; and increase the duration of the breastfeeding period in the first year of life. (+)	3.8 Encourage and support breastfeeding: <ul style="list-style-type: none"> Educate women on the importance of initiating breastfeeding and continuing through one year postpartum. Educate and support women on the importance of <u>exclusive</u> breastfeeding for at least 6 months. Refer to breastfeeding and lactation support when appropriate (WIC Peer Counseling Program or other local resource). 	3.8 Number and percent of women receiving breastfeeding referral. (*)	3.8.1 Number and percent of women breastfeeding at 6 months and at 12 months. (*) 3.8.2 Number and percent of women breastfeeding <u>exclusively</u> at each month of infant's age up to 6 months. (*) <i>(HFA does not collect exclusive breastfeeding information; so HFA sites do not need to report this information)</i>
Postpartum Visit			
3.9 Increase number of women who have a postpartum visit within 6 weeks. (+)	3.9 Educate women regarding the importance and benefits of a postpartum visit with a medical provider. Facilitate obtaining and accessing services, if needed.		3.9 Number and percent of women who attended a 4-6 week routine postpartum visit with a medical provider. (*)

Notations to Scope of Work:

(*) Reports must be generated from CHVP ETO data system and submitted to CHVP with semiannual progress reports.

(+) 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.

Notations to Scope of Work:

(*) Reports must be generated from CHVP ETO data system and submitted to CHVP with semiannual progress reports.

(+) 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
Insured Children			
4.1 Increase number of children who have health insurance continuously through two years of age. (+)	4.1 As needed, assist parents in the referral and application process for low cost/no cost health insurance programs for their children.	4.1 Number and percent of women given referrals to low cost/no cost health insurance programs for their child's healthcare coverage. (*)	4.1 Number and percent of children with any type of health insurance at 12, 18 and 24 months. (*)
Child Emergency Department (ED) Visits			
4.2 Increase parental awareness on appropriate use of Emergency Department (ED) visits. (+)	4.2 Educate parents on appropriate use of ED and help establish a medical home for their child's routine care		4.2 Number and percent of children visiting the ED for any reason. (*)

Notations to Scope of Work:

(*) Reports must be generated from CHVP ETO data system and submitted to CHVP with semiannual progress reports.

(+) 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
Well-Child Visits			
4.3 Increase the number of children who receive all recommended well-child visits from 0-2 years. (+)	4.3 Assist families in understanding the importance of well-child visits and immunizations. Support parents to adhere to scheduled well-child visits.		4.3 Number and percent of infants receiving all American Academy of Pediatrics (AAP) recommended well-child visits. (*) Link: AAP http://brightfutures.aap.org/pdfs/AAP%20Bright%20Futures%20Periodicity%20Scheduled%20101107.pdf
Child Injuries			
4.4 Decrease the incidence of child injuries requiring medical treatment. (+)	4.4 Educate and support families in child injury prevention Link to State Injury Prevention Website: Safe and Active Communities Branch http://www.cdph.ca.gov/programs/sacb/Pages/default.aspx		4.4 Number and percent of children with injuries requiring medical treatment. (*)

Notations to Scope of Work:

(*) Reports must be generated from CHVP ETO data system and submitted to CHVP with semiannual progress reports.

(+) 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 Prevent child abuse and neglect. (+)	4.5.1 Provide resources to parents to prevent child abuse.		4.5 Number and percent of families suspected of child maltreatment or neglect that were referred to Child Protective Services and number and percent of families with substantiated child maltreatment. (*)
	4.5.2 Provide support for 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 and report suspected abuse.		
Child Safety			
4.6 Home visitors provide parent(s) with information regarding child safety, safe home environment, and prevention of child injuries. (+)	4.6.1 Provide education and educational materials related to child safety, safe home environment, and injury prevention, tailored to child's age and developmental level.		4.6 Number and percent of women provided information on child injury prevention and safe home environment tailored to child's age. (*)
	4.6.2 Check home for safety issues and help family to address them.		

Notations to Scope of Work:

(*) Reports must be generated from CHVP ETO data system and submitted to CHVP with semiannual progress reports.

(+) 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.

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
Strengthening Families			
5.1 Support family functioning to promote positive parenting behavior and the parent-child relationship by incorporating the five Protective Factors of "Strengthening Families" Framework	5.1 LHJ will integrate the Strengthening Families framework and protective factors into their internal policy manual. www.strengtheningfamilies.net Utilize the resources and training provided by Strategies for TA regarding Strengthening Families.	5.1 Submit a narrative of progress incorporating the five Protective Factors of "Strengthening Families" Framework, including barriers.	
School Readiness			
5.2 Parents increase support of their children's learning and development and have an improved relationship with their child. (+)	5.2 Assist families in improving the quality of the child's home environment and the extent of stimulation available to the child.		5.2-5.3 Number and percent of families completing the HOME Inventory by 6 months of child's age. (*)
5.3 Identify and support children with needs related to social, emotional, cognitive and physical development using the HOME Inventory, Ages and Stages Questionnaire Version 3 (ASQ-3) and the Ages and Stages Questionnaire-Social Emotional (ASQ-SE) instruments. (+)	5.3.1 Administer CHVP-required tools related to school readiness/ strengthening families (see Attachment D for data collection times): 1. HOME Inventory 2. ASQ-3 3. ASQ-SE 5.3.2 Provide anticipatory guidance and education regarding importance of		5.3.1 Number and percent of families completing the ASQ-3 and ASQ-SE by 6 months of child's age. (*) 5.3.2 Number and percent of children identified with developmental delay. (*) 5.3.3 Number and percent of families given referrals.

Notations to Scope of Work:

(*) Reports must be generated from CHVP ETO data system and submitted to CHVP with semiannual progress reports.

(+) 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
5.4 Parents increase their knowledge of child development and of their child's developmental progress. (+)	<p>developmental screening.</p> <p>5.3.3 Refer families accordingly for developmental services, occupational therapy or other appropriate services.</p> <p>5.3.4 Support family by following up and obtaining services where appropriate.</p> <ul style="list-style-type: none"> • Re-screen as appropriate <p>5.3.5 Maintain a current directory of agencies who accept referrals for children identified with all levels of developmental delay.</p> <p>5.4 Review ASQ-3 and ASQ SE results with parent</p> <p><u>Website for additional information on screening and referral:</u></p> <p>Early Childhood Mental Health (ECMH)</p>		<p>(*)</p> <p>5.3.4 Number and percent of families with completed referrals to developmental services. (*)</p> <p>5.4 Number and percent of families who reviewed ASQ-3 and ASQ SE results with the home visitor.</p>

Notations to Scope of Work:

(*) Reports must be generated from CHVP ETO data system and submitted to CHVP with semiannual progress reports.

(+) 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
Domestic Violence (DV)			
5.5 Increase the support for women to have healthy and safe relationships. (+)	5.5.1 Discuss healthy relationships, safety, and reproductive coercion.		5.5.4 Number and percent of women who received at least one referral to a relevant DV service after a newly positive screen or disclosure of abuse (*) and number and percent of women who completed referral services. (*) 5.5.5 Number and percent of women screened for domestic violence / relationship safety at appropriate intervals using the WEB tool. (*) 5.5.5 Number and percent of women who completed a safety plan after a newly positive screen or disclosure of abuse. (*)
	5.5.2 Participate in trainings on DV awareness		
	5.5.3 The home visitor will screen for relationship related issues and DV using the Women's Experience with Battering (WEB) tool (see Attachment D for data collection times).		
	5.5.4 The home visitor will refer women to DV services as needed.		
	5.5.5 If women screen positive on the WEB or they self-disclose DV, home visitor will assist women with the creation of a safety plan. Revisit/update the plan as needed. For Possible Safety Plan Guidelines/Template, please see CHVP website.		

Notations to Scope of Work:

(*) Reports must be generated from CHVP ETO data system and submitted to CHVP with semiannual progress reports.

(+) 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
Income, Employment, and Education			
5.6 Increase the number of women improving employment status or educational attainment. (+)	5.6 Assist women in identifying their educational and employment goals; provide support in achieving goals.	5.6-5.7 Number and percent of women given referrals for job training, education, employment, child-care or employment-related planning and numbers completing such referrals. (*)	5.6 Number and percent of women with increased employment status or education attainment. (*)
5.7 Increase the number of women whose income increases. (+)	5.7 Assist women in developing an economic self-sufficiency plan. Refer to community resources, job training, and employment events.		5.7 Number and percent of women with an increase in income. (*)

Notations to Scope of Work:

(*) Reports must be generated from CHVP ETO data system and submitted to CHVP with semiannual progress reports.

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

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

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 developmental 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, Operational Requirements 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, NFP model or HFA model, as well as the CHVP measures for the federal benchmark constructs, found on the CHVP website <http://cdph.ca.gov/programs/mcah/Pages/HVP-HomePage.aspx>

CHVP PROGRAM REQUIREMENTS RELATED TO THE SCOPE OF WORK

1. The Quality Assurance (QA) Teams

CHVP established QA teams to guide the partnership with each LHJ to ensure: model fidelity, creation of continuous quality improvement (CQI) measures, training and technical assistance and timely and accurate reporting. The QA team will consist of a Nurse Consultant, Program Specialist, Research Scientist and Contract Manager. The team member's contact information is found on this link:
<http://www.cdph.ca.gov/programs/mcah/documents/cmcpm-contact.pdf>

2. 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 QA Teams to access program-related records, participant records, and observe home visiting activities.

3. Progress Reports

- A. LHJ site will prepare Progress Reports in accordance with the information and format provided by CHVP. Faxed Progress Reports will not be accepted.
- B. LHJ site must submit one copy of the Progress Report, via email, in CHVP format, to CA-MCAH-HomeVisiting@cdph.ca.gov by the due date stated below and to CHVP via certified mail, postmarked no later than 30 days after the report ending date. 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. The following schedule below must be followed for Progress Reports:

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

4. Additional Reports:

- A. For supervisor quarterly reporting, see 7 below.
- B. LHJ site shall complete CHVP evaluation requirements as directed by CHVP in accordance with prescribed form and format.
- C. LHJ site will be required to respond as necessary to any ad hoc and/or final reports as designated by CHVP.
- D. LHJ site shall submit "Staffing Report," (Attachment B) to CA-MCAH-HomeVisiting@cdph.ca.gov upon any change in personnel or percentage of

effort. Prior approval from CHVP is required for changes in staffing patterns that deviate from the original contract agreement and standard model staffing requirements.

5. Media Communication

LHJ site shall coordinate and collaborate with CHVP 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 first be shared and approved by CHVP.

6. 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 submitted to: CA-MCAH-HomeVisiting@cdph.ca.gov (See Attachment C).

B. Program Letter

Any clarification related to the SOW including this Program Operational Requirement will be communicated to the LHJ site via a CHVP Program Policy Alert Letter.

C. Communication

The following specifies the order of communication from LHJ sites:

- I. LHJ site NFP and HFA Supervisors, under the direction of the local MCAH Director, must first contact your assigned CHVP Nurse Consultant for program-related questions.
- II. Home Visitors for both models must contact their immediate supervisors for program-related issues.

7. 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 assigned CHVP Nurse Consultant. This quarterly report should be sent to CA-MCAH-HomeVisiting@cdph.ca.gov and should also be included with the semi-annual Progress Report.

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

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

8. Request for Adjustments

A. Requests regarding adjustments in *Due Dates* of deliverables must be submitted to the CHVP inbox via the transmittal form.

B. Only CHVP may make adjustments to the SOW template.

9. 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)

10. Performance and Accountability

LHJ site must comply with deliverables as outlined in the SOW and may receive technical assistance from CHVP, if needed. In addition, CHVP reserves the right to require a Corrective Action Plan from the LHJ site. LHJ sites must contact the CHVP QA team 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 are stated in the forthcoming CHVP Policies and Procedures Manual.

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) 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 assigned CHVP Nurse Consultant regarding the contract status 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 an MCAH Coordinator.

MCAH Director will contact the assigned CHVP Nurse Consultant before contacting the NFP-NSO or the PCAA NO.

For NFP Sites Only: MCAH Director will support the collaboration of the CHVP-Statewide Nurse Liaison (CHVP-SNL) with the NFP Designated Nurse Consultant (DNC). The MCAH Director will include the CHVP-SNL's role in the LHJ/NFP Implementation Agreement (contract) which includes:

- A. Ongoing collaboration between CHVP-SNL and NFP's DNC.
- B. Provide support to the MCAH Director and/or their designee as specified in the contract between the LHJ and NFP.
- C. Provide ongoing coaching and consultation; conduct education sessions as appropriate to help nurse supervisors and nurse home visitors improve their knowledge, skills and abilities to implement the program with high quality and fidelity to the model in collaboration with NFP's DNC.
- D. Provide education and support to MCAH Directors, nurse supervisors, and nurse home visitors on specific topics as reasonably requested by NFP in collaboration with NFP DNC.
- E. Monitor ongoing quality improvement.
- F. Assist in delivering appropriate continuing education in collaboration with NFP DNC.
- G. Continually assist MCAH Director to help nurse supervisors meet NFP professional development requirements as specified in the NFP Policies and Procedures (P&Ps) in collaboration with NFP DNC.
- H. Assist NFP DNC in mentoring nurse supervisors in their administrative and clinical roles.
- I. Foster communication of successful practices and mutual problem solving among nurse home visitors at LHJs.

- J. Keep NFP informed of implementation issues that arise with any LHJ. Work with the NFP DNC to facilitate visits, not less than quarterly, between NFP's DNC and nurse supervisors. The NFP DNCs shall meet with nurse supervisors at least quarterly.

The above stated terms must be established in the contractual agreement between each NFP LHJ and the NFP NSO.

2. NFP Staff Recruitment

CHVP requires two primary staff positions consistent with the national NFP recommendation: Nurse Supervisor and Public Health Nurse Home Visitor (PHN-HV). The FTE PHN positions are based on the number of required caseloads. The FTE Nurse Supervisor is based on the total number of PHN-HV. For example, it is recommended that a LHJ site with a caseload of 100 participants has one FTE Nurse Supervisor to every four FTE PHNs. CHVP 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 assigned CHVP 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; and
 - d. Field supervision with PHN-HV between 4 to 8 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 PHN-HVs. CHVP recommends a ratio of one FTE supervisor to four FTE PHNs, unless exception is granted by CHVP QA team. Supervisor will dedicate a full time effort to CHVP. The team will consist of at least 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 assigned CHVP Nurse Consultant to evaluate the progress of CHVP and identify quality improvement activities as needed.
- Serve as the LHJ liaison with the assigned CHVP Nurse Consultant; attend meetings with the NFP/assigned CHVP 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; to be announced via Program Letter(s).

NFP Administrative Assistant

Responsibilities:

- Data entry and other administrative tasks. The agency has the option to have 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 Manager, Supervisor, Family Assessment Worker (FAW), and Family Support Workers (FSW).

HFA Program Manager or 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 as long as MCAH Director does not exceed 1.0 FTE. HFA Program Manager must dedicate no less than 0.5 FTE. The percentage of effort for combined position must be specified in the Staffing Report (Attachment B).
- Report directly to the MCAH Director (if not the same);
- Oversee program operations, funding, quality assurance, evaluation, and supervision of staff.
- Develop and implement policies and procedures related to the LHJ site.
- 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 Family Support Worker (FSW) and Family Assessment Worker (FAW) to monitor and assess their performance and provide constructive feedback and development.
- Supervisors will serve as the liaison with the assigned CHVP Nurse Consultant. Supervisors are required to attend meetings with the assigned CHVP Nurse Consultant at designated times.
- Use a reflective supervision model in face-to-face supervision with FAW and FSW, and facilitate professional development essential to the home visitor role.

Family Assessment Worker (FAW)

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 the CHVP data system.
- Refer families to appropriate resources based on assessment.
- Communicate pertinent assessment findings to FSW.

Family Support Worker (FSW)

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 QA Team).
- 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:
 - a. Facilitate the parent-child relationship
 - b. Observe and listen to parental concerns
 - c. Respect family values and culture
 - d. Support parents in their role as advocates for themselves and their children
 - e. Assess, facilitate, and promote positive child growth and development
 - f. Provide information and appropriate referrals to community resources
 - g. Maintain appropriate documentation that outlines the services provided to the family and help facilitate quality management

- h. Serve no more than 15 families at a time who are currently being seen weekly
- i. Carry a caseload of no more than 25 families
- j. 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 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 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 will report to the CHVP QA Team any changes in staffing or reduction in percentage of effort (less than 100%) dedicated by staff **within seven days of the change**, along with plans for addressing these changes.

CHVP MEETINGS AND TRAINING REQUIREMENTS

LHJ site is required to participate in CHVP meetings, workgroups, and trainings directed by CHVP. LHJ site is responsible for staff members' receiving core training on NFP or HFA models and other CHVP required training.

For a description of required training, schedules and dates for NFP and HFA staff, please refer to the CHVP website: <http://www.cdph.ca.gov/programs/mcah/Pages/HVP-HomePage.aspx> (see "Upcoming Trainings")

- For further information about NFP training requirements, refer to the NFP website: http://www.nursefamilypartnership.org/assets/PDF/Policy/HV-Funding-Guidance/NFP_Core_Education
- For further information about HFA training requirements, refer to the HFA Self-Assessment Tool: <http://www.ok.gov/health/documents/2008-2012%20HFA%20SAT%20Best%20Practices%20-%20Updated%203-10.pdf>

Ongoing training

LHJ site is required to provide ongoing training to staff in topics which take into account the worker's knowledge, skill base, and needs. CHVP will collaborate with each LHJ site to determine needs and coordinate training.

Note: For new and expansion sites, LHJ shall keep on file 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

LHJ site shall provide necessary equipment and establish an optimal work space for program staff, including:

- Appropriate telecommunication and computer equipment capabilities for staff use
- Access to LHJ 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. LHJ Site Responsibilities During Home Visiting Implementation

In order to implement the program with fidelity to the models, LHJ site shall share experiences learned and program improvement with other LHJ 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 LHJ site must contact the assigned CHVP Nurse Consultant. Other responsibilities include:

- LHJ staff shall demonstrate a level of competence in the skills related to Home Visiting including assessments, interventions, referrals and follow-up.
- LHJ staff for each site shall ensure that the assigned CHVP Nurse Consultant is involved in the process of program implementation and accreditation.
- CHVP Home Visitors shall collect required data on family visits, and the Home Visiting Supervisor will ensure that this data is entered into the CHVP ETO data system within 1 week of the client visit, taking all appropriate steps to maintain client confidentiality. Note: During initial enrollment, some LHJ sites will not have access to the CHVP ETO data system and will not be required to comply with data entry until the system is operational.
- LHJ staff will obtain agreement from CHVP Branch before reporting CHVP data to anyone other than CHVP. LHJ will send copies to CHVP of all reports submitted to NFP NSO or PCAA NO.
- LHJ shall implement the Home Visiting Program in accordance with model fidelity.
- 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 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 (LA) Communities: Service Planning Area (SPA) 1 and LA SPA 2,3,7; Merced; Nevada; Sacramento Communities; San Mateo; Solano; and Stanislaus)

1. Activities Required for Competitive Grant Recipients

In collaboration with the QA teams, the following activities are required for counties that receive MIECHV Competitive Expansion Grant funding:

- A. 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;
- B. Assist external evaluators with the 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;
- C. 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;
- D. 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;
- E. Work with external evaluator to set up locations and schedule of participants for site visit during the first quarter of SFY 2012/2013;
- F. Participate in site visits with Evaluation Team Site Visitors during the first quarter of SFY 2012/2013;
- G. Receive feedback from evaluators regarding interview and site visit data before the end of second quarter for SFY 2012/2013;
- H. Respond to survey tools for key informants during the first quarter for SFY 2013/2014;
- I. Key program administrators to participate in phone interviews with external evaluators during the first quarter for SFY 2013/2014; and
- J. Enter additional data (type and frequency to be announced); this activity is ongoing.

Further information on these activities will be provided by CHVP and the external evaluators.

2. Deliverables for Competitive Grant Recipients

The following deliverables are required for the Competitive Grant Recipients in a semiannual progress report in accordance with the due dates indicated in the SOW:

- A. 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.
- B. Schedule of focus group meetings during the first quarter of State Fiscal Year (SFY) 2012/2013.
- C. Establishment of dates of focus group meeting participation and roles of participants during the first quarter of SFY 2012/2013.
- D. Site Visit schedule developed collaboratively with external evaluators during the first quarter of SFY 2012/2013.
- E. Agenda for site visits, provided by external evaluators with locations and participants, during the first quarter of SFY 2012/2013.
- F. Summary report of site visits provided by external evaluators before end of second quarter for SFY 2012/2013.
- G. 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.
- H. 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 first quarter for SFY 2013/2014.
- I. Dates of scheduled interviews in annual reports during the first quarter for SFY 2013/2014.
- J. Entry of additional data; this activity is ongoing.

SPECIFIC REQUIREMENTS FOR THE MOTHER AND INFANT HOME VISITING PROGRAM EVALUATION (MIHOPE)

The Affordable Care Act of 2010 required the U.S. Department of Health and Human Services (USDHHS) to evaluate the federal Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV). U.S. Department of Health and Human Services contracted Manpower Demonstration Research Corporation (MDRC), James Bell Associates, Johns Hopkins University, and Mathematica Policy Research to implement the Mother and Infant Home Visiting Program Evaluation (MIHOPE) to assess effectiveness of the home visiting models supported by MIECHV.

The national evaluation sample encompasses 85 sites throughout 10-12 participating states. California has been tentatively selected as a participating state and 8 sites in CA (3 HFA and 5 NFP) have been identified as possible sites. Only sites that can recruit at least 60 participants in 12-15 months and that have two or more years of

experience implementing the HV program are eligible to participate. Within each site, 60 families will be randomly assigned to intervention and control groups. If a CA site declines participation, the MIHOPE team will attempt to identify another eligible site to maintain site participation.

The option to decline participation is subject to possibly change pending final decisions and mandates at the federal level.

Local Staff are required to:

- Participate in interviews and surveys;
- Provide program records;
- Complete participation logs; and
- Facilitate videotaping of home visits (performed by research staff on 9 families, 2 visits each).

MIHOPE Evaluation Staff will:

- Enroll participant (including obtaining consent); and
- Collect data (phone and in person surveys and discussions).

In addition to surveys, home visitors and supervisors will complete logs regarding home visit content, supervision and training. Logs for home visits and supervision will be completed at the end of each week and training logs will be completed monthly. The logs will take approximately 5 minutes to complete.

Participants will receive a \$25 gift card for completing the baseline survey. Sites will receive \$22,000 to support staff participation in research activities which is available for use over the entire study duration (Mid 2012- Mid 2014).

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 (CQI) Program initiatives to CHVP
- Participate in MCAH/CHVP workgroups/committees
- Collect complete, consistent and accurate data for home visiting activities
- Staff shall ensure all data are entered accurately and timely into CHVP ETO data system
- 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 assigned CHVP 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

CHVP TARGET POPULATIONS

The MIECHV program is designed to identify and provide comprehensive services to improve outcomes for families who reside in at-risk communities. The Affordable Care Act of 2010 (ACA) requires funded agencies to give priority to providing services to the following high risk populations:

- Pregnant Females Under 21 Years of Age
- First-time Mothers
- Females with a History of Adverse Birth Outcomes (e.g. fetal loss, birth defects, pre-term birth, low birth weight)
- Families/Women with Limited Access to Health Care
- Low Income Pregnant Women and/or Low Income Families with Children Birth to Age 2
- Low Income Families with Children Between the ages of 2-5
- Families with Children with Developmental Delays or Disabilities
- Families with Children with Low Student Achievement/Dropouts
- Families with a History of Child Abuse or Neglect
- Families with a History of Domestic Violence
- Families with a History of Substance Abuse
- Current or Former Military Families
- Non-English Speaking Families
- Families Residing in High Crime Areas

CLIENT SUPPORT MATERIALS

LHJ sites that create new educational materials uniquely different from NFP or HFA educational materials, such as pamphlets, brochures or other client support materials, must submit a draft copy to CHVP for approval. Distinctively developed materials for CHVP should display only the CHVP logo. Copyrighted NFP materials to be distributed by LHJ sites should only display the NFP logo.

Material development using funds provided by the State MCAH Division/CHVP must acknowledge this support with a written statement/credit printed on the materials. This statement/credit must also be included on any curriculum, educational materials, programs, program documentation, videotapes, and/or other audio-visual materials resulting from the use of MCAH allocation. The written statement/credit should include:

- A statement identifying funding support on the title page of public reports or publications
- A statement identifying funding support on the first page of any journal articles

For example: —This project was supported by funds received from the California Department of Public Health, Maternal, Child and Adolescent Health Division/CHVP.

Attachment B

California Home Visiting Program (CHVP) Staffing Report

Contract Number:
Agency Name:

Date:

Use this report to detail any staffing changes at the Local Health Jurisdiction which deviates from the original contract/staffing agreement (e.g., refilling a position, reduction in percentage of effort, termination of staff and/or change in FTE). Submit the information below to CHVP **within seven days** of any staffing change. Prior approval is required from the CHVP Quality Assurance Team for changes in staffing patterns that deviate from staffing SOW. (Use additional sheets if necessary). Use the 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)	

Note: Staffing Report should always list all staff currently on the California Home Visiting Program (CHVP) budget, including in-kind.

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 Transmittal Form

1. **Directions:** Use this *CHVP Transmittal form* to submit supporting documentation or when 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: Enter Agency Name

CONTRACT #: Enter Contract # _____

BUDGET REVISION

SCOPE OF WORK REVISION

EQUIPMENT REPORT
 Purchase

PROGRESS REPORT: DUE DATE:
 02/02/12 – 06/30/12 07/31/12
 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	<u>Date(s)</u>	<u>CHVP Team Distribution</u>
Received on :		Contract Manager: _____
Distributed to staff:		Nurse Consultant: _____
Distributor's Name:		Program Specialist: _____
Response to LHJ:	(11 working days)	Training Coordinator: _____
Response Completed:		Evaluation Consultant: _____
Comments :		

ATTACHMENT D

Assessment Tools Required by CHVP

To meet federal Benchmark requirements, CHVP requires the use of the following tools and timeframes. Each model may have additional timeframes for these tools and/or model-specific required tools other than those listed in this table. The CHVP website has a combined list of model-specific and CHVP-required tools.

<http://cdph.ca.gov/programs/mcah/Pages/HVP-HomePage.aspx>

Tool	Purpose	SOW Activities	Collection Time
Ages and Stages Questionnaires: Third Edition (ASQ-3).	Identifies developmental delays in children.	1.5, 5.3.1	Before infancy 6 months.
Ages and Stages Questionnaires: Social-Emotional (ASQ-SE)	Assesses social-emotional development in children.	1.5, 5.3.1	Before infancy 6 months.
Edinburgh Postnatal Depression Scale (EPDS).	Screens for postnatal depression.	3.7.2	6-8 weeks postpartum.
The Infant Toddler - Home Observation for Measurement of the Environment (IT-HOME) Inventory.	Measures the stimulation and support available to a child in the home environment.	1.5, 5.2	At infancy 6 months; Toddler 18 months.
Women's Experience with Battering (WEB).	Screens for domestic violence.	5.5.3 – 5.5.5	At second home visit, 36 weeks pregnancy, 2 months postpartum, 6, 12, 18 and 24 months.