



RESOLUTION No. 19-500

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA

RESOLUTION APPROVING THE RENEWAL AGREEMENT FUNDING APPLICATION (AFA) FOR AGREEMENT NUMBER CHVP 19-29 WITH THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, MATERNAL, CHILD AND ADOLESCENT HEALTH (CDPH/MCAH) DIVISION, FOR ADMINISTRATION OF THE CALIFORNIA HOME VISITING PROGRAM (CHVP) FUNDING IN THE MAXIMUM PAYABLE AMOUNT OF \$883,835 FOR THE TERM OF JULY 1, 2019 THROUGH SEPTEMBER 30, 2020

WHEREAS, the Public Health Department's Maternal, Child and Adolescent Health Program provides a comprehensive array of health services to protect and improve the health of women of reproductive age, infants, children, adolescents and their families; and

WHEREAS, the California Department of Public Health, Maternal, Child and Adolescent Health (CDPH/MCAH) Division has approved the County's Agreement Funding Application (AFA), including the Scope of Work (SOW) and Budget related to the Home Visiting Program; and

WHEREAS, to carry out the approved program outlined in the SOW, Program Operational Requirements and Budget, the MCAH Division will reimburse expenditures up to \$883,835 for the term of the Agreement; and

WHEREAS, this funding supports an evidence-based home visiting program that will provide a diverse array of prevention, intervention and support services that will benefit at-risk community families.

NOW, THEREFORE, BE IT HEREBY RESOLVED that the Board of Supervisors of the County of Nevada, State of California, approves the Agreement Funding Application (AFA) for Agreement Number CHVP 19-29 by and between the County and the California Department of Public Health, Maternal, Child and Adolescent Health (CDPH/MCAH) Division, for administration of the California Home Visiting Program (CHVP), be and hereby is approved in substantially the form attached hereto and accepts the program funds in the maximum amount payable of \$883,835 for the Agreement term of July 1, 2019 through September 30, 2020.

Funds to be deposited into Revenue Account: 1589-40114-492-3415/446230.



PASSED AND ADOPTED by the Board of Supervisors of the County of Nevada at a regular meeting of said Board, held on the 10th day of September, 2019, by the following vote of said Board:

- Ayes: Supervisors Heidi Hall, Edward Scofield, Dan Miller, Susan K. Hoek and Richard Anderson.
- Noes: None.
- Absent: None.
- Abstain: None.

ATTEST:

JULIE PATTERSON HUNTER
Clerk of the Board of Supervisors

By: 



Richard Anderson, Chair

CHVP Work Plan Timeline

Goals and Measures for September 30, 2019 – September 29, 2023					
Goal 1: Provide leadership and structure for implementation of the California Home Visiting Program (CHVP) at the Local Implementing Agency (LIA)					
#	Objective	Activities	Responsible Party	Start and Completion Dates	Performance/Outcome Measures
Staffing Requirements					
1.1	LIA will ensure Maternal, Child, and Adolescent Health (MCAH) Director and/or designee dedicate no less than 5% Full	(A.) Provide oversight to LIA site managers, supervisors, staff, and various entities on all matters related to the development, implementation, operation, administration, evaluation, and reporting for local implementation of CHVP.	<ul style="list-style-type: none"> MCAH Program Director/Equivalent Designee 	9/30/19 – 9/29/23	<ul style="list-style-type: none"> Submission of Status Report Submission of Staffing Report Submission of Community Advisory Board (CAB) Meeting Materials Submission of Invoices

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	<p>Time Equivalent (FTE) and no more than 15% FTE on the CHVP budget and staffing reports.</p>	<p>(B.) Attend monthly MCAH and quarterly CHVP Directors calls. Participate in ongoing local community stakeholder groups, site visits, meetings, and/or conferences as directed.</p> <p>Note: If the LIA has a subcontractor, an LIA representative from the Department of Public Health must be present during entire site visit.</p>	<ul style="list-style-type: none"> MCAH Program Director/Equivalent Designee 	<p>9/30/19 – 9/29/23</p>	<ul style="list-style-type: none"> Submission of Status Report Submission of CAB Meeting materials
<p>1.2</p>	<p>LIA will implement home visiting programs using culturally proficient practices.</p>	<p>(A.) Participate in opportunities designed to enhance cultural sensitivity through webinars, trainings, and/or conferences.</p> <p>(B.) Recruit and hire staff that reflect the community served and/or speak the language of participants when possible.</p>	<ul style="list-style-type: none"> Supervising Public Health Nurse (SPHN) or Program Manager Home Visitors SPHN or Program Manager Home Visitors 	<p>9/30/19 – 9/29/23</p>	<ul style="list-style-type: none"> Submission of Training Log Submission of Staffing Report Submission of Status Report
<p>1.3</p>	<p>LIA will hire, train, and retain staff to comply with selected</p>	<p>(A.) Participate in required trainings as related to screening tools, health assessments,</p>	<ul style="list-style-type: none"> SPHN or Program Manager Home Visitors 	<p>9/30/19 – 9/29/23</p>	<ul style="list-style-type: none"> Submission of Training Log Submission of Training Plan

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	home visiting model requirements and CHVP policies and procedures.	reflective supervision, data collection tools and software. (B.) Maintain full staffing capacity to serve home visiting program participants and adhere to the specific model-based guidelines.	<ul style="list-style-type: none"> • SPHN or Program Manager 	9/30/19 – 9/29/23	<ul style="list-style-type: none"> • Submission of Staffing Report
Program Requirements					
1.4	LIA will reach and maintain negotiated Maximum Caseload Capacity (MCC).	<p>(A.) Develop and sustain relationships with appropriate agencies to obtain home visiting participant referrals.</p> <p>(B.) Develop a Referral Triage Plan process for incoming home visiting participants.</p>	<ul style="list-style-type: none"> • MCAH Director/ Equivalent Designee • SPHN or Program Manager 	9/30/19 – 9/29/23	<ul style="list-style-type: none"> • Outreach activities listed on NFP or HFA Referrals Tracking Log • Production and submission of Referral Triage Plan outlining referral process (flow chart, logic model, narrative, etc.)

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		(C.) Home visitors funded at or above 25% FTE will maintain and monitor caseloads (referrals and dismissals) and provide data for all participants.	<ul style="list-style-type: none"> SPHN or Program Manager 	9/30/19 – 9/29/23	<ul style="list-style-type: none"> Sustain minimum of 85% MCC on Monthly Caseload Report If below 85% MCC, submission of Performance Improvement Plan (PIP)
1.5	LIA will ensure selected home visiting model fidelity and quality assurance.	(A.) Implement NFP and HFA model requirements in accordance with the NFP Model Elements or the HFA Best Practice Standards.	<ul style="list-style-type: none"> MCAH Director/ Equivalent Designee SPHN or Program Manager 	9/30/19 – 9/29/23	<ul style="list-style-type: none"> Submission of accreditation reports and/or proof of application for affiliation
1.6	LIA will develop and implement home visiting policies and procedures.	(A.) Conduct an annual review of LIA policies and procedures and update as needed.	<ul style="list-style-type: none"> MCAH Director/ Equivalent Designee SPHN or Program Manager 	9/30/19 – 9/29/23	<ul style="list-style-type: none"> Submission of policies in Status Report Completion of policies and procedures questions on Status Report
		(B.) Conduct an annual review of CHVP policies and procedures.	<ul style="list-style-type: none"> MCAH Director/ Equivalent Designee SPHN or Program Manager 	9/30/19 – 9/29/23	<ul style="list-style-type: none"> Completion of policies and procedures questions on Status Report
1.7	LIA will accurately collect and submit	(A.) Implement CHVP Guidance 400-10 Required Screening and Assessment Tools into home visiting practice.	<ul style="list-style-type: none"> SPHN or Program Manager 	9/30/19 – 9/29/23	<ul style="list-style-type: none"> Submission of timely and accurate data

CHVP Work Plan Timeline

	<p>participant data using selected home visiting model and CHVP-required documents.</p>	<p>(B.) Adhere to CHVP Policy 600-10 Data Collection and Standardization procedures.</p> <p>(C.) Comply with NFP Quality Framework and NFP Quality Tools or CHVP HFA Data Collection Manual.</p>	<ul style="list-style-type: none"> SPHN or Program Manager SPHN or Program Manager 	<p>9/30/19 – 9/29/23</p> <p>9/30/19 – 9/29/23</p>	<ul style="list-style-type: none"> Submission of timely and accurate data Submission of timely and accurate data
<p>Continuous Quality Improvement (CQI) Requirements</p>					
<p>1.8</p>	<p>LIA will conduct CQI projects and activities that align with CHVP program improvement goals.</p>	<p>(A.) Participate in quality improvement activities as directed by CHVP.</p> <p>(B.) Utilize the CAB to inform and address quality improvement projects and decisions.</p> <p>(C.) Utilize data to inform and improve program activities.</p>	<ul style="list-style-type: none"> SPHN or Program Manager SPHN or Program Manager SPHN or Program Manager 	<p>9/30/19 – 9/29/23</p> <p>9/30/19 – 9/29/23</p> <p>9/30/19 – 9/29/23</p>	<ul style="list-style-type: none"> Participation in Quarterly Technical Assistance (TA) calls Submission of CQI plans, data, and information as requested by CHVP Completion of CAB involvement in CQI efforts in Status Reports or as requested Submission of CQI plans, data, and information as requested by CHVP Completion of CQI questions on Status Report

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1.9	LIA will participate in the CHVP 2020 Conference.	(A.) Travel to and attend the CHVP 2020 Conference.	<ul style="list-style-type: none"> Attendees To Be Determined 	9/30/19 – 9/29/23	<ul style="list-style-type: none"> Completion of post conference survey
Goal 2: Collaborate with Local Early Childhood System Partners					
#	Objective	Activities	Responsible Party		Performance/Outcome Measures
2.1	LIA will collaborate with local early childhood system partners.	(A.) Collaborate with local early childhood system partners to provide a continuum of services.	<ul style="list-style-type: none"> MCAH Director/ Equivalent Designee SPHN or Program Manager 	9/30/19 – 9/29/23	<ul style="list-style-type: none"> Completion of CHVP-required systems level data collection surveys or reports
2.2	LIA will maintain a CAB.	(A.) Coordinate quarterly CAB meetings for the purpose of establishing appropriate linkages to referral/service systems and other community supports, including statewide and local early childhood partners.	<ul style="list-style-type: none"> MCAH Director/ Equivalent Designee SPHN or Program Manager 	9/30/19 – 9/29/23	<ul style="list-style-type: none"> Submission of CAB Meeting Materials (CAB Roster, Agenda, and Minutes) with Status Report Completion of CHVP-required systems level data collection surveys or reports

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2.3	LIA will pursue, develop, and maintain relationships with local service agencies, hospitals, and referral resources to facilitate the coordination of services and recruit participants.	(A.) Develop Memorandum of Understanding (MOU) agreements and/or informal written agreements (e.g., letters of support) with community agencies and service providers.	<ul style="list-style-type: none"> • MCAH Director/ Equivalent Designee • SPHN or Program Manager 	9/30/19 – 9/29/23	<ul style="list-style-type: none"> • Submission of formal or informal agreements with community agencies and services providers with Status Report • Submission of Annual CHVP Service Provider Survey • Submission of Outreach Log
Goal 3: Collect data for federal reporting requirements					
#	Objective	Activities	Responsible Party		Performance/Outcome Measures
3.1	LIA will collect and submit all information required for	(A.) On an ongoing basis, complete all model issued forms and assessment tools entirely. Forms and assessment tools are defined by CHVP and respective	<ul style="list-style-type: none"> • SPHN or Program Manager • Home Visitors • Data Clerk 	9/30/19 – 9/29/23	Submission of data for the following federal reports:

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	<p>HRSA/MIECHV reporting.</p>	<p>model issued data collection manual(s).</p> <p>(B.) Collect federally required priority population data for all participants served on an annual basis, entered directly into the data system (HFA) or collected and data aggregated into a CHVP-provided Excel spreadsheet (NFP).</p>	<ul style="list-style-type: none"> • SPHN or Program Manager • Data Clerk 	<p>9/30/19 – 9/29/23</p>	<ul style="list-style-type: none"> • Demographic, Service Utilization, and Select Clinical Indicators (Form 1) • Performance Indicators and Systems Outcomes (Form 2) • Quarterly Performance Report (Form 4) • Submission of NFP Priority Population Survey on Status Reports
<p>3.2</p>	<p>LIA will maintain clean and compliant data for all home visiting activities</p>	<p>(A.) Ensure accuracy and completeness of data input into designated data systems using data quality reports and monitoring.</p>	<ul style="list-style-type: none"> • SPHN or Program Manager • Home Visitors • Data Clerk 	<p>9/30/19 – 9/29/23</p>	<ul style="list-style-type: none"> • Demonstrated compliance with data-related policies and program quality measures • Evidence of data cleaning on a monthly and quarterly basis using the CHVP data cleaning schedule (HFA) or model supplied data exception reports (NFP)

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	and participants.	(B.) Collect and enter the participant data into secure and designated data system within seven working days of data collection and as required by NFP or HFA models.	<ul style="list-style-type: none"> • Home Visitors • Data Clerk 	9/30/19 – 9/29/23	<ul style="list-style-type: none"> • Evidence of data cleaning on a monthly and quarterly basis using the CHVP data cleaning schedule • Evidence of data submission within seven working days of data collection • Evidence of signed participant consent forms
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CHVP Work Plan Timeline

Program, Data, and Evaluation Required Reports (Monitoring Channels)	Frequency
<ol style="list-style-type: none"> 1. Priority Population Survey 2. CHVP Service Provider Survey 3. Outreach Log 4. Performance Improvement Plan (Below 85% MCC Action Plan) 5. Staffing Reports 6. CAB Meeting Materials – Minutes and Agendas 7. CAB Roster 8. Status Reports (Includes: Training Log, Training Plan, Formal and Informal Agreements, and Referral Tracking Log Progress) 9. Policies and procedures 10. Referral Triage Plan 11. HFA Accreditation Report (if applicable) 12. Fiscal Invoices 13. CQI Plan (if applicable) 	<ol style="list-style-type: none"> 1. Biannually 2. Annually 3. Biennially 4. Monthly Review 5. Quarterly 6. Biannually 7. Annually 8. Biannually 9. Annually 10. Annually 11. Upon Completion 12. Quarterly 13. Annually