

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	ing 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,	

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		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

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		and/or speak the language of participants when possible	Home Visitors	Submission of semi-annual status reports
		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	Hire, train, and retain staff to comply with selected home visiting model requirements and CHVP policies and procedures	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.

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



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	Program Requirements				
	Reach and maintain contracted Caseload Capacity (CC)	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	
114		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%	SPHN or Program Manager	Submission of complete and timely caseload data	

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		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
1.6	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

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	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

Cor	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	

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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

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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	

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Goa	Goal 3: Monitor federal benchmark measures to show improvement in maternal and early childhood health			
#	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

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Goa	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

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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

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

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