



COUNTY OF HUMBOLDT

AGENDA ITEM NO.

C-12

For the meeting of: December 16, 2014

Date: December 5, 2014
To: Board of Supervisors
From: Phillip R. Crandall, Director Department of Health and Human Services - Public Health
Subject: Second Amendment to California Home Visiting Program Agreement with Del Norte County for Fiscal Year 2013/14

RECOMMENDATION(S):

That the Board of Supervisors:

- 1. Approve the proposed Second Amendment to the California Home Visiting Program Agreement with Del Norte County for Fiscal Year 2013/14;
2. Authorize the Chair to sign four (4) originals of the proposed Second Amendment; and
3. Direct the Clerk of the Board to return four (4) signed originals of the proposed Second Amendment to the Humboldt County Department of Health and Human Services (DHHS) -Contract Unit for forwarding to DHHS - Public Health Administration.

SOURCE OF FUNDING:

Public Health Fund

DISCUSSION:

Following the implementation of the Patient Protection and Affordable Care Act in March 2010, the California Department of Public Health - Maternal, Child and Adolescent Health Division established the California Home Visiting Program (CHVP). In February of 2012, DHHS- Public Health received federal funding to support expansion of the Nurse-Family Partnership (NFP) program in Humboldt County, and to expand the program to Siskiyou and Del Norte Counties under Humboldt County's oversight. NFP is an Evidence Based Practice and it meets the federal funding requirements to be a home visiting program.

Prepared by Anne Davis-Gervan, Administrative Analyst II

CAO Approval

Amy Wren

REVIEW:

Auditor County Counsel Human Resources Other

TYPE OF ITEM:

- X Consent
Departmental
Public Hearing
Other

PREVIOUS ACTION/REFERRAL:

Board Order No. C 25; C7 & C8;

Meeting of: 6/24/14; 3/18/14;

BOARD OF SUPERVISORS, COUNTY OF HUMBOLDT

Upon motion of Supervisor Sundberg Seconded by Supervisor Fennell

Ayes: Sundberg, Lovelace, Bohn, Fennell, Bass
Nays
Abstain
Absent

and carried by those members present, the Board hereby approves the recommended action contained in this Board report.

Dated: Dec. 16, 2014
By: Kathy Hayes, Clerk of the Board

Humboldt, Del Norte and Siskiyou Counties formed a Tri-County Consortium for the regional expansion with Humboldt County serving as lead. The Tri-County Consortium was formalized with inter-county agreements between Humboldt County, Siskiyou County and Del Norte County.

The current CHVP Agreements with Siskiyou and Del Norte Counties, which were approved by the Board on March 18, 2014 (items C7 and C8), each originally had a term expiration of June 30, 2014. On June 24, 2014 (item C25), the Board approved First Amendments to extend the terms of the Agreements with both Counties, effective June 30, 2014, to maintain the contractual relationship between Humboldt County and the other Counties as the Tri County Consortium had not yet received the allocation for CHVP funding for Fiscal Year 2014/15. The First Amendment to the Agreement with Siskiyou County extended the term through June 30, 2015, and the First Amendment to the Agreement with Del Norte County extended the term through December 30, 2014. The December end date was predicated on the supposition that the Fiscal Year 2014/15 tri-county agreements would be approved by the state and completed in December. However, because the CHVP Agreements and budgets must be approved by the State prior to final execution, and the State has not granted final approval Fiscal Year 2014/15, DHHS-Public Health must execute a Second Amendment to the Agreement with Del Norte County to extend the term through March 31, 2015. It is expected that the State will grant approval in January, and the counties can finalize the CHVP Agreements for Fiscal Year 2014/15. The proposed Second Amendment will extend the term of the current CHVP Agreement with Del Norte County to March 31, 2015. As the Amendment must be executed on or before December 30, 2014, both Humboldt and Del Norte Counties are seeking concurrent approval from their respective Boards of Supervisors to ensure no disruption in the parties' inter-county agreements.

Accordingly, DHHS – Public Health recommends that the Board approve and execute the proposed Second Amendment to the current CHVP Agreement with Del Norte County.

FINANCIAL IMPACT:

Approval of the proposed Second Amendment to the current CHVP Agreement with Del Norte County will not increase or decrease the County approved budget for Fiscal Year 2014/15.

Approving the proposed Second Amendment supports the Board's Strategic Framework by creating opportunities for improved safety and health for a vulnerable population; the current CHVP Agreement with Del Norte County matches service availability with residents' needs, ensures sustainability of services and promotes quality services by building regional cooperation.

OTHER AGENCY INVOLVEMENT:

California Department of Public Health – State of California Health and Human Services is the grantor agency involved in this funding. Del Norte and Siskiyou Counties are part of the Tri-County Consortium.

ALTERNATIVES TO STAFF RECOMMENDATIONS:

The Board could choose not to approve the proposed Second Amendment to CHVP Agreements with Del Norte County for Fiscal Year 2013/14. However, DHHS-Public Health does not recommend this alternative. The California Home Visiting Program has been very successful and has enabled all three Counties to assist families with services which they would be unable to provide without the Consortium.

ATTACHMENTS:

1. Del Norte County CHVP Agreement with Humboldt County for Fiscal Year 2013/14
2. First Amendment to Del Norte County CHVP Agreement with Humboldt County for Fiscal Year 2013/14
3. Second Amendment to Del Norte County CHVP Agreement with Humboldt County for Fiscal Year 2013/14

**PROFESSIONAL SERVICES AGREEMENT
BY AND BETWEEN
COUNTY OF HUMBOLDT
AND
COUNTY OF DEL NORTE**

This Agreement entered into this 18th day of March, 2014, by and between County of Humboldt, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and County of Del Norte Department of Health and Human Services, Public Health Branch, hereinafter referred to as "CONTRACTOR," is made upon the following considerations:

WHEREAS, the Patient Protection and Affordable Care Act of 2010 authorized the creation of the Maternal, Infant and Early Childhood Home Visiting Program (MIECHV) to promote and improve the health, development and well-being of at-risk children and families through evidence-based home visiting programs; and

WHEREAS, the California Department of Public Health, Maternal, Child and Adolescent Health (CDPH/MCAH) Division implemented MIECHV as the California Home Visiting Program (CHVP) in the State to: (1) provide leadership and coordinate maternal and early childhood systems and supports to advance local, state and 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; and (5) strengthen family functioning; and

WHEREAS, CHVP has identified the Nurse-Family Partnership (NFP) program for implementation in the State of California. NFP is an evidence-based, community health program designed to help first-time mothers achieve a healthy pregnancy and birth, and to learn about positive parenting. NFP program goals are: 1) to improve pregnancy outcomes by helping women engage in good preventive health practices, including early entry into prenatal care, improving their diet, and reducing their use of cigarettes, alcohol, and illegal substances; 2) to improve child health and development by helping parents provide responsible and competent care; and 3) to improve the economic self-sufficiency of the family by helping parents develop a vision for their own future, plan future pregnancies, continue their education, and find work; and

WHEREAS, the Humboldt County NFP program has been in existence since July 2009 and has demonstrated measurable successful outcomes; and

WHEREAS, COUNTY, through its Department of Health and Human Services – Public Health (DHHS – Public Health), has been designated to serve as the lead county for the Northcoast Tri-County Consortium with Siskiyou and Del Norte Counties.

WHEREAS, COUNTY will receive a CHVP allocation of Nine Hundred Eight Thousand Five Hundred Sixty-Five Dollars (\$908,565) for Fiscal Year 2013-2014 (FY 13/14) for the Consortium upon state MCAH approval of the FY 13/14 Agreement Funding Application (AFA) and budget. The availability of MIECHV TITLE V funds is based upon funds appropriated in the State Budget of the most current fiscal year.

NOW THEREFORE BE IT AGREED:

1. DESCRIPTION OF SERVICES:

- A. Services Provided by COUNTY. COUNTY will provide fiscal administration, program direction and implementation, oversight, supervision, data collection and reporting following the NFP and CHVP requirements and criteria per Exhibit A – CHVP Scope of Work, Exhibit B – Schedule of Services and Exhibit C – NFP Program Model Elements.
- B. Services Provided by CONTRACTOR. CONTRACTOR will provide home visiting services throughout Del Norte County following the NFP and CHVP requirements and criteria per Exhibit A – CHVP Scope of Work, Exhibit B – Schedule of Services and Exhibit C – NFP Program Model Elements, which are attached hereto and incorporated herein by reference. In providing such services CONTRACTOR agrees to fully cooperate with the DHHS-Public Health Director or designee thereof, hereinafter referred to as “DIRECTOR.”
- C. Additional Services. No additional services shall be performed by CONTRACTOR without COUNTY’s prior written approval stating the dollar value of the services, the method of payment, and any adjustment in the term or other provisions of this Agreement. All such services are to be coordinated with COUNTY and the results of the work shall be monitored by DIRECTOR.

2. STAFFING:

CONTRACTOR shall provide personnel sufficient to deliver the services required under this Agreement to no more than twenty five (25) new clients. CONTRACTOR shall maintain at all times trained staff that understand the proper procedures for maintaining the confidential information. Staffing for the NFP program shall at minimum include the following positions and their full-time equivalents (FTE):

Program Manager	0.08	FTE
PHN/Nurse Home Visitor:	1.00	FTE
Office Assistant	0.50	FTE
Administrative Analyst	0.27	FTE

3. TRAINING:

CONTRACTOR’s staff shall participate in training as identified in the National Service Office/Nurse-Family Partnership (NSO/NFP) curriculum and in all current and future CHVP program letters. CONTRACTOR may attend additional training that is deemed to support the Nurse Home Visitor’s knowledge base with prior approval by COUNTY’s NFP Supervisor.

4. REFERRAL AND ENROLLMENT:

- A. Client Eligibility. NFP is completely voluntary and all services will be offered to participants free of charge. Participants are eligible to receive program services from pregnancy up to the time their child turns two (2) years old.

- B. Client Referrals. Pregnant women will be referred to NFP through their local health care provider/agency, by other community partners or by self-referral. All referrals will be forwarded to COUNTY's NFP program for services and enrollment. COUNTY will review the referral for appropriate criteria and data will be entered into the NFP Efforts to Outcomes (ETO) referral system. COUNTY will assign all referrals to the appropriate site for ongoing services.
- C. Client Enrollment. CONTRACTOR shall assess and enroll eligible women for NFP services and shall link non-qualifying referred women and/or women referred after the program has reached full capacity to other community resources.
- D. Identification of Eligible Clients. CONTRACTOR shall assist with conducting outreach activities to at-risk groups and areas and other service providers to ensure that eligible clients are identified and referred to NFP.
- D. Interagency Cooperation. CONTRACTOR will develop, enter into and maintain Memoranda of Understanding (MOUs), letters of support or agreements with community agencies and other service providers as needed to facilitate client referrals. CONTRACTOR and COUNTY shall facilitate coordination and integration of services throughout Siskiyou County including government agencies and other community programs/services. CONTRACTOR will develop a clear point of contact with collaborating agencies and share information on a regular basis as it relates to outreach, referrals, enrollment, and care coordination.

5. TERM:

The term of this Agreement begins July 1, 2013 and shall continue in full force and effect until June 30, 2014, unless sooner terminated as provided herein.

6. TERMINATION:

- A. Breach of Contract. Either party may immediately suspend or terminate this Agreement in whole or in part, where, in its sole discretion, the determination is made that there is:
 - 1. An illegal or improper use of funds;
 - 2. A failure to comply with any provision of this Agreement;
 - 3. A substantially incorrect or incomplete report submitted; or
 - 4. Improperly performed service.
- B. Without Cause. This Agreement may be terminated by either party without cause. Termination shall require thirty (30) days advance written notice of such intent to terminate. The notice shall state the effective date of the termination.

- C. Insufficient Funding. Pursuant to Section 18 of Article XVI of the California Constitution, either party may terminate this Agreement in any fiscal year in which it is determined there is not sufficient funding to continue the services provided for herein.
- D. Compensation. In the event of any termination of this Agreement, CONTRACTOR shall be entitled to compensation for uncompensated services rendered under this Agreement through and including the effective date of such termination. However, this provision shall in no way limit or reduce any damages owing to COUNTY resulting from a breach of this Agreement by CONTRACTOR.

7. COMPENSATION:

The maximum amount payable by COUNTY to CONTRACTOR under this Agreement is One Hundred Sixty Five Thousand Six Hundred Twelve Dollars (\$165,612) in FY 13/14. CONTRACTOR agrees to perform all services required by this Agreement for an amount not to exceed such maximum dollar amount. The specific rates and costs for the services to be performed hereunder shall be as set forth in Exhibit D – Schedule of Charges and Payments, which is attached hereto and incorporated herein by reference.

8. PAYMENT:

- A. Payment Schedule. CONTRACTOR shall submit invoices itemizing all work completed to COUNTY on a quarterly basis. Invoices shall be in a format approved by, and shall include backup documentation as specified by, DIRECTOR and the Humboldt County Auditor-Controller. CONTRACTOR shall submit a final undisputed invoice for payment no more than thirty (30) calendar days following the expiration or termination date of this Agreement. All payments for work performed will be made within thirty (30) days after the receipt of approved invoices. The specific requirements pertaining to invoicing shall be as set forth in Exhibit D – Schedule of Charges and Payments.
- B. Compliance with Invoicing Regulations. Reimbursement of invoices is subject to compliance with all local, state and federal requirements pertaining to CDPH MCAH related programs and adherence to all applicable regulations, policies and procedures. CONTRACTOR agrees to invoice actual and documented expenditures and to follow all the conditions of compliance stated in the current CDPH/MCAH Program and Fiscal Policies and Procedures manuals, including the ability to substantiate all funds claimed. The policies and procedures manual can be accessed at: <http://www.cdph.ca.gov/services/funding/mcah/Pages/FiscalPoliciesandProceduresManual.aspx>

9. NOTICES:

Any and all notices required to be given pursuant to the terms of this Agreement shall be in writing and either served personally or sent by certified mail, return receipt requested, to the respective addresses set forth below. Notice shall be effective upon actual receipt or refusal as shown on the receipt obtained pursuant to the foregoing.

COUNTY: County of Humboldt
Department of Health and Human Services
Public Health Director
529 I Street
Eureka, California 95501

CONTRACTOR: County of Del Norte
Department of Health and Human Services
Public Health Branch
880 Northcrest Drive
Crescent City, California 95531

10. REPORTS:

CONTRACTOR agrees to provide COUNTY with any reports which may be required by local, state or federal agencies for compliance with this Agreement. Reports shall be submitted no later than fifteen (15) days after the end of each calendar quarter using the format required by the State of California as appropriate.

11. RECORDS AND AUDITS:

- A. Maintenance and Preservation Records. CONTRACTOR agrees to timely prepare accurate and complete financial and performance records, and to maintain and preserve said records for at least five (5) years from the date of final payment under this Agreement, except that if any litigation, claim, negotiation, audit or other action is pending, the records shall be retained until completion and resolution of all issues arising therefrom. The books and records shall be original entry books with a general ledger itemizing all debits and credits for the work performed. In addition, CONTRACTOR shall maintain detailed payroll records.
- B. Inspection of Records. All records referenced by this section shall be made available during normal business hours to inspection, audit and reproduction by any duly authorized agents of the State of California or COUNTY. CONTRACTOR agrees to allow interviews of any of its employees who might reasonably have information related to such records.
- C. Audit Costs. In the event of an audit exception or exceptions, the party responsible for not meeting program requirements shall be responsible for the deficiency and for the cost of the audit. If the allowable expenditures cannot be determined because CONTRACTOR's documentation is nonexistent or inadequate, according to generally accepted accounting practices, the questionable cost shall be disallowed by COUNTY.
- D. Provision of COUNTY Records. COUNTY agrees to provide, as permitted by law, reasonable access to any and all documents and information that are necessary to the performance of CONTRACTOR's duties under this Agreement.

12. MONITORING:

CONTRACTOR agrees that COUNTY has the right to monitor CONTRACTOR's activities related to this Agreement, including the right to review and monitor records, programs or procedures related to the services described in Section 1 (Description of Services), at any time, as well as the overall operation of CONTRACTOR's programs in order to ensure compliance with the terms and conditions of this Agreement. However, COUNTY is not responsible, and will not be held accountable, for overseeing or evaluating the adequacy or results of the services performed by CONSULTANT pursuant to the terms of this Agreement.

13. CONFIDENTIAL INFORMATION:

In the performance of this Agreement, each party may receive information that is confidential under local, state and/or federal laws and regulations. Each party agrees to comply with all laws and regulations regarding confidentiality, and shall advise and require all subcontractors to do the same.

- A. Disclosure of Identifying Information. Each party shall protect from unauthorized disclosure the names and other identifying information that may become available to each party as a result of services performed under this Agreement.
- B. Use of Identifying Information. Neither party shall use identifying information for any purpose other than carrying out its obligations hereunder.
- C. Requests for Disclosure. All requests, received by either party, for disclosure of identifying information not emanating from the owner thereof shall be promptly transmitted to the other party. This provision applies solely to requests specifically pertaining to information obtained in the course of providing the services described in Section 1 (Description of Services).

14. NUCLEAR FREE HUMBOLDT COUNTY ORDINANCE COMPLIANCE:

CONTRACTOR certifies by its signature below that it is not a Nuclear Weapons Contractor, in that CONTRACTOR is not knowingly or intentionally engaged in the research, development, production, or testing of nuclear warheads, nuclear weapons systems, or nuclear weapons components as defined by the Nuclear Free Humboldt County Ordinance. CONTRACTOR agrees to notify COUNTY immediately if it becomes a Nuclear Weapons Contractor as defined above. COUNTY may immediately terminate this Agreement if it determines that the foregoing certification is false or if CONTRACTOR becomes a Nuclear Weapons Contractor.

15. NON-DISCRIMINATION COMPLIANCE:

- A. Professional Services and Employment. In connection with the execution of this Agreement, neither party shall discriminate in the provision of professional services or against any employee or applicant for employment because of race, religion or religious creed, color, age (over 40 years of age), sex (including gender identity and expression, pregnancy, childbirth and related medical conditions), sexual orientation (including heterosexuality, homosexuality and bisexuality), national origin, ancestry, marital status,

medical condition (including cancer and genetic characteristics) mental or physical disability (including HIV status and AIDS), military service, or any other classifications protected by local, state, and/or federal laws and regulations. Nothing in this provision shall be construed to require employment of unqualified persons.

- B. Compliance with Anti-Discrimination Laws. Each party further assures that it will abide by the provisions of Title VI and Title VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, as amended, the Age Discrimination Act of 1975, Welfare and Institutions Code Section 10000, CDSS MPP Division 21, United States Executive Order 11246, as amended, and any other applicable local, state and/or federal laws and regulations. Practices in hiring, compensation, benefits and firing are among the employment practices subject to this requirement.

16. DRUG FREE WORKPLACE:

By signing this Agreement, CONTRACTOR hereby certifies that CONTRACTOR will comply with the requirements of the Drug-Free Workplace Act of 1990 (Government Code Sections 8350 et seq.), and will provide a drug-free workplace by doing all of the following:

- A. Drug-Free Policy Statement. Publish, as required by Government Code Section 8355(a)(1), a Drug-Free Policy Statement which notifies employees that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited, and specifies the actions to be taken against employees for violations.
- B. Drug-Free Awareness Program. Establish, as required by Government Code Section 8355(a)(2), a Drug-Free Awareness Program which informs employees about all of the following:
1. The dangers of drug abuse in the workplace;
 2. CONTRACTOR's policy of maintaining a drug-free workplace;
 3. Any available counseling, rehabilitation and employee assistance programs; and
 4. Penalties that may be imposed upon employees for drug abuse violations.
- C. Drug-Free Employment Agreement. Ensure, as required by Government Code Section 8355(a)(3), that every employee who provides services pursuant to the terms and conditions of this Agreement will:
1. Receive a copy of CONTRACTOR's Drug-Free Policy Statement; and
 2. Agree to abide by the terms of CONTRACTOR's Drug-Free Policy as a condition of employment.
- D. Noncompliance. Failure to comply with these requirements may result in suspension of payments under this Agreement and/or termination thereof, and CONTRACTOR may be ineligible for award of future state contracts if COUNTY determines that: (1)

CONTRACTOR has made a false certification; or (2) CONTRACTOR violates the certification by failing to carry out the above-referenced requirements.

17. HOLD HARMLESS/INDEMNIFICATION CLAUSE:

- A. Mutual Indemnity. Each party hereto shall hold harmless, defend and indemnify the other party and its officers, officials, employees and volunteers from and against any and all liability, loss, damage, expense and costs of any kind or nature, including, without limitation, attorney fees and other costs and fees of litigation, arising out of or in connection with the negligent performance of, or failure to perform, its duties and obligations hereunder, except such loss or damage which was caused by the sole negligence or willful misconduct of the other party.
- B. Comparative Liability. Notwithstanding Paragraph A above, in the event that both parties are held to be negligently or willfully responsible, each party will bear its proportionate share of liability as determined in any such proceeding.

18. INSURANCE REQUIREMENTS

- A. General Insurance Requirements. Without limiting the indemnification obligations provided for herein, each party shall maintain in full force and effect at its own expense: comprehensive or commercial general liability insurance; comprehensive automobile insurance; workers' compensation insurance; and comprehensive professional liability insurance.
- B. Insurance Notices. Any and all insurance notices required to be given pursuant to the terms of this Agreement shall be sent to the addresses set forth below in accordance with the notice provisions described herein.

COUNTY: County of Humboldt
Risk Management
825 5th Street, Room 131
Eureka, California 95501

CONTRACTOR: County of Del Norte
Department of Health and Human Services
Public Health Branch
880 Northcrest Drive
Crescent City, California 95531

19. RELATIONSHIP OF PARTIES:

It is understood that this is an Agreement by and between two independent contractors and is not intended to, and shall not be construed to, create the relationship of agents, servant, employee, partnership, joint venture, or any other similar association. Both parties further agree that CONTRACTOR shall not be entitled to any benefits to which COUNTY employees are entitled, including, but not limited to, overtime, retirement benefits, workers' compensation or other leave benefits.

20. COMPLIANCE WITH LAWS:

Each party agrees to observe and comply with all applicable local, state, and federal laws and regulations. Each party further agrees to comply with all applicable local, state and federal licensure and certification requirements at all times during the term of this Agreement.

21. SEVERABILITY:

If any provision of this Agreement, or any portion thereof, is found by any court of competent jurisdiction to be unenforceable or invalid for any reason, such provision shall be severable and shall not in any way impair the enforceability of any other provision of this Agreement.

22. ASSIGNMENT:

CONTRACTOR shall not delegate its duties or assign its rights hereunder, or both, either in whole or in part, without prior written consent of COUNTY. Any assignment by CONTRACTOR in violation of this provision shall be void, and shall be cause for immediate termination of this Agreement. This provision shall not be applicable to service agreements or other arrangements usually or customarily entered into by CONTRACTOR to obtain or arrange for supplies, technical support or professional services.

23. AGREEMENT SHALL BIND SUCCESSORS:

All provisions of this Agreement shall be fully binding upon, and inure to the benefit of, the parties and to each of their heirs, executors, administrators, successors and assigns.

24. NO WAIVER OF DEFAULT:

A. General Waivers. The waiver by either party of any breach or violation of any requirement of this Agreement shall not be deemed to be a waiver of any such breach in the future, or of the breach of any other requirement of this Agreement.

B. Payment. In no event shall any payment by COUNTY constitute a waiver of any breach or default of this Agreement. Neither shall such payment impair or prejudice any remedy available to COUNTY with respect to the breach or default. CONTRACTOR shall promptly refund any funds which in the judgment of COUNTY were not expended in accordance with the terms of this Agreement.

25. NON-LIABILITY OF COUNTY OFFICIALS AND EMPLOYEES:

No official or employee of either party shall be personally liable for any default or liability under this Agreement.

26. AMENDMENT:

No addition to, or alteration of, the terms of this Agreement shall be valid unless made in writing and signed by the parties hereto.

27. STANDARD OF PRACTICE:

CONTRACTOR warrants that CONTRACTOR has the degree of learning and skill ordinarily possessed by reputable professionals practicing in similar localities in the same profession and under similar circumstances. CONTRACTOR's duty is to exercise such care, skill and diligence as professionals engaged in the same profession ordinarily exercise under like circumstances.

28. TITLE TO INFORMATION AND DOCUMENTS:

It is understood that any and all documents, information, and reports concerning this project submitted by CONTRACTOR to COUNTY shall become the property of COUNTY. However, CONTRACTOR may retain copies of such information for its records. In the event of termination of this Agreement, for any reason whatsoever, CONTRACTOR shall provide copies of all writings and documents to COUNTY without exception or reservation.

29. JURISDICTION AND VENUE:

This Agreement shall be construed in accordance with the laws of the State of California. Any dispute arising hereunder or relating to this Agreement shall be litigated in the State of California, and venue shall lie in County of Humboldt unless transferred by court order pursuant to Code of Civil Procedure Sections 394 and 395.

30. REFERENCE TO LAWS AND REGULATIONS:

In the event any law, regulation or policy referred to in this Agreement is amended during the term hereof, the parties agree to comply with the amended provision as of the effective date of such amendment.

31. MEDIA RELEASE:

All informational material related to this Agreement shall receive approval from COUNTY prior to being used as advertising or released to the media (television, radio, newspapers and internet). CONTRACTOR shall inform COUNTY of all requests for interviews by media related to this Agreement before such interviews take place; and COUNTY is entitled to have a representative present at such interviews. All notices required by this provision shall be given to DIRECTOR.

32. SUBCONTRACTS:

CONTRACTOR shall obtain prior written approval from COUNTY before subcontracting any of the services delivered under the terms of this Agreement. All subcontracts will be subject to all applicable provisions of this Agreement, and CONTRACTOR shall remain legally responsible for the performance of all work performed by third parties thereunder whether approved by COUNTY or not.

33. ATTORNEYS' FEES:

If either party shall commence any legal action or proceeding, including an action for declaratory relief, against the other by reason of the alleged failure of the other to perform or keep any

provision of this Agreement from being performed, the party prevailing in said action or proceeding shall be entitled to recover court costs and reasonable attorneys' fees (including reasonable value of services rendered by Humboldt County Counsel or Del Norte County Counsel) to be fixed by the court. Such recovery shall also include court costs and attorneys' fees on appeal. As used herein, the term "prevailing party" means the party who dismisses an action or proceeding in exchange for payment of substantially all sums allegedly due, performance of provisions allegedly breached, or other considerations substantially equal to the relief sought by said party, as well as the party in whose favor final judgment is rendered.

34. INTERPRETATION:

This Agreement shall be deemed to have been prepared equally by both of the parties hereto, and this Agreement as well as its individual provisions shall not be construed or interpreted more favorably for one party on the basis that the other party prepared it.

35. INDEPENDENT CONSTRUCTION:

The titles of the sections, subsections, and paragraphs set forth in this Agreement are inserted for convenience of reference only and shall be disregarded in construing or interpreting any of the provisions of this Agreement.

36. FORCE MAJEURE:

Neither CONTRACTOR nor COUNTY shall be liable or responsible for delays or failures in performance resulting from events beyond the reasonable control of such party and without fault or negligence of such party. Such events shall include, but not be limited to, acts of God, strikes, lockouts, riots, acts of war, epidemics, acts of government, fire, power failures, nuclear accidents, earthquakes, unusually severe weather, acts of terrorism or other disasters, whether or not similar to the foregoing.

37. ENTIRE AGREEMENT:


This Agreement contains all the terms and conditions agreed upon by the parties hereto and no other Agreements, oral or otherwise, regarding the subject matter of this Agreement shall be deemed to exist or to bind either of the parties hereto. In addition, this Agreement shall supersede in its entirety any and all prior Agreements of the parties.

38. AUTHORITY TO EXECUTE:

Each person executing this Agreement represents and warrants that he or she is duly authorized and has legal authority to execute and deliver this Agreement. Each party represents and warrants to the other that the execution and delivery of this Agreement and the performance of such party's obligations hereunder have been duly authorized.

IN WITNESS WHEREOF, the parties have entered into this Agreement as of the date written above.

COUNTY OF DEL NORTE:

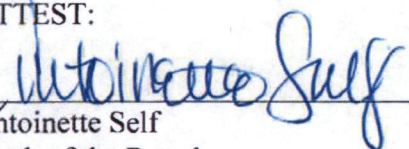


David Finnigan, Chair
Board of Supervisors

01/28/14

Date

ATTEST:

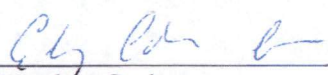


Antoinette Self
Clerk of the Board

01/28/14

Date

APPROVED AS TO LEGAL FORM:

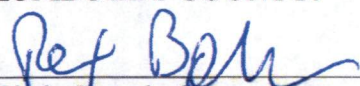


Gretchen Stuhr
County Counsel

01/28/14

Date

HUMBOLDT COUNTY:




Chair, Board of Supervisors

3/18/14

Date

ATTEST:

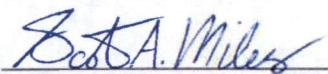


Clerk, Board of Supervisors

3/18/14

Date

APPROVED AS TO LEGAL FORM:

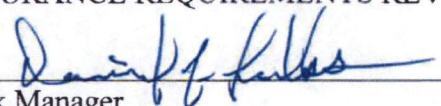


County Counsel

02/27/14

Date

INSURANCE REQUIREMENTS REVIEWED AND APPROVED:



Risk Manager

2/28/14

Date

Date: 1-28-14

I hereby certify that according to the provisions of Government Code Section 25103, delivery of this document has been made.

Clerk of the Board

By: 

California Home Visiting Program
Scope of Work

Agency:
Agreement Number:

Fiscal Year: 2013-2014

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 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:

California Home Visiting Program
Scope of Work

"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, 2013 to June 30, 2014, 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)
Annual Progress Report	See below
Supervisor Quarterly Reports	See below and Attachment A

Annual Progress Report:

Reporting Period	From	To	Due Date
1) Annual Report	July 1, 2013	June 30, 2014	July 31, 2014

Supervisor Quarterly Reports:

Reporting Period	From	To	Due Date
1) First Report	July 1, 2013	September 30, 2013	October 31, 2013
2) Second Report	October 1, 2013	December 31, 2013	January 31, 2014
3) Third Report	January 1, 2014	March 31, 2014	April 30, 2014
4) Fourth Report	April 1, 2014	June 30, 2014	July 31, 2014

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. The quarterly report may be sent via email and should also be included in the annual Progress Report when needed, via transmittal. ***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.

California Home Visiting Program
Scope of Work

Goal 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.

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 Responsibilities			
1.1 The LHJ Maternal, Child and Adolescent Health (MCAH) Director and/or designee will provide oversight to the LHJ and/or its subcontractors with matters related to CHVP.	1.1.1 The MCAH Director must be designated as .15 Full Time Equivalent (FTE) on the CHVP budget. <i>NOTE: the MCAH Director may designate the MCAH Coordinator (where applicable) as the central point of contact for CHVP program-related administration. In this case, the MCAH Director must maintain a minimum of .05 FTE. The total FTE for both the Director and Coordinator must total .15 FTE.</i>	1.1.1 Briefly describe MCAH Director and/or MCAH Coordinator responsibilities as they relate to CHVP.	1.1.1 Provide organizational chart that demonstrates flow of responsibilities.
	1.1.2 Provide informative 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.	1.1.2 Briefly describe the oversight process of the MCAH Director and/or Coordinator as they relate to CHVP.	

7/1/2013 **3**

Notations to Scope of Work:

(*) Reports will be generated by CHVP staff from the ETO data system.

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

**California Home Visiting Program
Scope of Work**

Goal 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.

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
		1.1.3	Communicate with the MCAH Director representative for the CHVP State Interagency Team (SIT). The MCAH Director will attend MCAH Action Meetings and maintain an open line of communication with the MCAH Director SIT representative.
1.1.4	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. Ensure a strong network of community services; address gaps in local services and supports; enhance cross-agency coordination, collaboration and communication; integrate home visiting into the larger continuum of services for children and families; and prevent service duplication.		1.1.4 Complete and submit all required CHVP surveys regarding change in systems of care.

7/1/2013 **4**

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California Home Visiting Program
Scope of Work

Goal 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.

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
	<p>1.1.5 Play a strategic and collaborative role in the state efforts to build a high quality comprehensive and coordinated statewide early childhood system.</p> <p>Increase access to comprehensive health care by improving outreach across early childhood programs and integrating health promotion into all segments of the early childhood system.</p>	1.1.5 Briefly describe how increases to comprehensive health care have been achieved and integrated into the early childhood system of care.	
	<p>1.1.6 LHJ site shall hire and maintain sufficient staff to serve 100 clients and adhere to the specific evidence-based model guidelines as follows:</p> <p><u>NFP Model</u></p> <ul style="list-style-type: none"> - Supervising Public Health Nurse - Public Health Nurse - Administrative/Clerical Support <p><u>HFA Model</u></p> <ul style="list-style-type: none"> - Program Manager - Supervisor - Family Support Worker - Family Assessment Worker 	1.1.6 Briefly describe process of hiring staff to meet evidence-based model guidelines.	

7/1/2013 **5**

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**California Home Visiting Program
Scope of Work**

Goal 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.

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
	1.1.7 Semiannually review internal policies and procedures for CHVP.	1.1.7 Briefly describe the process that ensures that LHJ policies and procedures accurately reflect CHVP policies and procedures. <i>NOTE: LHJ policies and procedures will be made available to CHVP upon request.</i>	
Cultural Sensitivity			
1.2 LHJ Site will implement home visiting programs using culturally sensitive home visiting practices.	1.2.1 LHJ staff will participate in trainings or educational opportunities designed to enhance cultural sensitivity by utilizing cultural sensitivity trainings via webinars and/or attending trainings. Possible resources: http://rootsofhealthinequity.org/ http://www.unnaturalcauses.org/ http://calpactucb.blogspot.com/2011/10/cultural-competency-training-with-dr.html	1.2.1 Briefly describe how cultural sensitivity training has enhanced home visitor knowledge and how it is being used.	

7/1/2013 **6**

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California Home Visiting Program
Scope of Work

Goal 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.

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
	1.2.2 Staffing should reflect the diverse cultures and languages of the LHJ population being served.	1.2.2 Identify bilingual or multilingual staff.	
	1.2.3 Use culturally sensitive materials and translation services when necessary.	1.2.3 Submit a listing of translation services utilized; list by language.	
Training			
1.3 LHJ site will ensure staff completes required NFP or HFA core trainings.	1.3.1 LHJ site shall ensure that home visiting staff are trained in appropriate curricula, assessment tools and other items as needed. <u>NFP Model</u> <ul style="list-style-type: none"> • Partners in Parenting Education (PIPE) • Dyadic Assessment of Naturalistic Caregiver-Child Experiences (DANCE) • Nursing Child Assessment Satellite Training (NCAST) <ul style="list-style-type: none"> ○ Maternal Mental Health During Pregnancy ○ Keys to Caregiving ○ How to Promote Good Sleep Habits Parent Booklets 	1.3.1 Briefly describe how model required trainings have benefited the home visitor and the clients.	

7/1/2013 **7**

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California Home Visiting Program
Scope of Work

Goal 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.

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
	<ul style="list-style-type: none"> o Beginning Rhythms Manual o Personal Environmental Assessments <ul style="list-style-type: none"> ▪ Difficult Life Circumstance ▪ Network Survey ▪ Community Life Skills Scale • Ages and Stages Questionnaire (ASQ) • Home Observation and Measurement of the Environment (HOME) Inventory • Women's Experience of Battering (WEB) • Any other CHVP required trainings to be announced via program letters. <p><u>HFA Model</u></p> <ul style="list-style-type: none"> • Partners for a Healthy Baby • Ages and Stages Questionnaire (ASQ) • Kempe Family Stress Checklist 		

7/1/2013 **8**

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California Home Visiting Program
Scope of Work

Goal 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.

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
	<ul style="list-style-type: none"> Home Observation and Measurement of the Environment (HOME) Inventory Women's Experience of Battering (WEB) <p>Any other CHVP required trainings to be announced via program letters.</p>		
Enrollment			
<p>1.4 <u>NFP and NFP Expansion</u> <u>Sites:</u> 100 families will be enrolled within 9-15 months from date of program implementation and maintained throughout the duration of the program.</p> <p><u>HFA and HFA Expansion</u> <u>Sites:</u> 100 families will be enrolled by 15 months from date of program implementation and maintained throughout the duration of the program.</p>	<p>1.4.1 LHJ site will receive referrals from appropriate referring agencies and triage as appropriate in order to meet the required enrollment number of families.</p> <p><i>Note for HFA Sites: based on HFA weighted caseload requirements, some sites may need to submit a waiver to CHVP for reduced enrollment via the transmittal process.</i></p>	<p>1.4.1 Briefly describe community outreach activities performed in order to meet the required enrollment number of families.</p> <p>List successes and challenges faced in obtaining appropriate family referrals.</p>	

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California Home Visiting Program
Scope of Work

Goal 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.

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
Home Visiting Service			
1.5 LHJ site will begin enrollment of families.	1.5.1 Prior to enrollment of families, LHJ site will ensure: <ul style="list-style-type: none"> • LHJ Board approval • NFP: NFP National Service Office (NSO) approval of the LHJ site implementation plan and a signed contract • HFA: Affiliation or current accreditation received from Prevent Child Abuse America National Office (PCAANO) • Availability of CHVP ETO data system and forms • Review of all training materials and webinars regarding forms, data collection and ETO • CHVP approval to begin enrollment 	1.5.1 Briefly describe process of obtaining LHJ Board approval, NFP NSO approval of site implementation plan and contract, HFA affiliation and/or accreditation from PCAANO. Briefly list successes and challenges to begin enrollment of clients, and maintenance of client enrollment numbers. Verify that all data system and form training materials have been reviewed by all staff.	

7/1/2013 **10**

Notations to Scope of Work:

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California Home Visiting Program
Scope of Work

Goal 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.

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
Fidelity and Quality Assurance			
1.6 LHJ site will ensure CHVP and NFP/HFA program fidelity.	1.6.1 LHJ site supervisor will manage staff activities using reflective supervision based on NFP and HFA model requirements.		1.6.1 LHJ site supervisor shall submit the Supervisor Quarterly Report to the assigned CHVP Nurse / Health Program Specialist listing site successes, challenges, and any need for technical assistance.
External Evaluation			
1.7 MIECHV Competitive Grant recipients (Merced County, Fresno County, Sacramento County, Los Angeles County, Nevada County, Stanislaus County, San Mateo County, and Solano County) will work with the CHVP external evaluator and ensure that all data are provided as requested.	1.7.1 Ensure all staff cooperate and participate in external evaluation activities including: interviews, facilitating evaluator site visits, assisting in client participation, and all other meetings and/or calls/webinars/contacts associated with the external evaluation.		

7/1/2013 11

Notations to Scope of Work:

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California Home Visiting Program
Scope of Work

Goal 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.

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
1.8 Sites selected to participate in MIHOPE (Mother and Infant Home Visiting Program Evaluation), the national evaluation for MIECHV, will work with the MIHOPE external evaluators and ensure all operational procedures, data, and interviews are satisfied as requested.	1.8.1 Ensure all staff cooperate and participate in external evaluation activities including: interviews, randomization, client enrollment in the evaluation, facilitating evaluator site visits, assisting in client participation, and all other meetings and/or calls/webinars/contacts associated with the external evaluation.		

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California Home Visiting Program
Scope of Work

Goal 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.

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
Data Collection			
1.9 Collect participant information and outcome data using the model and CHVP-required forms through self-report and observation at each of the defined time intervals.	<p>1.9.1 LHJs will use model required data forms and processes as defined in the <u>model specific data collection requirements</u> for NFP or HFA.</p> <p>1.9.2 Appropriate LHJ staff shall collect and enter the data defined in the <u>NFP or HFA ETO User Manual</u> into the secure ETO data system within seven working days of the client visit and as required by NFP or HFA.</p> <p>1.9.3 Staff shall verify the accuracy and completeness of data input into the CHVP ETO system.</p>	1.9.1-3 Review data system reports and discuss during regularly scheduled Continuous Quality Improvement (CQI) conference calls.	

7/1/2013 **13**

Notations to Scope of Work:

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**California Home Visiting Program
Scope of Work**

Goal 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.

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
1.10 Collect all information that will contribute to the 35 constructs that comprise the six federally-mandated benchmark domains and additional evaluation measures specified by CHVP.	<p>1.10.1 LHJs will use CHVP required data forms and processes as defined in the <u>CHVP Data Collection Manual</u>.</p> <p>1.10.2 Appropriate LHJ staff shall collect and enter the data defined in the <u>CHVP ETO User Manual</u> into the secure ETO data system on an ongoing basis and as required by CHVP.</p> <p>1.10.3 Staff shall verify the accuracy and completeness of data input into the CHVP ETO data system.</p>	1.10.1 - 3 Supervisor and/or home visitor shall conduct periodic chart audits and report results and number reviewed (minimum 10%).	
1.11 Assure CQI process is in place at LHJ and coordinate efforts with CHVP.	1.11.1 Perform model-specific and CHVP-directed CQI activities.	1.11.1 Submit LHJ site specific CQI plan based on guidelines in the CHVP Policies and Procedure Manual. Update CQI plan annually	
	1.11.2 Identify priority program or evaluation areas for focus in CQI teleconferences; also identify strengths and best practices and create action steps for CQI.	1.11.2 Participate in CQI teleconferences with CHVP QA team every two months; identify action steps to address priority areas. Discuss ongoing internal CQI process.	

7/1/2013 **14**

Notations to Scope of Work:

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California Home Visiting Program
Scope of Work

Goal 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.

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
	1.11.3 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.	1.11.3 On CQI calls, discuss highlights of CAB or other community group discussions related to CQI and any recommendations and/or outcomes from discussions.	

Notations to Scope of Work:

(*) Reports will be generated by CHVP staff from the ETO data system.

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

**California Home Visiting Program
Scope of Work**

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 LHJ site will form a Community Advisory Board (CAB)	2.1.1 CAB activities include: <ul style="list-style-type: none"> • Recruitment of members • Quarterly meetings • Meeting minutes • NFP – refer to Model Element 17 • HFA – refer to Self - Assessment Tool, Governance and Administration (GA) -1 • CAB will assist in informing program operation and implementation, quality assurance/improvement, child and family advocacy, and public awareness regarding home visiting. • CAB will assist with system of care improvements, interagency coordination, information sharing, and referral system. 	2.1.1 Briefly describe the formation of the CAB along with the activities that the CAB performs.	2.1.1. Briefly list the accomplishments of the CAB as they relate to the implementation of the home visiting program.

Notations to Scope of Work:

(*) Reports will be generated by CHVP staff from the ETO data system.

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

California Home Visiting Program
Scope of Work

Goal 2: Cultivate strong communities.

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
Formal Agreements / Memoranda of Understanding (MOU)			
2.2 L.HJ site will increase or enhance the number of formal agreements and/or MOUs with other local social service agencies in the community.(+)	2.2.1 Develop community partnerships and facilitate coordination and integration of services among MCAH and other community programs/services.	2.2.1 Briefly describe the process of engaging community partners in order to integrate services among MCAH and other programs and/or services.	
	2.2.2 Develop and/or maintain formal agreements and/or MOUs with community agencies and other service providers.	2.2.2 Briefly describe process of developing formal agreements and/or MOUs with other programs and/or services.	2.2.2 A list of community agencies and/or service providers you are working with. Provided by CHVP ETO (*) . Respond to CHVP surveys regarding service provider updates including MOUs and other agreements.

7/1/2013 17

Notations to Scope of Work:

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

California Home Visiting Program
Scope of Work

Goal 2: Cultivate strong communities.

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
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.	2.3.1 Briefly describe how collaborative relationships were formed within the community.	2.3.1 - 2 Number of agencies where the home visitor has a clear point of contact and with whom information is regularly exchanged. Provided by CHVP ETO (*) . Respond to CHVP surveys regarding point of contact and warm referrals.
	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.	2.3.2 Briefly describe how information is shared with collaborative partners.	
	2.3.3 Educate the community about CHVP services.	2.3.3 List types of outreach performed along with items used to educate community about CHVP.	

Notations to Scope of Work:

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

California Home Visiting Program
Scope of Work

Goal 2: Cultivate strong communities.

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
2.4 Home visitors shall assist clients in accessing services and resources in their community for each identified need through a referral process. (+)	2.4.1 Home Visitor will make appropriate referrals.	2.4.1 Briefly describe process of referral follow-up with family.	2.4.1 The number and percent of completed referrals and services received. Provided by CHVP ETO (*) .
	2.4.2 Maintain access to, or develop an updated directory of community referral resources/services <i>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).</i>		2.4.2 List any updates made to existing referral resources / services. Provided by CHVP ETO (*) .

Notations to Scope of Work:

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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 Increase the number of women who receive prenatal care as a result of participating in CHVP. (+)	3.1.1 Educate women regarding early and adequate prenatal care. For women not receiving prenatal care, immediately refer to prenatal care provider.	3.1.1 Briefly describe educational tools used to inform families about the importance of prenatal care.	3.1.1 Number and percent of pregnant women who at intake were not receiving prenatal care and subsequently received care. Provided by CHVP ETO. (*)
	3.1.2 Reinforce the importance of adequate prenatal care and identify and address barriers to keeping prenatal appointments.	3.1.2 Briefly describe the activities contributing to success in overcoming barriers to receiving prenatal care.	

7/1/2013 **20**

Notations to Scope of Work:

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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
Maternal Health Insurance			
3.2 Increase the number of women with health insurance during pregnancy and postpartum. (+)	3.2.1 Provide information and referrals to clients about how to access health insurance programs and the benefits of health care coverage.	3.2.1 Briefly list educational materials used to educate clients about the importance of health care coverage. 3.2.2 Briefly describe mechanisms utilized to increase access to health insurance.	3.2.1 Number and percent of women with health insurance during pregnancy and at 2 and 12 months postpartum. Provided by CHVP ETO (*)
Maternal Emergency Department (ED) Visits			
3.3 Decrease non-emergency use of Hospital Emergency Departments (ED). (+)	3.3.1 Educate families on appropriate use of EDs and patient centered medical homes for their own routine care.	3.3.1 Briefly describe educational materials and techniques used to educate clients about the appropriate use of hospital EDs.	3.3.1 Number and percent of women visiting the ED. Provided by CHVP ETO (*)

7/1/2013 21

Notations to Scope of Work:

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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
Maternal Alcohol, Tobacco and Illicit Drug Use			
3.4 Decrease or stop maternal use of alcohol, tobacco, and illicit drugs during pregnancy and postpartum. (+)	3.4.1 Assess mother for alcohol, tobacco, and illicit drug use during pregnancy and postpartum; provide information and referrals to health counseling as appropriate.	3.4.1 Briefly describe educational materials and techniques used to educate clients about the health effects of using alcohol, tobacco and illicit drugs during pregnancy and beyond.	3.4.1 Report number and percent of pregnant <u>and</u> postpartum women who: <ul style="list-style-type: none"> • Drank alcohol during pregnancy or abused alcohol postpartum; were referred to alcohol use counseling; and completed the referral. Provided by CHVP ETO (*) • Used tobacco; were referred to tobacco use counseling; and completed the referral. Provided by CHVP ETO (*) • Used illicit drugs; were referred to drug use counseling; and completed the referral. Provided by CHVP ETO (*)

7/1/2013 **22**

Notations to Scope of Work:

(*) Reports will be generated by CHVP staff from the ETO data system.

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

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 number of women with a subsequent pregnancy within 18 months postpartum and increase the number of women using contraception up to 12 or more months postpartum. (+)	3.5.1 Assist clients in reproductive life planning.	3.5.1 Briefly describe tools and methods used to decrease a subsequent pregnancy and the proper use of contraceptives.	3.5.1 Number and percent of women using contraception at 6 and 12 months postpartum. Provided by CHVP ETO (*)
Maternal Depression and Parental Stress			
3.6 Increase the number of women screened for maternal depression and parental stress; increase the number referred for services. (+)	3.6.1 Educate women on the signs and symptoms of maternal depression and stress.	3.6.1 Briefly describe tools and techniques used to educate women about signs and symptoms of maternal depression and stress.	3.6.1 Number and percent of women screened for maternal depression and stress per model and CHVP requirements. Provided by CHVP ETO (*)

7/1/2013 **23**

Notations to Scope of Work:

(*) Reports will be generated by CHVP staff from the ETO data system.

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

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
Breastfeeding			
3.7 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. (+)	3.7.1 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). 	3.7.1 Briefly describe tools and techniques used to educate women on the benefits of breastfeeding.	3.7.2 Number and percent of women breastfeeding at 6 months and at 12 months. Provided by CHVP ETO (*) 3.7.3 Number and percent of women receiving breastfeeding referral. Provided by CHVP ETO (*)
Postpartum Visit			
3.8 Increase number of women who have a postpartum visit within 6 weeks. (+)	3.8.1 Educate women regarding the importance of a postpartum visit.	3.8.1 Briefly describe tools and techniques used to educate women on the importance of a postpartum visit. 3.8.2 Make an appropriate referral for families in need of postpartum care.	3.8.1-2 Number and percent of women who attended a 4-6 week routine postpartum visit with a medical provider. Provided by CHVP ETO (*)

Notations to Scope of Work:

(*) Reports will be generated by CHVP staff from the ETO data system.

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

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.

7/1/2013 25

Notations to Scope of Work:

(*) Reports will be generated by CHVP staff from the ETO data system.

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

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. (+)	4.1.1 As needed, assist parents in the referral and application process for low cost/no cost health insurance programs for their children.	4.1.1 Briefly list the types of low cost/no cost health insurance options available to families.	4.1.1 Number and percent of women given referrals to low cost/no cost health insurance programs for their child's healthcare coverage. Provided by CHVP ETO (*) 4.1.2 Number and percent of children with any type of health insurance at 12, 18 and 24 months. Provided by CHVP ETO (*)
Child Emergency Department (ED) Visits			
4.2 Increase parental awareness on appropriate use of Emergency Department (ED) visits for children. (+)	4.2.1 Educate parents on appropriate use of ED and help establish a medical home for their child's routine care.	4.2.1 Briefly describe tools and techniques used to educate families on the appropriate use of the ED for children.	4.2 Number and percent of children visiting the ED for any reason. Provided by CHVP ETO (*)

Notations to Scope of Work:

(*) Reports will be generated by CHVP staff from the ETO data system.

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

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. (+)	4.3.1 Assist families in understanding the importance of well-child visits and immunizations. Support parents to adhere to scheduled well-child visits.	4.3.1 Briefly describe tools and techniques used to educate families on the importance of well-child visits and immunizations.	4.3.1 Number and percent of infants receiving all American Academy of Pediatrics (AAP) recommended well-child visits. Provided by CHVP ETO (*) Link: AAP http://brightfutures.aap.org/pdfs/AAP%20Bright%20Futures%20Periodicity%20Scheduled%20101107.pdf

7/1/2013 **27**

Notations to Scope of Work:

(*) Reports will be generated by CHVP staff from the ETO data system.

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

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 Safety and Injury Prevention			
4.4 Decrease the incidence of child injuries requiring medical treatment. (+)	4.4.1 Educate and support families in child injury prevention.	4.4.1 Briefly describe tools and techniques used to educate families on how to reduce childhood injuries. Link to State Injury Prevention Website: Safe and Active Communities (SAC) Branch: http://www.cdph.ca.gov/program/sac/SACB/Pages/default.aspx	4.4.1 Number and percent of women provided information on child injury prevention and safe home environment tailored to child's age. Provided by CHVP ETO (*) 4.4.2 Number and percent of children with injuries requiring medical treatment. Provided by CHVP ETO (*)

Notations to Scope of Work:

(*) Reports will be generated by CHVP staff from the ETO data system.

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

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. 4.5.2 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.	4.5.1 - 4 Briefly describe tools, techniques and resources provided to families to prevent child abuse.	4.5.1 - 4 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. Provided by CHVP.

Notations to Scope of Work:

(*) Reports will be generated by CHVP staff from the ETO data system.

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

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 Integrate the Five Protective Factors of Strengthening Families.	5.1.1 LHJ site will integrate the Strengthening Families framework into the home visiting program and also incorporate the framework into their local Policies and Procedures. www.strengtheningfamilies.net LHJ site will utilize the resources and training provided by <i>Strategies</i> for TA regarding Strengthening Families.	5.1.1 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. (+)	5.2.1 Assist families in improving the quality of the child's home environment.	5.2.1 Briefly describe process of improving child's learning and development process along with their relationship with parent/s.	5.2 - 5.3 Number and percent of families completing the HOME Inventory by 6 months of child's age. Provided by CHVP ETO (*)

**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
5.3 Assist parent/s in identifying and supporting children with needs related to social, emotional, cognitive and physical development.	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 <u>Website for additional information on screening and referral:</u> <u>Early Childhood Mental Health (ECMH)</u>	5.3.1 Briefly describe the benefits and challenges of administering the HOME Inventory, ASQ-3 and ASQ-SE, and briefly describe how to address any challenges faced.	5.3.1 Number and percent of families completing the ASQ-3 and ASQ-SE by 6 months of child's age. Provided by CHVP ETO (*)
			5.3.2 Number and percent of children identified with developmental delay. Provided by CHVP ETO (*)
			5.3.3 Number and percent of families given referrals. Provided by CHVP ETO (*)
			5.3.4 Number and percent of families with completed referrals to developmental services. Provided by CHVP ETO (*)

Notations to Scope of Work:

(*) Reports will be generated by CHVP staff from the ETO data system.

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

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)			
5.4 Increase support for women to have healthy and safe relationships. (+)	5.4.1 Participate in trainings on DV awareness	5.4.1 Briefly describe the benefit of participating in DV awareness trainings and how it has affected the home visiting experience.	
	5.4.2 Home Visitor will discuss healthy relationships, safety, and reproductive coercion.	5.4.2 Briefly describe how discussions with clients about healthy relationships, safety, and reproductive coercion benefited the client.	
	5.4.3 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).		5.4.3 Number and percent of women screened for domestic violence / relationship safety at appropriate intervals using the WEB tool. Provided by CHVP ETO (*)

7/1/2013 **33**

Notations to Scope of Work:

(*) Reports will be generated by CHVP staff from the ETO data system.

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

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
	5.4.4 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.		5.4.4 Number and percent of women who completed a safety plan after a newly positive screen or disclosure of abuse. Provided by CHVP ETO (*)
	5.4.5 The home visitor will refer women to DV services as needed.		5.4.5 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 Provided by CHVP ETO (*) and number and percent of women who completed referral services. Provided by CHVP ETO (*)

Notations to Scope of Work:

(*) Reports will be generated by CHVP staff from the ETO data system.

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

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			
5.5 Increase the number of women improving employment status or educational attainment. (+)	5.5.1 Assist women in identifying their educational and employment goals; provide support in achieving goals.	5.5.1 Briefly describe tools used and discussions with client to support an employment or educational goal.	5.5.1 Number and percent of women with increased employment status or education attainment. Provided by CHVP ETO (*)
5.6 Increase the number of women whose income increases. (+)	5.6.1 Assist women in developing an economic self-sufficiency plan. Refer to community resources, job training, and employment events.	5.6.1 Briefly describe tools used and discussions with clients to assist with self-sufficiency.	5.6.1 Number and percent of women with an increase in income. Provided by CHVP ETO (*)

Notations to Scope of Work:

(*) Reports will be generated by CHVP staff from the ETO data system.

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

Exhibit B
Schedule of Services
Del Norte County
FY 13/14

1. DESCRIPTION OF SERVICES:

CONTRACTOR shall serve up to 25 new clients during the course of this Agreement. CONTRACTOR shall assure program integrity and fidelity in accordance to the selected evidence-based model, in this case the NFP model. Program shall be in accordance with and meet all CHVP program requirements/guidelines.

CONTRACTOR will provide the following:

- A. 1.00 FTE Public Health Nurse (PHN) to provide home visiting services through the NFP program and to assume a caseload of no more than 25 clients in FY 13-14.
- B. 0.08 FTE Program Manager for program implementation and oversight.
- C. 0.27 FTE Administrative Analyst to provide fiscal and administrative support for program
- D. 0.50 FTE Office Assistant to support the Program Manager and Nurse Home Visitor.
- E.. All training, program supplies and client materials as indicated by the National Service Organization for Nurse-Family Partnership (NSO/NFP).
- F. Office space, supplies and equipment, computer with software deemed necessary for the Public Health Nurse.
- G. County car.
- H. Associated travel costs for trainings and required meetings.

2. DUTIES:

- A. CONTRACTOR's 0.08 FTE Program Manager will participate in the CHVP scope of work activities and will collaborate with COUNTY's MCAH Director on program planning and implementation.
- B. CONTRACTOR's 1.00 FTE PHN will report to COUNTY's DHHS-PHB-MCAH NFP Supervisor for the CHVP program and to CONTRACTOR's MCAH Director for oversight.
- C. CONTRACTOR's 0.27 FTE Administrative Analyst will report to the Del Norte County Program Manager and will provide fiscal and administrative support for program implementation.
- D. CONTRACTOR'S 0.50 FTE Office Assistant will report to the Program Manager and will provide program support to both the Program Manager and the PHN.

Exhibit B
Schedule of Services
Del Norte County
FY 13/14

3. SCOPE OF SERVICES:

CONTRACTOR's responsibilities shall include, but not necessarily be limited to the following:

- A. Collaboration with COUNTY's MCAH Program Director and/or Coordinator to develop an Administrative Plan that summarizes the administrative activities associated with CHVP implementation including:
 - 1. Prioritizing activities required before program implementation, including obtaining certification affiliation if needed, recruiting, hiring, orienting, training staff and obtaining equipment, training materials, and developing infrastructure support to ensure program success.
 - 2. Determining target dates for completion of each activity.
 - 3. Names and contact information for the staff responsible for completing each activity.
- B. Collaboration with COUNTY's MCAH Director and/or Coordinator to: develop a strong network of community services; address gaps in local services and supports; enhance cross agency coordination, collaboration and communication; integrate home visiting services for children and families; and prevent duplication of services.
- C. CONTRACTOR and COUNTY's MCAH Director and/or Coordinator will work cooperatively to further the state's effort to build a high quality comprehensive and coordinated statewide early childhood system.
- D. CONTRACTOR in conjunction with COUNTY's MCAH Director and/or Coordinator will identify a Community Advisory Board (CAB). CONTRACTOR and MCAH Director and/or Coordinator will oversee the CAB. CAB activities will include:
 - 1. Quarterly meetings as set forth in Exhibit A – Scope of Work.
 - 2. Maintenance of meeting minutes and attendance.
 - 3. A list of CAB membership which is available to CHVP upon request.
 - 4. Assistance in providing information on program operation and implementation, quality assurance/improvement, child and family advocacy, and public awareness regarding home visiting.
 - 5. Establishing or improving a system of care improvements, interagency coordination, information sharing, and referral system.

Exhibit C

Nurse-Family Partnership Model Elements

Following are the key elements of the NFP program. Humboldt County Nurse-Family Partnership is in compliance with all of these model elements.

Clients

- Element 1: Client participates voluntarily in the Nurse-Family Partnership program.
- Element 2: Client is a first-time mother.
- Element 3: Client meets low-income criteria at intake.
- Element 4: Client is enrolled in the program early in her pregnancy and receives her first home visit by no later than the end of week 28 of pregnancy.

Intervention context

- Element 5: Client is visited one-to-one, one nurse home visitor to one first-time mother or family.
- Element 6: Client is visited in her home.
- Element 7: Client is visited throughout her pregnancy and the first two years of her child's life in accordance with the current Nurse-Family Partnership guidelines.

Expectations of the nurses and supervisors

- Element 8: Nurse home visitors and nurse supervisors are registered professional nurses with a minimum of a baccalaureate degree in nursing.
- Element 9: Nurse home visitors and nurse supervisors complete core educational sessions required by the Nurse-Family Partnership National Service Office and deliver the intervention with fidelity to the Nurse-Family Partnership model.

Application of the intervention

- Element 10: Nurse home visitors, using professional knowledge, judgment, and skill, apply the Nurse-Family Partnership visit guidelines, individualizing them to the strengths and challenges of each family and apportioning time across defined program domains.
- Element 11: Nurse home visitors apply the theoretical framework that underpins the program, emphasizing self-efficacy, human ecology, and attachment theories, through current clinical methods.
- Element 12: A full-time nurse home visitor carries a caseload of no more than 25 active clients.

Exhibit C

Nurse-Family Partnership Model Elements

Reflection and clinical supervision

- Element 13: A full-time nurse supervisor provides supervision to no more than eight individual nurse home visitors.
- Element 14: Nurse supervisors provide nurse home visitors clinical supervision with reflection, demonstrate integration of the theories, and facilitate professional development essential to the nurse home visitor role through specific supervisory activities including one-to-one clinical supervision, case conferences, team meetings, and field supervision.

Program monitoring and use of data

- Element 15: Nurse home visitors and nurse supervisors collect data as specified by the Nurse-Family Partnership National Service Office and use Nurse-Family Partnership reports to guide their practice, assess and guide program implementation, inform clinical supervision, enhance program quality, and demonstrate program fidelity.

Agency

- Element 16: A Nurse-Family Partnership Implementing Agency is located in and operated by an organization known in the community for being a successful provider of prevention services to low-income families.
- Element 17: A Nurse-Family Partnership Implementing Agency convenes a long-term community advisory board that meets at least quarterly to promote a community support system to the program and to promote program quality and sustainability.
- Element 18: Adequate support and structure shall be in place to support nurse home visitors and nurse supervisors to implement the program and to assure that data are accurately entered into the database in a timely manner.

Exhibit D
Schedule of Charges and Payments
Del Norte County
FY 13/14

1. CONDITIONAL COMPENSATION:

The maximum amount payable under this Agreement is contingent and dependent on COUNTY's receipt of anticipated CHVP program funding; and subject to the Humboldt County Board of Supervisors' approval of DHHS-Public Health's budget expenditure for this Agreement for FY 13/14.

2. TRAVEL REIMBURSEMENT:

Travel/mileage reimbursement shall not exceed the IRS reimbursement rate.

3. EQUIPMENT PURCHASES:

Any equipment purchased with funds under this Agreement shall remain the property of CDPH MCAH/CHVP pursuant to Grant Agreement No. 2013-12.

4. BILLING AND PAYMENT:

- A. Expense Categories (Personnel/Operating Expenses) within the budgets may be increased or decreased by using funds from other expense categories by no more than 10% of their original amounts. CONTRACTOR shall submit a written explanation of the need for any adjustments to the MCAH Director and/or Coordinator. COUNTY reserves the right to deny any such change on any line item.
- B. CONTRACTOR shall invoice COUNTY quarterly for services rendered to date. Each invoice shall state the amount of salaries and program expenses being billed. Payment shall be approved after approval by COUNTY's MCAH Director and/or Coordinator of invoice and any required documentation/reports required for that period.
- C. Invoices to be received quarterly no later than 15 days following the quarter of report, as follows:
- Quarter 1: July through September 2013. Invoice due to COUNTY no later than October 15, 2013.
 - Quarter 2: October through December 2013. Invoice due to COUNTY no later than January 15, 2014.
 - Quarter 3: January through March 2014. Invoice due to COUNTY no later than April 15, 2014,
 - Quarter 4: April through June 2014. Invoice due to COUNTY no later than July 15, 2015.

Exhibit D
Schedule of Charges and Payments
Del Norte County
FY 13/14

- D. COUNTY shall review the billing and notify CONTRACTOR within fifteen (15) working days if an individual item or group of costs is being questioned.
- E. CONTRACTOR has the option of either removing the questioned cost or delaying the entire claim pending resolution of the cost(s). Payments of approved billing shall be made within thirty (30) days of receipt of a complete, correct, and approved billing. To expedite payment, CONTRACTOR shall reference the Resolution Number assigned to their Agreement on the invoices.
- F. CONTRACTOR shall submit invoices to:

County of Humboldt
Department of Health and Human Services
Public Health
529 I Street
Eureka, CA 95501

Exhibit D
Schedule of Charges and Payments
Del Norte County
FY 13/14

Program Budget F/Y 2013/14	%FTE	Annual Salary	Contract Wages
Personnel:			
Program Manager	8.0%	64,216	5,137
PHN Nurse Home Visitor	100.0%	57,608	57,608
Administrative Analyst	27.0%	41,012	11,073
Office Assistant	50.0%	20,752	10,376
Total Salary		183,588	84,194
Total Benefits		93,079	42,672
PERSONNEL TOTAL			\$126,866
Operating Expenses:			
Travel			4,477
Training			6,000
Communications			2,000
Duplicating			500
Medical Supplies			200
Postage			250
Office Supplies			1,309
Professional Services			700
Rents and Leases			6,400
Client Support Materials			500
Utilities			1,200
IT Support			5,100
Books and Periodicals			200
Office Expense – Equipment			4,500
Computer Lease			1,200
OPERATING EXPENSE TOTAL			\$34,536
Indirect Costs			4,210
INDIRECT COST TOTAL			\$4,210
GRAND TOTAL F/Y 2013/14			\$165,612

**FIRST AMENDMENT
TO THE PROFESSIONAL SERVICES AGREEMENT
BY AND BETWEEN
COUNTY OF HUMBOLDT
AND
COUNTY OF DEL NORTE DEPARTMENT OF HEALTH AND HUMAN SERVICES,
PUBLIC HEALTH BRANCH**

This, the First Amendment to that certain Professional Services Agreement, dated March 18, 2014, by and between County of Humboldt, a political subdivision of the State of California (hereinafter "COUNTY") and County of Del Norte Department of Health and Human Services, Public Health Branch (hereinafter "CONTRACTOR") (collectively, the "Parties") is entered into this 30th day of June, 2014.

WHEREAS, the Parties desire to amend their Professional Services Agreement, dated March 18, 2014, to modify the term and compensation sections thereof; and

WHEREAS, the Parties, as members of the Northcoast Tri-County Consortium, have not yet received the proposed allocation of funds for FY 2014/15 from the California Home Visiting Program ("CHVP");

NOW THEREFORE, the Parties mutually agree as follows:

1. Section 5 – TERM is hereby amended to read as follows:

The term of this Agreement begins July 1, 2013 and shall continue in full force and effect until December 30, 2014, unless sooner terminated as provided herein.

2. Section 7 – COMPENSATION is hereby amended to read as follows:

The maximum amount payable by COUNTY to CONTRACTOR under this Agreement is One Hundred Sixty Five Thousand Six Hundred Twelve Dollars (\$165,612) in FY 2013/14. CONTRACTOR agrees to perform all services required by this Agreement for an amount not to exceed such maximum dollar amount. For FY 2014/15, the maximum amount payable by COUNTY to CONTRACTOR will be contingent and dependent upon the COUNTY's receipt of anticipated CHVP funding. The specific rates and costs for the services to be performed hereunder shall be as set forth in Exhibit D – Schedule of Charges and Payments, which is attached hereto and incorporated herein by reference.

3. Exhibit D – Paragraph 1 is hereby amended as follows:

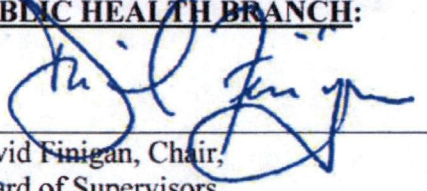
CONDITIONAL COMPENSATION:

The maximum amount payable under this Agreement is contingent and dependent on COUNTY's receipt of anticipated CHVP program funding; and subject to the Humboldt County Board of Supervisors' approval of DHHS-Public Health's budget expenditure for this Agreement for FY 2013/14 and 2014/15.

4. Except as modified herein, the Professional Services Agreement, dated March 18, 2014, shall remain in full force and effect.
5. Counterparts. This Agreement may be executed in counterparts and by facsimile, and each counterpart and facsimile shall have the same force and effect and be deemed as an original, all of which taken together shall constitute one and the same instrument. Each counterpart and facsimile shall constitute an effective, binding agreement on the part of each of the undersigned.

IN WITNESS WHEREOF, the Parties hereto have executed this First Amendment as of the date and year above written.

**COUNTY OF DEL NORTE DEPARTMENT OF HEALTH AND HUMAN SERVICES,
PUBLIC HEALTH BRANCH:**

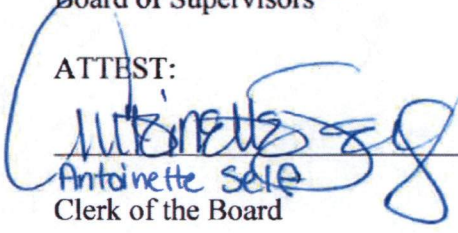


David Finigan, Chair,
Board of Supervisors

7/8/14

Date

ATTEST:

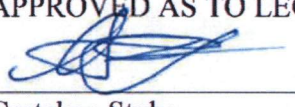


Antoinette Seale
Clerk of the Board

7/8/14

Date

APPROVED AS TO LEGAL FORM:



Gretchen Stuhr
County Counsel

6/13/14

Date

Date: 7-8-14

I hereby certify that according to the provisions of Government Code Section 25103, delivery of this document has been made.

Clerk of the Board

By: _____

COUNTY OF HUMBOLDT:

Chair, Board of Supervisors

Date

ATTEST:

Clerk, Board of Supervisors

Date

APPROVED AS TO LEGAL FORM:

County Counsel

Date

INSURANCE REQUIREMENTS REVIEWED AND APPROVED:

Risk Manager

Date

**SECOND AMENDMENT
TO THE PROFESSIONAL SERVICES AGREEMENT
BY AND BETWEEN
COUNTY OF HUMBOLDT
AND
COUNTY OF DEL NORTE DEPARTMENT OF HEALTH AND HUMAN SERVICES,
PUBLIC HEALTH BRANCH**

This, the Second Amendment to that certain Professional Services Agreement, dated March 18, 2014, by and between County of Humboldt, a political subdivision of the State of California (hereinafter "COUNTY") and County of Del Norte Department of Health and Human Services, Public Health Branch (hereinafter "CONTRACTOR") (collectively, the "Parties") is entered into this 30th day of December, 2014.

WHEREAS, the Parties desire to amend their Professional Services Agreement, dated March 18, 2014, to modify the term thereof; and

WHEREAS, the Parties, as members of the Northcoast Tri-County Consortium, have not yet received the final allocation of funds for FY 2014/15 from the California Home Visiting Program ("CHVP");

NOW THEREFORE, the Parties mutually agree as follows:

1. Section 5 – TERM is hereby amended to read as follows:

The term of this Agreement begins July 1, 2013 and shall continue in full force and effect until March 31, 2015, unless sooner terminated as provided herein.

2. Except as modified herein, the Professional Services Agreement, dated March 18, 2014, shall remain in full force and effect.
3. Counterparts. This Agreement may be executed in counterparts and by facsimile, and each counterpart and facsimile shall have the same force and effect and be deemed as an original, all of which taken together shall constitute one and the same instrument. Each counterpart and facsimile shall constitute an effective, binding agreement on the part of each of the undersigned.

IN WITNESS WHEREOF, the Parties hereto have executed this Second Amendment as of the date and year above written.

**COUNTY OF DEL NORTE DEPARTMENT OF HEALTH AND HUMAN SERVICES,
PUBLIC HEALTH BRANCH:**

Chair, Board of Supervisors

Date

ATTEST:

Clerk of the Board

Date

APPROVED AS TO LEGAL FORM:

County Counsel

Date

INSURANCE REQUIREMENTS REVIEWED AND APPROVED:

Risk Manager

Date

COUNTY OF HUMBOLDT:

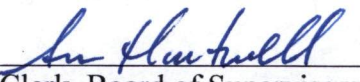


Chair, Board of Supervisors

12-16-2014

Date

ATTEST:




Clerk, Board of Supervisors

12-16-2014

Date

APPROVED AS TO LEGAL FORM:




County Counsel

12/15/14

Date

INSURANCE REQUIREMENTS REVIEWED AND APPROVED:



Risk Manager

12/15/14

Date