

RESOLUTION No. 24-003

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA

RESOLUTION APPROVING A REVENUE CONTRACT WITH THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH RELATED TO THE CALIFORNIA HOME VISITING PROGRAM FOR JULY 1, 2023 THROUGH JUNE 30, 2024 IN THE MAXIMUM AMOUNT OF \$882,135, ACCEPTING THE ASSOCIATED MATERNAL, INFANT, EARLY CHILDHOOD HOME VISITING REVENUE AND DIRECTING THE AUDITOR-CONTROLLER TO AMEND THE PUBLIC HEALTH DEPARTMENT'S BUDGET FOR FISCAL YEAR 2023/24 (4/5 AFFIRMATIVE VOTE REQUIRED)

WHEREAS, the Patient Protection and Affordable Care Act of 2010 authorized the creation of the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program 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 (CDPH), Maternal, Child and Adolescent Health (MCAH) Division is implementing MIECHV in the state as the California Home Visiting Program (CHVP); and

WHEREAS, under this agreement, home visiting services will be subcontracted, and overseen by Public Health's MCAH Department. The subcontractor shall continue to provide County-wide delivery of the Healthy Families America (HFA) model for home visiting services; and

WHEREAS, Healthy Families America is a national model designed to help expectant and new parents get their children off to a healthy start; and

WHEREAS, the primary program goal is to prevent child abuse, maltreatment and/or neglect before it starts. This goal is achieved through regular home visitation and by: 1) identification of family's strengths and goals; 2) positive development of parent-child relationships; 3) healthy childhood development; and 4) enhanced family functioning.

NOW, THEREFORE, BE IT HEREBY RESOLVED by the Board of Supervisors of the County of Nevada, State of California, that the County is hereby authorized to accept the funds from CHVP by approving Contract CHVP 23-29 for the provision of Healthy Families America Home Visiting services for implementation of the CHVP for the contract term of July 1, 2023 through June 30, 2024, in the maximum amount of \$882,135, and that the Public Health Director, or her designee, is hereby authorized to sign on behalf of County the Acknowledgement of Allocation Letter and any necessary documents in connection with these awards and all amendments thereto, on behalf of Nevada County.

BE IT FURTHER RESOLVED that the Auditor-Controller is authorized and directed to amend the Public Health Department's Budget for the Fiscal Year 2023/24 as follows:

Fiscal Year 2023/24

Revenue 1589-40114-492-3415 / 445020

\$176,427

Expenditure

1589-40114-492-3415 / 510500

\$176,427

SSED AND ADOPTED by	the Board of Sur	pervisors of the	County of Nevad	a at a regular meetin

P said Board, held on the 9th day of January, 2024, by the following vote of said Board:

Ayes:

Supervisors Heidi Hall, Edward C. Scofield, Lisa Swarthout,

Susan Hoek and Hardy Bullock.

Noes:

None.

Absent:

None.

Abstain:

None.

ATTEST:

JEFFERY THORSBY

Clerk of the Board of Supervisors

Hardy Bullock, Chair



State of California—Health and Human Services Agency California Department of Public Health



November 14, 2023

Jessica Ferrer MCAH Director Nevada County Public Health Department 500 Crown Point Circle, Suite 110 Grass Valley, CA 95945

Dear Jessica:

APPROVAL OF AGREEMENT FUNDING APPLICATION (AFA) FOR AGREEMENT CHVP 23-29 - FISCAL YEAR (FY) 2023-24

The California Department of Public Health, Maternal, Child and Adolescent Health (CDPH/MCAH) Division approves your Agency's AFA for administration of MCAH related programs.

To carry out the program(s) outlined in your approved SOW(s) and Budget(s), during the period of July 1, 2023 through June 30, 2024, the CDPH/MCAH Division will reimburse expenditures up to the following amounts:

California Home Visiting Program FY23-24

MIECHV......\$882,135 SGF EBHV.....\$441,094

The availability of SGF funds are based upon funds appropriated in each respective FY (2023-24) Budget Act. Reimbursement of invoices is subject to compliance with all federal and state requirements pertaining to the CDPH/MCAH related programs and adherence to all applicable regulations, policies and procedures. Your Agency 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.

Caseload Requirements: All sites must maintain at least 85% of their negotiated caseload capacity (CC).



Caseload Requirements: Your LHJ is expected to reach and maintain the following caseload capacities (indicated below by model and funding source). If you are starting up or expanding a program or model, you have 18 months from the date of this AFA Approval notification to reach your contracted caseload capacity.

Funding Source	Model Type	Contracted Caseload Capacity
MIECHV	HFA	70
SGF EBHV	HFA	16

MIECHV Maximum Service (MSC) Capacity: The MSC is the number of participants that CHVP reports to HRSA. This number is based on the total FTE for all home visitors that are funded at .25 FTE or greater on the MIECHV budget.

Funding Source	Model Type	MIECHV Maximum
		Service Capacity
MIECHV	HFA	112

Please ensure that all necessary individuals within your Agency are notified of this approval and that the approved AFA documents are carefully reviewed. This approval letter constitutes a binding agreement. If any of the information contained in your approved Budget is incorrect or different from that negotiated, please contact your contract manager, Andria Soto by e-mail at Andria.soto@cdph.ca.gov within 14 calendar days from the date of this letter. Non-response constitutes acceptance of your approved AFA documents.

Sincerely,

Angelica Jimenez-Bean

Angelica Jimenez-Bean

Section Chief, Contract Management and Allocations Process

Maternal, Child and Adolescent Health Division

Center for Family Health

California Department of Public Health

cc: Charlene Weiss-Wenzl

Nevada County Public Health

Brie Mendoza-Perez

Nevada County Public Health

Andria Soto

CHVP Contract Liaison

Erica Rodriguez CHVP Program Consultant



Maximum Amount Payable:

Charlene Weiss-Wenzl Project Director

Printed Name

BUDGET SUMMARY		FISCAL	YEAR	BUDGET	INVOIC	E TYPE	BUDGET STATUS		BAL	ANCE
		2023-2024		ORIGINAL	QUARTERLY		ACTIVE			
Rev. TH 6/23	/23; 10:40AM							-		
PURPOSE:	California Home Visiting Program - MIECHV		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA	
CONTRACTOR:	R: Nevada		CHVP, 53128							
AGREEMENT#:	CHVP 23-29		(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
ѕивк:		TOTAL FUNDING	%	s	%	\$	%	s	%	\$
	FUNDING TOTALS	882,135		882,135						
							·			
EXPENSE CA	TEGORY									
PERSONNEL										
		\$17,402	100.00%	\$17,402						
	FITS	\$17,402 \$10,578	100.00%	\$17,402 \$10,578						
FRINGE BENEF	FITS	100000000000000000000000000000000000000								
FRINGE BENEF	FITS	\$10,578	100.00%	\$10,578						
FRINGE BENER OPERATING EQUIPMENT	FITS	\$10,578	100.00%	\$10,578						
FRINGE BENER	FITS	\$10,578 \$1,746	100.00%	\$10,578 \$1,746						
FRINGE BENER OPERATING EQUIPMENT TRAVEL SUBCONTRAC	TS	\$10,578 \$1,746 \$792	100.00% 100.00%	\$10,578 \$1,746 \$792						
FRINGE BENER OPERATING EQUIPMENT TRAVEL SUBCONTRAC OTHER COSTS	TS	\$10,578 \$1,746 \$792	100.00% 100.00%	\$10,578 \$1,746 \$792						
FRINGE BENER OPERATING EQUIPMENT TRAVEL	TS	\$10,578 \$1,746 \$792 \$844,622	100.00% 100.00% 100.00%	\$10,578 \$1,746 \$792 \$844,622						

I CERTIFY T	HAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLI	IANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.	
	APPROVED		
Signature over	By Char Weiss-Wenzl at 4:56 pm, Oct 05, 2023		

\$882,135

DATE

State Use Only	UNDING SOURCE	СНУР					
	PCA CODE		53128				
PERSONNEL			17,402			1	
FRINGE BENEFITS			10,578				
OPERATING			1,746			1	
EQUIPMENT							
TRAVEL			792				
SUBCONTRACTS			844,622				
OTHER COSTS							
INDIRECT COST			6,995			1	
Totals for PCA Codes	882,135		882,135			1	

Public Health & DPH Maternal, Child and Adolescent Health Division

Publ	ic He	alth ADPH Maternal, Child and Adolescent I	Health Division	1									
PURPOSE:		California Home Visiting Progra	am - MIEG	CHV		FUNDING SO	JURCE, PCA	FUNDING SO	DURGE, PCA	FUNDING S	OURCE, PCA	FUNDING SOURCE, PCA	
CONTRACT	OR:	Nevada				CHVP,	53128		,				
AGREEMEN	CHVP 23-29			(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)		
SUBK:	JBK: TOTAL FUNDING		%	s	%	\$	%	\$	%	\$			
FUNDING TOTALS 882,135				882,135	-								
EXPENS	EXPENSE CATEGORY												
PERS	ONNE	EL .						RECONCIL	IATION SEC	ION (Remai	ning Funds)	,	
			OTAL PERSO	NNEL COSTS	17,402	100.00%	17,402 17,402						
				OTAL WAGES	17,402		17,402						
	INITIALS	TITLE OR CLASS.	FTE %	ANNUAL SALARY	TOTAL WAGES								
1	cw	Director of Public Health Nursing, Project Director	8.75%	145,486	12,730	100.00%	12,730						
2	JF	MCAH Director, Senior Public Health Nurse	2.50%	112,414	2,810	100.00%	2,810						
3	JK	Accountant	2.50%	74,497	1,862	100.00%	1,862						
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EDING	SE DE	NEFITS						RECONCIL	IATION SEC	TION (Remai	ning Funds)		
TIXING	JL DL		TOTAL CO.	GE BENEFITS	10,578	100.00%	10,578 10,578						
	A TIP!		TO FAL PRIN	GE DENETIIS	10,578		10,578	RECONCIL	IATION SEC	ION (Remai	ning Funds)		
OPER	AIIN					100.00%	1,746						
	C	TOTA Office Expense	L OPERATIN	G EXPENSES	1,746 1,146	100.000	1,746 1,146						
1	Training	Office Expense			1,146	100.00%	1,146				-		ł
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Public He	Oith A DE Maternal, Child and Adolescent Health Division									
PURPOSE:	California Home Visiting Program - MIECHV		FUNDING SOURCE, PCA FU		FUNDING SOURCE, PCA		FUNDING S	OURCE, PCA	FUNDING SC	DURCE, PCA
CONTRACTOR:	Nevada		CHVP, 53128		,					
AGREEMENT #:	CHVP 23-29		(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
SUBK:		TOTAL FUNDING	%	s	%	\$	%	\$	%	\$
	FUNDING TOTALS	882,135		882,135						
EXPENSE CAT	TEGORY		÷							
EQUIPMEN	NT				RECONCIL	IATION SEC	ΓΙΟΝ (Remai	ning Funds)		
	TOTAL EQUIPMENT EXPENSES									
1								120		
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TRAVEL					RECONCIL	IATION SEC	ΓΙΟΝ (Remai	ning Funds)		
INAVEL	TOTAL TRAVEL EXPENSES	792	100.00%	792 792						
1 Travel	TOTAL TRAVEL EXPENSES	792	100,00%	792						
2		,,,,,	100.0010	702						
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SUBCONTI	RACTS		RECONCILIATION SECTION (Remaining Funds)							
	TOTAL SUBCONTRACT EXPENSES	844,622	100.00%	844,622 844,622						
1 Child Adv	vocates of Nevada County	844,622	100.00%	844,622						
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3										
5										
OTHER CO	OSTS				RECONCIL	IATION SEC	TION (Remai	ning Funds)		
	TOTAL OTHER COSTS									
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					PECONCII	IATION SEC	TION /Pomai	ning Eunde\		
INDIRECT			100.00%	6,995	RECONCIL	IATION SEC	ION (Reinai	ing runus)		
	TOTAL INDIRECT COSTS	6,995		6,995						
25.000% of Total P	Personnel and Benefits	6,995	100.00%	6,995						

	Original Budget Justification Section											
СНУ	P 2	3-29 Nevada										
						ACTIVE						
				,								
PER	SC	NNEL										
		TOTALS	13.75%	332,397	17,402		10,578					
	INITIALS	TITLE OR CLASS.	FTE %	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFIT AMOUNT	Justification				
1		Director of Public Health Nursing, Project Director	8.750%	145,486	12,730	71.91%	9,154	Director will oversee and coordinate with MCAH Director and subcontractor delivering services. Both the Nursing Director and MCAH Director will meet with SubK to ensure proper adhearance to pollcles, assess family and staff satisfaction, implement QI plan, ensure report completion and accuracy. Salary and Benefit are from CEO Salary Planner for FY 23/24.				
2	JF	MCAH Director, Senior Public Health Nurse	2.50%	112,414	2,810			Director will oversee and coordinate with subcontractor delivering services. Both the Nursing Director and MCAH Director will meet with SubK to ensure proper adhearance to policies, assess family and staff satisfaction, implement QI plan, ensure report completion and accuracy. Salary and Benefit are from CEO Salary Planner for FY 23/24.				
3	JK	Accountant	2.50%	74,497	1,862	76.49%	1,424	Salary and Benefit are from CEO Salary Planner for FY 23/24. Accountant directs appropriate charges to CHVP program for budgets, payroll, contract tracking and developing invoices for program.				
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EDIA	10	E BENEFITS										
FKII	NG.	E BENEFITS	TOTAL FRI	NGE BENEFITS			10,578	Justification				
OPE	RA	TING						Justification				
			тот	AL OPERATING			1,746					
1	Gen	eral Office Expense					1,146	\$375 annual need per person X 2 staff (DPHN and Sr PHN)				
	Trai	ning					600	conference fees for 1 event each for DPHN and Sr PHN @ \$300 each. Conference is TBD.				
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EQU	IIP	VIENT TOTA	AL EQUIPMI	ENT EXPENSES				Justification				
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Original Budget Justification Section									
CHVP 23-29 Nevada									
. [ACTIVE								
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TRAVEL									
TOTAL TRAVEL EXPENSES	792.00	Justification							
1 Travel	792.00	travel to 1 event each for DPHN and Sr PHN @ \$396 each, which includes							
2	MANUFACTOR AND ADDRESS OF THE STATE OF THE S	mileage, air travel, hotel and per diem							
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SUBCONTRACTS									
		Justification							
TOTAL SUBCONTRACT EXPENSES Child Advocates of Nevada County	844,622	CANC delivers HFA and home visiting support to over 63 families annually.							
1 State Advocates of Nevada Sounty	044,022	CANCE CENTRES THE A CITE HOME VISITING SUPPORT TO OVER US TATHINGS ATTITUDING.							
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OTHER COSTS		Justification							
TOTAL OTHER COSTS		Justification							
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5									
INDIRECT COST									
TOTAL INDIRECT COSTS	6,995	Justification							
25.0% of Total Personnel and Benefits	6,995	Per CDPH approved ICR.							

Contract #/LHJ Name: CHVP23-29/Nevada California Home Visiting Program — MIECHV



California Home Visiting Program Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Scope of Work

July 1, 2023- June 30, 2024

The purpose of this Scope of Work (SOW) is to provide guidance and outline requirements for implementing the California Home Visiting Program (CHVP) funded by the CDPH Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grant. CDPH/CHVP MIECHV-funded LHJs are approved to implement Healthy Families America (HFA) and/or Nurse Family Partnership (NFP) evidence-based home visiting programs in accordance with Federal MIECHV and State requirements to achieve positive outcomes. The SOW includes the following three goals:

- 1. Provide leadership and structure for implementation of the California Home Visiting Program (CHVP) in the local health jurisdiction (LHJ)
- 2. Integrate the home visiting program into the local early childhood system
- 3. Monitor federal benchmark measures to show improvement in maternal and early childhood health

Goals, Objectives, and Measures for July 1, 2023 - June 30, 2024

Goal	Goal 1: Provide leadership and structure for implementation of the California Home Visiting Program (CHVP) in the local health jurisdiction (LHJ)									
#	Objective	Activities	Responsible Party	Deliverables						
Staff	Staffing Requirements									
1.1	Provide effective leadership and oversight for CHVP	1.1. (a) Provide leadership and oversight on all matters related to the development, implementation, operation, administration, evaluation, and reporting for local	MCAH Director or Designee*	Submission of semi-annual status reports Submission of quarterly staffing reports Submission of Community Advisory						
				Board (CAB) meeting materials,						



		implementation of CHVP following the CHVP Policies and Procedures 1.1. (b) Attend monthly MCAH and quarterly CHVP Directors calls		roster, agendas, and minutes with status reports Participation in virtual or in-person site visits every two years
		1.1. (c) Participate in ongoing local community stakeholder groups, site visits, meetings, and/or conferences as directed		Note: If an LHJ establishes a subcontractor (subK) to deliver home visiting services, an LHJ representative must be present during technical assistance calls and virtual or in-person site visits, and be involved in all programmatic, data, contract, or fiscal communications. Additionally, no more that 10% of the allocation can be spent on administrative oversight of a subK.**
1.2	Implement home visiting programs using culturally responsive practices	1.2. (a) Participate in opportunities designed to enhance cultural sensitivity through webinars, trainings, and/or conferences	Supervising Public Health Nurse (SPHN) or Program Manager Home Visitors	Submission of semi-annual status reports Submission of training log with status report
		1.2. (b) Recruit and hire staff that reflect the community served	SPHN or Program Manager	Submission of quarterly staffing reports



		and/or speak the language of participants when possible	Home Visitors	Submission of semi-annual status reports
1.3	Hire, train, and retain staff to comply with selected home visiting model requirements and CHVP policies and procedures	1.3. (a) Participate in required trainings as related to screening tools, health assessments, reflective supervision, data collection tools and software	SPHN or Program Manager Home Visitors	Submission of training log with status report Submission of training plan with status report
		1.3. (b) Maintain full staffing capacity to serve home visiting program participants and adhere to the specific model-based guidelines	SPHN or Program Manager	Submission of quarterly staffing reports
		1.3. (c) All staff will sign a Confidentiality Agreement at the time of hire and annually thereafter	SPHN, Program Manager, or Supervisor	Confirmation of signed Confidentiality Agreement for each staff member in status report

^{*}The Maternal, Child, and Adolescent Health (MCAH) Director and/or designee will dedicate no less than 5% Full Time Equivalent (FTE) and no more than 15% FTE on the CHVP budget and staffing reports.

^{**}See the CHVP Budget Tips document and/or reach out to your program consultant for further information.

Contract #/LHJ Name: CHVP23-29/Nevada California Home Visiting Program — MIECHV



California Home Visiting Program Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Scope of Work

Prog	gram Requirements		ger and a second	
		1.4. (a) Develop and sustain relationships with appropriate agencies to obtain home visiting participant referrals	MCAH Director or Designee SPHN or Program Manager	Outreach activities listed on Nurse- Family Partnership (NFP) or Healthy Families America (HFA) outreach log, to be reviewed at site visit
1.4	Reach and maintain contracted Caseload Capacity (CC)	1.4. (b) Develop a referral triage process for incoming home visiting participants	SPHN or Program Manager	Submission of referral triage plan outlining referral process (flow chart, logic model, narrative, etc.) annually with status report
		1.4. (c) Ensure each newly enrolled participant receives informed consent and signs a CHVP Participant Consent Form	SPHN or Program Manager	Confirmation of signed Participant Consent form for each enrolled participant with status report
		1.4. (d) Home visitors will maintain 100% contracted CC Note: Any LHJ that falls below 85% of the contracted CC for three	SPHN or Program Manager	Submission of complete and timely caseload data



		consecutive months may be required to participate in a corrective action process		
1.5	Ensure selected home visiting model fidelity and quality assurance	1.5. (a) Implement NFP and HFA model requirements in accordance with the NFP Model Elements or the HFA Best Practice Standards	MCAH Director or Designee SPHN or Program Manager	HFA: Submission of accreditation reports and/or proof of application for affiliation as requested by CHVP NFP: Submission of NFP Implementation Plan as requested by CHVP
	Develop and implement home	1.6. (a) Conduct an annual review of LHJ policies and procedures related to home visiting and update as needed	MCAH Director or Designee SPHN or Program Manager	Submission of policies and procedures annually with status report
1.6	visiting policies and procedures	1.6. (b) Conduct an annual review of CHVP policies and procedures	MCAH Director or Designee SPHN or Program Manager	Confirmation of CHVP P&P review with status report

Contract #/LHJ Name: CHVP23-29/Nevada California Home Visiting Program – MIECHV



California Home Visiting Program Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Scope of Work

	Accurately collect and submit participant data using selected home visiting model and CHVP-required documents	1.7. (a) Implement all CHVP policies and procedures relating to screening and assessment tools into home visiting practice	SPHN or Program Manager	Submission of timely and accurate data
1.7		1.7. (b) Adhere to all CHVP policies and procedures relating to data collection and standardization	SPHN or Program Manager	Submission of timely and accurate data
		1.7. (c) Comply with NFP Data Collection Documentation or CHVP HFA Data Collection Manual	SPHN or Program Manager	Submission of timely and accurate data

Continuous Quality Improvement (CQI) Requirements					
1.8	Conduct CQI projects and activities that align with CHVP program improvement goals	1.8. (a) Participate in quality improvement activities as directed by CHVP	SPHN or Program Manager	Participation in quarterly technical assistance (TA) meetings Participation in all CQI meetings Submission of CQI plans, data, and information as requested by CHVP	

Contract #/LHJ Name: CHVP23-29/Nevada California Home Visiting Program – MIECHV



California Home Visiting Program Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Scope of Work

1.8. (b) Utilize the Community Advisory Board to inform and address quality improvement projects and decisions	SPHN or Program Manager	Submission of CAB meeting materials (CAB roster, agenda, and minutes) with status report
1.8. (c) Utilize data to inform and improve program activities	SPHN or Program Manager	Submission of CQI plans, data, and information as requested by CHVP



Goal	Goal 2: Integrate the home visiting program into the local early childhood system				
#	Objective	Activities	Responsible Party	Deliverables	
2.1	Collaborate with local early childhood system partners to ensure a continuum of services for families	 2.1. (a) Meet and work with local early childhood system partners to coordinate services to families 2.1. (b) Maintain a CAB that meets at least quarterly to establish appropriate linkages to referral and service systems, including local early childhood system partners 	MCAH Director or Designee SPHN or Program Manager	Submission of CAB meeting materials (CAB roster, agenda, and minutes) with status report Submission of MOUs and/or informal agreements with status report	
2.2	Pursue, develop, and maintain relationships with local service agencies, hospitals, and referral resources to facilitate and recruit participants	2.2. (a) Develop Memorandum of Understanding (MOU) agreements and/or informal written agreements (e.g., letters of support) with community agencies and service providers	MCAH Director or Designee SPHN or Program Manager	Submission of MOUs and/or informal agreements with status report Submission of Outreach Log annually with status report	

Contract #/LHJ Name: CHVP23-29/Nevada California Home Visiting Program — MIECHV



California Home Visiting Program Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Scope of Work

#	Objective ·	Activities	Responsible Party	Deliverables
3.1	Collect and submit all information required for HRSA/MIECHV reporting	3.1. (a) On an ongoing basis, complete all model-issued forms and assessment tools entirely. Forms and assessment tools are defined by CHVP and model-issued data collection manual(s) 3.1. (b) Collect federally required priority population data for all participants served on an annual basis, entered directly into the data system (HFA) or via Share Point (NFP)	SPHN or Program Manager Home Visitors Data Clerk SPHN or Program Manager Data Clerk	Submission of data for the following federal reports: 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



Goal 3: Monitor federal benchmark measures to show improvement in maternal and early childhood health					
#	Objective	Activities	Responsible Party	Deliverables	
	Maintain clean and compliant	3.2. (a)Ensure accuracy and completeness of data input into designated data systems using data quality reports and monitoring	SPHN or Program Manager Home Visitors Data Clerk	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 reports (NFP)	
3.2	data for all home visiting activities and participants	3.2. (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	Home Visitors Data Clerk	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 form for each family	

Contract #/LHJ Name: CHVP23-29/Nevada California Home Visiting Program – MIECHV



California Home Visiting Program Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Scope of Work

July 1, 2023- June 30, 2024

NOTE: All reports and documentation are due via SharePoint unless otherwise directed by CHVP

Frequency	Monitoring Channels
Quarterly on January 15 th , April 15 th , July 15 th , and October 15 th	Staffing Reports
Semi-annually on April 15 th and October 15 th	 Priority Population Survey (NFP) CAB roster, minutes, and agendas Status Reports MOUs or informal agreements with community agencies and service providers
Annually on April 15 th or October 15 th	 Outreach log Training logs and training plans Policies and Procedures Referral triage plan Confirmation of signed consent forms for all participants Confirmation of signed confidentiality agreements for all direct service staff
During Site Visit (dates to be determined)	 Policies and Procedures Participant Consent Forms
Upon Request	 Model developer agreement, accreditation, and affiliation documentation CQI plans, data, and information

Contract #/LHJ Name: CHVP23-29/Nevada California Home Visiting Program – MIECHV



California Home Visiting Program Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Scope of Work

July 1, 2023- June 30, 2024

NOTE: If compliance standards are not met in a timely manner, CHVP may temporarily withhold cash payment pending correction of the deficiency; disallowing all or part of the cost of the activity or action out of compliance; wholly or partly suspending or terminating the award; or withholding further awards.

	APPROVED	
Jessica Ferrer, BSN, RN, SR PHN	By Jessica Ferrer at 1	11:03 am, Aug 03, 2023
MCAH Director Name	MCAH Director Signature	Date