# STANDARD AGREEMENT STD 213 (Rev 06/03)

AGREEMENT NUMBER REGISTRATION NUMBER 15-10165

| 1. Th    | nis Agreement is entered into between the State  | e Agency al      | nd the Contractor ha  |                       |                                       |
|----------|--|------------------|---|-----------------------|---------------------------------------|
| STA      | ATE AGENCY'S NAME  |                  |   | (Also re              | ferred to as CDPH or the State)       |
| Ca       | alifornia Department of Public Health  |                  |   |                       |                                       |
| co       | NTRACTOR'S NAME  |                  |   |                       | (Also referred to as Contractor)      |
| Ne       | evada County Public Health Department  |                  |   |                       |                                       |
| 2 TI     | ne term of this July 1, 2015   | through          | June 30, 2019   |                       |                                       |
| T        | greement is:   | ·                |   |                       |                                       |
|          | ne maximum amount \$ 3,230,008   |                  |   |                       |                                       |
|          | this Agreement is: Three Million Two Hunds   | red Thirty The   | ousand Eight Dollars  |                       |                                       |
|          | ne parties agree to comply with the terms and c  |                  |   | ite which are by t    | his reference made a                  |
|          | ne parties agree to comply with the terms and carries are carried to this Agreement.                       | onditions o      | Title lollowing exhibit   | its, willon are by t  | This reference made a                 |
|          | xhibit A – Scope of Work   |                  |   |                       | 17 pages                              |
|          | xhibit B – Budget Detail and Payment Prov  | isions           |   |                       | 3 pages                               |
|          | xhibit B, Attachment I – Budget (Year 1)   |                  |   |                       | 1 page                                |
|          | xhibit B, Attachment I, Schedules 1-2 Subc   | ontractor E      | Budget (Year 1)   |                       | 3 pages                               |
|          | xhibit B, Attachment II – Budget (Year 2)  |                  |   |                       | 1 page                                |
|          | xhibit B, Attachment II, Schedules 1-2 Subo  | contractor       | Budget (Year 2)   |                       | 3 pages                               |
|          | xhibit B, Attachment III – Budget (Year 3)   |                  |   |                       | 1 page                                |
|          | xhibit B, Attachment III, Schedules 1-2 Sub  | contractor       | Budget (Year 3)   |                       | 3 pages                               |
|          | xhibit B, Attachment IV – Budget (Year 4)  |                  |   |                       | 1 page                                |
|          | xhibit B, Attachment IV, Schedules 1-2 Sub   | contracto        | Budget (Year 4)   |                       | 3 pages                               |
|          | xhibit C * – General Terms and Conditions  |                  |   |                       | GTC 610                               |
|          | xhibit D (F) – Special Terms and Condition   | s (Attache       | d hereto as part of   | this contract)        | 25 pages                              |
|          | xhibit E – Additional Provisions   |                  |   |                       | 2 pages                               |
|          | xhibit F – Contractor's Release  |                  |   |                       | 1 page                                |
| E        | xhibit G – HIPPA Business Associate Adde   | endum            |   |                       | 14 pages                              |
| Items s  | shown above with an Asterisk (*), are hereby incorpo<br>documents can be viewed at http://www.ols.dgs.ca.g | rated by refe    | erence and made part of the details | of this agreement a   | s if attached hereto.                 |
| IN WIT   | NESS WHEREOF, this Agreement has been exec   | uted by the      | parties hereto.   |                       |                                       |
|          | CONTRACTOR   |                  |   |                       | ia Department of<br>Services Use Only |
|          | ACTOR'S NAME (if other than an individual, state whether a corpor  | ation, partnersh | ip, etc.)   | General               | services use only                     |
| Nevad    | la County Public Health Department   |                  |   | [                     |                                       |
| •        | orized Signature)  | DAT              | 'E SIGNED (Do not type)   |                       |                                       |
| <u> </u> |  |                  |   |                       |                                       |
|          | D NAME AND TITLE OF PERSON SIGNING   |                  |   |                       |                                       |
| Edwar    | rd C. Scofield, Chair - Board of Supervisors   |                  |   |                       |                                       |
| ADDRES   | 38   |                  |   |                       |                                       |
| 500 C    | rown Point Circle, #110, Grass Valley, CA 959  | 45               |   |                       |                                       |
|          | STATE OF CALIFORNI   | Α                |   |                       |                                       |
| AGENCY   | Y NAME   |                  |   |                       |                                       |
| Califor  | rnia Department of Public Health   |                  |   |                       |                                       |
|          | norized Signature)   | DAT              | TE SIGNED (Do not type)   | 1                     |                                       |
| Ø        |  |                  |   |                       |                                       |
| PRINTE   | D NAME AND TITLE OF PERSON SIGNING   |                  |   | Exempt pe             | er:                                   |
| Elizab   | eth Stone, Chief, Contracts Management Unit  |                  |   | <del>10-1-12</del> /1 |                                       |
| ADDRES   |  |                  |   | 1                     |                                       |
|          | Capitol Avenue, Suite 74.317, MS 1802, PO Bo   | x 997377         |   |                       |                                       |
| Sacra    | mento, CA 95899-7377   |                  |   |                       |                                       |

# 1. Service Overview

Nevada County Public Health Department agrees to provide the following services to the California Department of Public Health (CDPH).

The California Home Visiting Program (CHVP) was created as a result of the Patient Protection and Affordable Care Act of 2010, Social Security Act, Title V, Section 511 (42 U.S.C. §711). The purpose of this contract is to provide comprehensive, coordinated in-home services to support positive parenting, and to improve outcomes for families residing in identified at-risk communities. Programs are meant to target participant outcomes which include: improved maternal and child health, prevention of child injuries, child abuse and maltreatment, and reduction of emergency department visits, improvement in school readiness and achievement, reduction in crime or domestic violence, improvements in family economic self-sufficiency, and improvements in the coordination and referrals for other community resources and supports.

# 2. Service Location

Services are available to all pregnant women in Nevada County who reside in Western Nevada County and the greater Truckee service area. The Truckee service area is defined by community need and also includes parts of adjacent Placer County including Soda Springs, Kings Beach, Tahoe Vista, Tahoe City and Carnelian Bay.

### 3. Service Hours

The services shall be provided during normal Agency working hours, excluding holidays.

# 4. Project Representatives

A. The project representatives during the term of this agreement will be:

# California Department of Public Health

Stephen Fong, Contract Manager Telephone: (916) 650-0340

Fax: (916) 650-0309

Email: stephen.fong@cdph.ca.gov

# Nevada County Public Health Department

Cynthia Wilson, MS, RN, PHN, IBCLC

MCAH Director

Telephone: (530) 265-7269

Fax: (530) 271-0894

Email: Cynthia.Wilson@co.nevada.ca.us

# B. Direct all inquiries to:

| California Department of Public Health    | Nevada County Public Health Department      |
|---|---|
| Financial Management & Contract           | Attention: Cynthia Wilson, MS, RN, PHN,     |
| Operations                                | IBCLC                                       |
| Attention: Stephen Fong, Contract Manager | MCAH Director                               |
| 1615 Capitol Avenue, Suite 73.560, MS     | Maternal, Child and Adolescent Health       |
| 8305                                      | Programs                                    |
| P.O. Box 997420                           | 500 Crown Point Circle, #110, Grass Valley, |
| Sacramento, CA 95899-7420                 | CA 95945                                    |
| Telephone: (916) 650-0340                 | Telephone: (530) 265-7269                   |
| Fax: (916) 650-0309                       | Fax: (530) 271-0894                         |
| Email: stephen.fong@cdph.ca.gov           | Email: Cynthia.Wilson@co.nevada.ca.us       |

C. Either party may make changes to the information above by giving written notice to the other party. Said changes shall not require an amendment to this agreement.

# 5. Subcontracting Requirements

All subcontracting must comply with the requirements of the State Contracting Manual, Sections 3.03, 3.06, 3.18, and 4.04, as applicable.

Child Advocates of Nevada County, a subcontractor, is acting on behalf of Nevada County to administer Foothill Truckee Healthy Babies Healthy Families America (HFA) program and are held to the same SOW as other CHVP sites.

# 6. 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:

"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 through June 30 of each contracted year 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.

| Reporting                     | From       | То          | Due Date    | 44624 |
|-------------------------------|------------|-------------|-------------|-------|
| 1 <sup>st</sup> Status Report | July 1     | October 31  | November 30 |       |
| 2 <sup>nd</sup> Status Report | November 1 | February 28 | March 31    |       |
| 3 <sup>rd</sup> Status Report | March 1    | June 30     | July 31     |       |

See the following pages for a detailed description of the services to be performed.

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.

| #     | Short and/or Intermediate  | Intervention Activities to Meet Objectives  | Evaluation/Performance Measures Process, Short and/or Intermediate Measures | nance Measures<br>termediate Measures                  |
|-------|--|---|---|--|
|       | Objective(s)   | (Describe the steps of the intervention)  | Process Description and<br>Measures   | Short and/or Intermediate                              |
| MC    | MCAH DIRECTOR'S RESPONSIBILITIES   |   |   |  |
|       |  | (.1) The MCAH Director must be designated as 0.15 Full Time Equivalent (FTE) on the CHVP budget.  | Submit organizational chart and budget with contract.                       |  |
|       |  | (.2) Provide informative advice, guidance, and assistance to LHJ site managers, supervisors   |   |  |
|       |  | staff, and various non-profit and private entities on   |   |  |
|       | The LHJ Maternal. Child and  | implementation, operation, administration, evaluation, and funding for CHVP.  |   |  |
| -     | Adolescent Health (MCAH) Director and/or designee will provide               | (.3) Participate in activities to improve the local early childhood systems of services with specific                                   |   | Complete all required CHVP surveys regarding change in |
|       | oversight to the LHJ and/or its subcontractors with matters related to CHVP. | emphases on enhancing cross-agency coordination, collaboration and communication; preventing duplication of services; addressing        |   | systems of care.                                       |
| - As- |  | gaps in local services and supports; and integrating home visiting.   |   |  |
|       |  | (.4) LHJ site shall hire and maintain sufficient staff to serve 100 clients and adhere to the specific evidence-based model guidelines. | Report staffing changes to CHVP.  | Submit staffing changes in Status Reports.             |
|       |  | (.5) Conduct an annual review of policies and procedures and update policies, procedures, or processes as needed                        | Provide a brief description of policies that have been revised or added 2   | Present to CHVP when requested at Site Visit.          |
| COL   | CULTURAL SENSITIVITY   |   |   |  |
| 1.2   | LHJ Site will implement home   | (.1) LHJ staff will participate in trainings or   | Maintain a training log which   | Present to CHVP when                                   |

| #        | Short and/or Intermediate   | Intervention Activities to Meet Objectives  | Evaluation/Performance Measures Process, Short and/or Intermediate Measures                             | ance Measures<br>termediate Measures   |
|----------|---|---|---|--|
|          | Onjective(S)  | (Describe the steps of the intervention)  | Process Description and<br>Measures   | Short and/or Intermediate  |
|          | Visiting programs using culturally sensitive home visiting practices.   | educational opportunities designed to enhance cultural sensitivity by utilizing cultural sensitivity trainings via webinars and/or attending trainings.   | includes topic, trainer, and list of attendees.   | requested at Site Visit.   |
| 5,       |   | (.2) Staffing should reflect the diverse cultures and languages of the LHJ population being served. When possible hire staff that reflect the culture and speak the language of clients.  |   | Observe at Site Visit.   |
|          |   | (.3) Use culturally sensitive materials and translation services when necessary   |   | Present to CHVP when   |
| NFF      | NFP AND HFA CORE TRAINING   |   |   |  |
| 1,3      | LHJ site will ensure staff completes required NFP or HFA core trainings.  | (.1) LHJ site shall ensure that home visiting staff is trained in appropriate curricula, assessment tools and other items as needed.  | Maintain a training log which includes topic, trainer, and list of attendees.                           | Present to CHVP when requested at Site Visit.  |
| CAS      | CASELOAD REQUIREMENTS   |   |   | William to the state of the sta |
| 4.       | NFP and HFA Sites: 100 families will be enrolled within 15 months of program implementation and maintained throughout the duration of the program.                                    | (.1) LHJ site shall receive referrals from appropriate to appropriate to meet the required enrollment number of families.4  | Maintain an outreach log which includes program contacted, method, materials used and date of contract. | Present to CHVP when requested at Site Visit.  |
| PRO      | PROGRAM FIDELITY AND QUALITY ASSURANCE  | ANCE  |   |  |
| رن<br>رن | LHJ site will ensure CHVP and NFP/HFA program fidelity.   | (.1) LHJ site supervisor will manage staff activities using reflective supervision based on NFP and HFA model requirements.   |   | Observe at Site Visit.   |
| PAR      | PARTICIPATION IN EXTERNAL EVALUATION  |   |   |  |
| <u>~</u> | MIECHV Competitive Grant recipients (Merced County, Fresno County, Sacramento County, Los Angeles County, Nevada County, Stanislaus County, San Mateo County, and Solano County) will | (,1) Ensure all MIECHV 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. | Program staff participated in all external evaluation activities as needed.                             |  |

Page **5** of **17** 

| #                                   | Short and/or Intermediate  | Intervention Activities to Meet Objectives  | Evaluation/Performance Measures Process, Short and/or Intermediate Measures   | ance Measures<br>termediate Measures             |
|-------------------------------------|--|---|---|--|
|                                     | Objective(s)   | (Describe the steps of the intervention)  | Process Description and<br>Measures   | Short and/or Intermediate                        |
|                                     | work with the CHVP external evaluator and ensure that all data are provided as requested.  |   |   |  |
| 1.7                                 | 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   | (.1) Ensure all MIHOPE 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.   | Program staff participated in all external evaluation activities as needed.   |  |
| DATA                                | DATA COLLECTION REQUIREMENTS   |   |   |  |
| <u>ν</u> <u>ν</u> <u>ν</u> <u>ν</u> | 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.  Collect all information that will contribute to the 35 constructs that comprise the six federally-mandated benchmark domains and additional | and processes as defined in the model specific data collection requirements for NFP or HFA.  (2) Appropriate LHJ staff shall collect and enter the data defined in the NFP or HFA ETO User Manual into the secure ETO data system within seven working days of the client visit and as required by NFP or HFA.  (3) Staff shall verify the accuracy and completeness of data input into the CHVP and NFP ETO systems.  (1) LHJ sites will use CHVP required data forms and processes as defined in the CHVP Data Collection Manual.  (2) Appropriate LHJ staff will collect and enter the data defined in the CHVP FTO User Manual into | Review data system reports and discuss during regularly scheduled Continuous Quality Improvement (CQI) conference calls.  Retain audit documentation for review at site visits. | Present to CHVP when<br>requested at Site Visit. |
|                                     | evaluation measures specified by CHVP.   | the secure ETO data system on an ongoing basis and as required by CHVP.  (.3) Staff will verify the accuracy and completeness   |   |  |
|                                     |  |   |   |  |

Page 6 of 17

| #    | Short and/or Intermediate         | Intervention Activities to Meet Objectives  | Evaluation/Performance Measures Process, Short and/or Intermediate Measures | ance Measures<br>termediate Measures         |
|------|-----------------------------------|---|---|--|
|      | Objective(s)                      | (Describe the steps of the intervention)  | Process Description and Measures  | Short and/or Intermediate Outcome Measure(s) |
|      |                                   | of data input into the CHVP and NFP ETO data  |   |  |
|      |                                   | systems. Supervisor and/or peer will audit 10% of all current charts quarterly.                       |   |  |
|      |                                   | (.4) Supervisors will use CHVP-created reports as   |   |  |
|      |                                   | they become available in the ETO Data System for<br>the purposes of data cleaning. Continuous Quality |   |  |
|      |                                   | Improvement, and for program management. Sites  |   |  |
|      |                                   | may periodically be required to run reports as directed by the QA Team.                               |   |  |
|      |                                   | (1) Perform model-specific and CHVP-directed  |   | Submit in designated Status                  |
|      |                                   | CQI activities. Update LHJ site-specific CQI plan   |   | Report.                                      |
|      |                                   | based on guidelines in the CHVP Policies and  |   |  |
|      |                                   | Procedure Manual.   |   |  |
|      |                                   | (.2) Identify priority program or evaluation areas  | Identify and report action  |  |
|      | Assure CQI process is in place at | for focus in CQI teleconferences; also identify   | steps to address priority   |  |
| 1.10 | -                                 | strengths and best practices and create action  | areas and ongoing internal  |  |
|      |                                   | steps for CQI. Participate in CQI teleconferences   | CQI process.  |  |
|      |                                   | with CHVP QA team. Discuss ongoing internal   |   |  |
|      |                                   | CCI plocess   |   |  |
|      |                                   | (.3) Coordinate communication of quality  | On CQI calls, discuss   |  |
|      |                                   | assurance/improvernent activities between the LTD   | nignlights of CAB of other  |  |
|      |                                   | program and Community Advisory Board (CAB) or   | community group discussions   |  |
|      |                                   | other community collaborative designated to   | related to CQI including  |  |
|      |                                   | address quality improvement.  | recommendations and   |  |
|      |                                   |   | outcomes.   |  |

# Goal 2: Cultivate strong communities.

percentage of families that required services and received a referral to available community resources; number of completed referrals; number of Memoranda Improvement in the coordination and referrals for other community resources and supports: number of families identified for necessary services; number and 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 The federally required benchmarks and constructs corresponding to Goal 2 include:

| #    | Short and/or Intermediate   | Intervention Activities to Meet Objectives  | Evaluation/Performance Measures Process, Short and/or Intermediate Measures                                      | ance Measures<br>termediate Measures         |
|------|---|---|--|--|
|      | Objective(s)  | (Describe the steps of the intervention)  | Process Description and<br>Measures  | Short and/or Intermediate Outcome Measure(s) |
| Co   | COMMUNITY ADVISORY BOARD  |   |  |  |
| 2.7  | LHJ site will maintain a Community<br>Advisory Board (CAB)  | <ul> <li>(.1) Maintain CAB activities including:</li> <li>Recruitment of members and active participation</li> <li>Quarterly meetings</li> <li>Meeting minutes</li> <li>NFP – refer to Model Element 17</li> <li>HFA – refer to Self-Assessment Tool, Governance and Administration (GA) -1</li> <li>CAB will assist in informing program operation, quality assurance/improvement, child and family advocacy, and public awareness of home visiting.</li> <li>CAB will assist with efforts to improve systems integration, interagency coordination, information sharing, and referral systems.</li> </ul> | Maintain a list of current CAB members.  | Submit in designated Status<br>Report        |
| INCR | INCREASE FORMAL AGREEMENTS  |   |  |  |
| 2.2  | LHJ site will increase or enhance the number of formal agreements, informal written agreements, and/or Memorandums of Understanding | (.1) Develop community partnerships and facilitate coordination and integration of services among MCAH and other community programs/services.   | Maintain an outreach log<br>which includes program<br>contacted, method, materials<br>used and date of contract. | Present to CHVP when requested at Site Visit |

| #   | Short and/or Intermediate  | Intervention Activities to Meet Objectives  | Evaluation/Performance Measures Process, Short and/or Intermediate Measures                            | nance Measures<br>termediate Measures   |
|-----|--|---|--|---|
|     | Objective(s)   | (Describe the steps of the intervention)  | Process Description and Measures   | Short and/or Intermediate Outcome Measure(s)  |
|     | (MOUs) with other local social service agencies in the community.  | (.2) Develop and/or maintain formal agreements, informal written agreements (e.g. letters of support) and/or MOUs with community agencies and other service providers.                          |  | Respond to CHVP Service<br>Provider survey regarding<br>MOUs and other agreements.                          |
|     |  | (.1) Develop collaborative relationships with local service agencies and hospitals in the community to create and maintain ties.  |  |   |
| 2.3 | LHJ site will increase the number of collaborating community agencies with whom they have a clear point of | (.2) LHJ site will develop a clear point of contact (person/s) with collaborating community agencies for purposes of making warm referrals by phone or in person on a participant's behalf.     |  | Respond to CHVP Service Provider Survey regarding agencies with which you have warm referral relationships. |
|     |  | (.3) Educate the community about CHVP services.   | Maintain an outreach log which includes program contacted, method, materials used and date of contract | Present to CHVP when requested at Site Visit.   |
| 2.4 | Clients will access services and resources in their community for  | (.1) Home Visitor will make appropriate referrals and LHJ will develop a process to ensure follow-up to pending referrals are completed. Train staff to follow-up on referrals made to clients. | Maintain training log.   | Observe at Site Visit.  |
|     | referral process.  | (.2) Maintain access to, or develop an updated directory of, community referral resources and services.   | Maintain a current referral resources and services directory.  | Present to CHVP when requested at Site Visit.   |

# Scope of Work Exhibit A

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

|   | Short and/or Intermediate   | Intervention Activities to Meet Objectives   | Evaluation/Performance Measures Process, Short and/or Intermediate Measures | nance Measures<br>Itermediate Measures   |
|---|---|--|---|--|
| *************************************** | Objective(s)  | (Describe the steps of the intervention)   | Process Description and Measures  | Short and/or Intermediate Outcome Measure(s)   |
| INCR                                    | INCREASE NUMBER OF WOMEN RECEIVING PRENATAL CARE  | ENATAL CARE  |   |  |
| ε.<br>7                                 | Increase the number of women who  | (.1) Educate and reinforce the importance of early and adequate prenatal care.   | Clients are provided education and referral.                                | Observed at Site Visit.  |
|   | participating in CHVP.  | (.2) Identify and address barriers to keeping prenatal appointments.   | Identify and explore solutions to emerging barriers.                        | Update in Status Report,   |
| INCRI                                   | INCREASE MATERNAL ACCESS TO HEALTH INSURANCE  | URANCE   |   | - COLONO COLONO CONTRACTOR CONTRA |
| 3.2                                     | Increase the number of women with   | how to access health insurance and the benefits of   | Maintain a current referral resources and services                          | Present to CHVP when requested at Site Visit.  |
|   | and postpartum.   | (.2) Collaborate with local programs to decrease barriers to accessing healthcare insurance.   | Identify and explore solutions to emerging barriers.                        | Update in Status Report.   |
| DECF                                    | DECREASE NUMBER OF MATERNAL EMERGENCY DEPARTMENT (ED) VISITS  | Y DEPARTMENT (ED) VISITS   |   |  |
| 3,3                                     | Decrease non-emergency use of Hospital Emergency Departments (ED).                                    | (.1) Educate families on appropriate use of EDs and patient centered medical homes for their own routine care.   | Clients are provided education and referral.                                | Observed at Site Visit.  |
| DECF                                    | DECREASE MATERNAL USE OF ALCOHOL, TOBACCO AND ILLICIT DRUGS   | ACCO AND ILLICIT DRUGS   |   |  |
| 4.8                                     | Decrease or stop maternal use of alcohol, tobacco, and illicit drugs during pregnancy and postpartum. | (.1) Assess mother for alcohol, tobacco, and illicit drug use during pregnancy and postpartum; provide information and referrals to counseling as appropriate. | Maintain a current referral resources and services directory.               | Present to CHVP when requested at Site Visit.  |
| DECR                                    | REASE THE NUMBER OF WOMEN WITH SUE  | DECREASE THE NUMBER OF WOMEN WITH SUBSEQUENT PREGNANCY WITHIN 18 MONTHS  |   |  |
| 3.5                                     | Decrease the number of women with a subsequent pregnancy within 18 months postpartum and increase the | (.1) Assist clients in reproductive life planning.   | Clients are provided education and referral.                                | Observed at Site Visit.  |

Exhibit A Scope of Work

| 28  | Short and/or Intermediate   | Intervention Activities to Meet Objectives  | Evaluation/Performance Measures Process, Short and/or Intermediate Measures  | nance Measures<br>termediate Measures         |
|---|---|---|--|---|
| 72 00   | Objective(s)  | (Describe the steps of the intervention)  | Process Description and Measures   | Short and/or Intermediate Outcome Measure(s)  |
| Ξ   | number of women using contraception up to 12 or more months postpartum.   |   |  |   |
| INCREAS   | INCREASE THE NUMBER OF WOMEN SCREENED FOR MATERIAL  | FOR MATERIAL DEPRESSION AND PARENTAL STRESS   | and the state of t |   |
| 3.6<br>an<br>an                                       | Increase the number of women screened for maternal depression and parental stress; increase the number referred for services.   | (.1) Educate women on the signs and symptoms of maternal depression and stress.   | Clients are provided education and referral.   | Observed at Site Visit.                       |
| INCREAS   | INCREASE BREASTFEEDING INITIATION, EXCLUSIVITY, AND DURATION  | IVITY, AND DURATION   |  |   |
| 3.7 5.7 5.7 6.9 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0 | 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. | <ul> <li>(.1) Encourage and support breastfeeding:</li> <li>Educate women on the importance of initiating breastfeeding and continuing through one year postpartum.</li> <li>Educate and support women on the importance of exclusive breastfeeding for at least 6 months.</li> <li>Refer to breastfeeding and lactation support when appropriate (WIC Peer Counseling Program or other local resource).</li> </ul> | Processes in place to ensure client is provided education and support.   | Observed at Site Visit.                       |
| INCREAS   | SE NUMBER OF WOMEN RECEIVING PO   | INCREASE NUMBER OF WOMEN RECEIVING POSTPARTUM APPOINTMENTS WITHIN 6 WEEKS   |  |   |
|   | Increase number of women who  | (.1) Educate women regarding the importance of a postpartum visit.  | Clients are provided education.  | Observed at Site Visit.                       |
| 8.8<br>We   | have a postpartum visit within 6<br>weeks.  | (.2) Make an appropriate referral to women in need of postpartum care.  | Maintain a current referral resources and services directory.  | Present to CHVP when requested at Site Visit. |

# 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

training of participants on prevention of child injuries; Incidence of child injuries requiring medical treatment; reported suspected maltreatment for children Visits for children to the emergency department from all causes; Visits of mothers to the emergency department from all causes; Information provided or 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

behaviors and parent-child relationship, Parent emotional well-being or parenting stress; Child's communication, language and emergent literacy; Child's Parent support for children's learning and development; Parent knowledge of child development and of their child's developmental progress, Parenting general cognitive skills

| #      | Short and/or Intermediate Objective(e)  | Intervention Activities to Meet   | Evaluation/Performance Measures Process, Short and/or Intermediate Measures | nance Measures<br>Itermediate Measures        |
|--------|---|---|---|---|
|        |   | intervention)   | Process Description and<br>Measures   | Short and/or Intermediate Outcome Measure(s)  |
| INCR   | INCREASE THE NUMBER OF CHILDREN WITH HEALTH INSURANC  | JRANCE  |   |   |
| 1.4    | Increase number of children who have health insurance continuously through two years of       | (.1) As needed, assist parents in the referral and application process for low cost/no cost health insurance programs                                 | Maintaín a current referral resources and services directory.               | Present to CHVP when requested at Site Visit. |
|        | age.  | for their children.   | 1   |   |
| DECF   | DECREASE THE NUMBER OF EMERGENCY DEPARTMENT (ED) V  | ED) VISITS FOR CHILDREN   |   |   |
| 4,2    | Increase parental awareness on appropriate use of Emergency Department (ED) visits for        | (.1) Educate parents on appropriate use of ED and help establish a medical home   | Clients are provided education.   | Update in Status Report.                      |
|        | children.   | for their child's routine care.   |   |   |
| NCR    | INCREASE THE NUMBER OF CHILDREN RECEIVING ALL AAP RE  | AP RECOMMENDED WELL-CHILD VISITS  |   |   |
| 4<br>w | Increase the number of children who receive all recommended well-child visits from 0-2 years. | (.1) Assist families in understanding the importance of well-child visits and immunizations. Support parents to adhere to scheduled well-child visits | Clients are provided education.   | Observed at Site Visit.                       |
| PROM   | PROMOTE CHILD SAFETY AND INJURY PREVENTION  |   |   |   |

Exhibit A Scope of Work

| *        | Short and/or Intermediate Objective(s)                                | Intervention Activities to Meet<br>Objectives (Describe the stens of the  | Evaluation/Performance Measures Process, Short and/or Intermediate Measures | nance Measures                                |
|----------|---|---|---|---|
|          |   | intervention)   | Process Description and Measures  | Short and/or Intermediate Outcome Measure(s)  |
| 4.4      | Decrease the incidence of child injuries requiring medical treatment. | (.1) Educate and support families in child injury prevention.   | Clients are provided education.   | Observed at Site Visit.                       |
| CHILL    | CHILD ABUSE AND NEGLECT PREVENTION                                    |   |   |   |
|          |   | (.1) Provide resources to parents to prevent child abuse.   | Maintain a current referral resources and services directory.               | Present to CHVP when requested at Site Visit. |
| 4.5      | Prevent child abuse and neglect.                                      | (.2) Provide support for appropriate parenting skills and refer to parenting classes, counseling, or other support resources. | Maintain a current referral resources and services directory.               | Present to CHVP when requested at Site Visit. |
| minm(iii |   | (.3) Provide emotional support to the family.   |   | Observed at Site Visit.                       |
|          |   | (.4) Look for signs of child abuse and/or neglect through observation at each home visit and report suspected abuse.          |   | Observed at Site Visit.                       |

# Scope of Work Exhibit A

# 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

prevention of child injuries; Incidence of child injuries requiring medical treatment; Reported suspected maltreatment for child in the program; 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 Reported substantiated maitreatment for children in the program; First-time victims of maitreatment 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.

| #            | Short and/or Intermediate Objective(s)  | Intervention Activities to Meet<br>Objectives (Describe the steps of   | Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Reporting Method In Red)) | ance Measures<br>ermediate Measures<br>od In Red)) |
|--------------|---|--|--|--|
|              |   | the intervention)  | Process Description and<br>Measures  | Short and/or Intermediate Outcome Measure(s)       |
| INTEGRATE TI | INTEGRATE THE FIVE PROTECTIVE FACTORS OF STRENGTHENING FAMILIES   | NG FAMILIES  |  |  |
| 5.           | Increase family strengths, enhance child development and reduce child abuse and neglect by integrating the Five Protective Factors of Strengthening Families. | (.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. <sup>6</sup> |  | Status Report.                                     |
| INCREASE SC  | INCREASE SCHOOL READINESS   |  |  |  |
| 5.2          | Parents will increase support of their child's learning and development and have an improved relationship with their child.                                   | (.1) Assist families in improving the quality of the child's home environment.   |  | Observed at Site Visit.                            |
| IDENTIFY AND | IDENTIFY AND SUPPORT CHILDREN WITH SOCIAL, EMOTIONAL,   | COGNITIVE AND PHYSICAL DEVELOPMENT NEEDS   | NEEDS  |  |
| 5.3          | Parents will identify and support their children's social emotional countive and  | (.1) Administer CHVP-required tools  |  | Status Report.                                     |

Exhibit A Scope of Work

| *           | Short and/or Intermediate Objective(s)   | Intervention Activities to Meet<br>Objectives (Describe the steps of  | Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Reporting Method In Red))          | lance Measures<br>termediate Measures<br>hod in Red)) |
|-------------|--|---|---|---|
|             |  | the intervention)   | Process Description and Measures  | Short and/or Intermediate Outcome Measure(s)          |
|             | physical development needs   | strengthening families (see Attachment D for data collection times): 1. HOME Inventory 2. ASQ-3 3. ASQ-SE   |   |   |
|             |  | (.2) Make appropriate referrals for developmental evaluation or services based on HOME Inventory, ASQ 3, or ASQ-SE. Develop policies, procedures or a process for referring and follow-up | Policies, procedures or a process for referring and follow-up on referrals were developed.                      | Present to CHVP when requested at Site Visit.         |
| INCREASE DO | INCREASE DOMESTIC VIOLENCE (DV) AWARENESS  |   |   |   |
|             |  | (.1) Participate in trainings on DV awareness. Develop policies and procedures for screening, referral and follow-up?   | Maintain a training log which includes topic, trainer, and list of attendees Policies and procedures developed? | Present to CHVP when<br>requested at Site Visit.      |
| 2           | the state of the s | (.2) Home Visitor will discuss healthy relationships, safety, and reproductive coercion.  |   | Observed at Site Visit.                               |
| 4.0         | healthy and safe relationships.  | (.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).             |   | Observed at Site Visit.                               |
|             |  | (.4) If women screen positive on the WEB or they self-disclose DV, home visitor will assist women with  |   | Observed at Site Visit.                               |

Page 15 of 17.

| #            | Short and/or Intermediate Objective(s)                                  | Intervention Activities to Meet<br>Objectives (Describe the steps of     | Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Reporting Method In Red)) | nance Measures<br>itermediate Measures<br>ihod In Red]) |
|--------------|---|--|--|---|
|              |   | the intervention)  | Process Description and Measures   | Short and/or Intermediate Outcome Measure(s)            |
|              |   | the creation of a safety plan.<br>Revisit/update the plan as needed.     |  |   |
|              |   | (.5) The home visitor will refer   | Maintain a current referral  | Present to CHVP when                                    |
|              |   | up as needed.  | directory.   | reduesied at otte visit.                                |
| IMPROVING IN | IMPROVING INCOME, EMPLOYMENT, AND EDUCATIONAL STATU                     | US OF CLIENTS  |  |   |
| 5,5          | Increase the number of women improving employment status or educational | (.1) Assist women in identifying their educational and employment goals; |  |   |
|              | altallillilli.  | provide support in achieving goals.                                      |  |   |
| 5.6          | Increase the number of women whose                                      | (.1) Assist women in developing an economic self-sufficiency plan.       | Maintain a current referral resources and services   | Present to CHVP when requested at Site Visit.           |
|              | income increases.   | Refer to community resources, job  | directory.   |   |
|              |   | training, and employment events.   |  |   |

### **NOTES**

- 1. The MCAH Director may designate the MCAH Coordinator 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.
- 2. LHJ policies and procedures will be made available to CHVP upon request.
- 3. NFP Model
  - Partners in Parenting Education (PIPE)
  - Dyadic Assessment of Naturalistic Caregiver-Child Experiences (DANCE)
  - Nursing Child Assessment Satellite Training (NCAST)
    - o Keys to Caregiving
    - o How to Promote Good Sleep Habits Parent Booklets
    - o Beginning Rhythms Manual
    - o Personal Environmental Assessments
      - 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.

### **HFA Model**

- Partners for a Healthy Baby
- Ages and Stages Questionnaire (ASQ)
- Kempe Family Stress Checklist
- 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.

- 4. Link to State Injury Prevention Website: Safe and Active Communities (SAC) Branch: http://www.cdph.ca.gov/programs/SACB/Pages/default.aspx
- 5. <u>www.strengtheningfamilies.net LHJ</u> site will utilize the resources and training provided by <u>Strategies</u> for TA regarding Strengthening Families.

# **Exhibit B**Budget Detail and Payment Provisions

# 1. Invoicing and Payment

- A. Upon completion of project activies as provided in Exhibit A Scope of Work, and upon receipt and approval of the invoices, the State agrees to reimburse the Contractor for activities performed and expenditures incurred in accordance with the costs specified herein.
- B. Invoices shall include the Contract Number and shall be submitted in triplicate not more frequently than monthly in arrears to:

Stephen Fong
California Department of Public Health
Maternal, Child and Adolescent Health Division
1615 Capitol Avenue, Suite 73.560, MS 8305
P. O. Box 997420
Sacramento, CA 95899-7420

### C. Invoices shall:

- 1) Be prepared on Contractor letterhead. If invoices are not on produced letterhead invoices must be signed by an authorized official, employee or agent certifying that the expenditures claimed represent activities performed and are in accordance with Exhibit A Scope of Work under this Contract.
- 2) Bear the Contractor's name as shown on the agreement.
- 3) Identify the billing and/or performance period covered by the invoice.
- 4) Itemize costs for the billing period in the same or greater level of detail as indicated in this Contractt. Subject to the terms of this Contract, reimbursement may only be sought for those costs and/or cost categories expressly identified as allowable and approved by CDPH.

# 2. Budget Contingency Clause

- A. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the State shall have no liability to pay any funds whatsoever to the Contractor or to furnish any other considerations under this Agreement and Contractor shall not be obligated to fulfill any provisions of this Agreement.
- B. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the State shall have the option to either cancel this Agreement with no liability occurring to the State, or offer an agreement amendment to the Contractor to reflect the reduced amount.

# 3. Prompt Payment Clause

A. Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927.

# 4. Amounts Payable

A. The amounts payable under this Contract shall not exceed:

# **Exhibit B**Budget Detail and Payment Provisions

- 1) \$807,502 for the budget period of 07/01/15 through 06/30/16.
- 2) \$807,502 for the budget period of 07/01/16 through 06/30/17.
- 3) \$807,502 for the budget period of 07/01/17 through 06/30/18.
- 4) \$807,502 for the budget period of 07/01/18 through 06/30/19.
- B. Payment allocations shall be made for allowable expenses up to the amount annually encumbered commensurate with the state fiscal year in which services are fulfilled and/or goods are received.

# 5. Timely Submission of Final Invoice

- A. A final undisputed invoice shall be submitted for payment no more than ninety (90) calendar days following the expiration or termination date of this agreement, unless a later or alternate deadline is agreed to in writing by the program contract manager. Said invoice should be clearly marked "Final Invoice", indicating that all payment obligations of the State under this agreement have ceased and that no further payments are due or outstanding.
- B. The State may, at its discretion, choose not to honor any delinquent final invoice if the Contractor fails to obtain prior written State approval of an alternate final invoice submission deadline. Written State approval shall be sought from the program contract manager prior to the expiration or termination date of this agreement.

# 6. Travel and Per Diem Reimbursement

Any reimbursement for necessary travel and per diem shall be at the rates currently in effect as established by the California Department of Human Resources (CalHR).

# 7. Restrictions on the Use of Federal Block Grant Funds

Pursuant to 42 U.S.C. Section 704, Contractor shall not use funds provided by the agreement to:

- A. Provide inpatient services;
- B. Make cash payment to intended recipients of health services;
- C. Purchase or improve land, purchase, construct or permanently improve any building or other facility or purchase major medical equipment;
- D. Satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
- E. Provide financial assistance to any entity other than a public or nonprofit private entity for research or training services; or
- F. Make payment for any item or service (other than an emergency item or service) furnished by; 1) an individual or entity during the period such individual or entity is excluded from participation in any other federally funded program, or 2) at the medical direction or on the prescription of a physician during the period when the physician is excluded from participation in any other federally funded program.

# **Exhibit B**Budget Detail and Payment Provisions

# 8. Expense Allowability / Fiscal Documentation

- A. Invoices, received from the Contractor and accepted and/or submitted for payment by the State, shall not be deemed evidence of allowable agreement costs.
- B. Contractor shall maintain for review and audit and supply to CDPH upon request, adequate documentation of all expenses claimed pursuant to this agreement to permit a determination of expense allowability.
- C. If the allowability or appropriateness of an expense cannot be determined by the State because invoice detail, fiscal records, or backup documentation is nonexistent or inadequate according to generally accepted accounting principles or practices, all questionable costs may be disallowed and payment may be withheld by the State. Upon receipt of adequate documentation supporting a disallowed or questionable expense, reimbursement may resume for the amount substantiated and deemed allowable.
- D. If travel is a reimbursable expense, receipts must be maintained to support the claimed expenditures.

# 9. Recovery of Overpayments

- A. Contractor agrees that claims based upon the term of this agreement or an audit finding and/or an audit finding that is appealed and upheld, will be recovered by the State by one of the following options:
  - 1) Contractor's remittance to the State of the full amount of the audit exception within 30 days following the State's request for repayment;
  - 2) A repayment schedule which is agreeable to both the State and the Contractor.
- B. The State reserves the right to select which option will be employed and the Contractor will be notified by the State in writing of the claim procedure to be utilized.
- C. Interest on the unpaid balance of the audit finding or debt will accrue at a rate equal to the monthly average of the rate received on investments in the Pooled Money Investment Fund commencing on the date that an audit or examination finding is mailed to the Contractor, beginning 30 days after Contractor's receipt of the State's demand for repayment.
- D. If the Contractor has filed a valid appeal regarding the report of audit findings, recovery of the overpayments will be deferred until a final administrative decision on the appeal has been reached. If the Contractor loses the final administrative appeal, Contractor shall repay, to the State, the over-claimed or disallowed expenses, plus accrued interest. Interest accrues from the Contractor's first receipt of State's notice requesting reimbursement of questioned audit costs or disallowed expenses.

# Exhibit B, Attachment I

Budget Year 1

(07/01/15 through 6/30/16)

| Personnel   |                      |             |                   |    |   |         |
|---|----------------------|-------------|-------------------|----|---|---------|
| Position Title/Classification                                     | Annual Salary        | FTE %       | Annual Cost       |    |   |         |
| Senior Public Health Nurse  | \$ 82,489            | 25          | \$ 20,622         |    |   |         |
| Accountant  | 57,602               | 2           | 1,152             |    |   |         |
| Director of Public Health Nursing Administrative Services Officer | 106,314              | 10          | 10,631            |    |   |         |
| Administrative Services Officer                                   | 85,390               | 2           | 1,708             |    |   |         |
|   |                      |             |                   |    |   |         |
|   |                      | Sı          | ubtotal Personnel | \$ |   | 34,113  |
| Fringe Benefits (61.22%)  |                      |             |                   | \$ |   | 20,884  |
| (FICA 7.65%, Retirement 26.515%, OPEB 8                           | 3.7%, Health and De  | ntal Insura | nce 18.355%)      |    |   |         |
|   | Total Pers           | sonnel an   | d Fringe Benefits | \$ |   | 54,997  |
| Operating Expenses  |                      |             |                   |    |   |         |
| Training (Registration fees for CHVP require and CEUs as needed.) | ed and other profess | ional deve  | lopment trainings | \$ |   | 1,049   |
| General Office  |                      |             |                   |    | - | 107     |
| Duplication/Printing/Postage                                      |                      |             |                   |    |   |         |
| Duplication// Tilting/ Ostage                                     |                      |             |                   |    |   | 100     |
|   |                      | Total One   | erating Expenses  | ¢  |   | 1,256   |
|   |                      | rotar op    | ording Expenses   | Ψ  |   | 1,200   |
| TRAVEL (Staff travel to statewide CHVP co                         | nferences Nurse Fa   | milv Partn  | ershin or Healthy |    |   |         |
| Families of America trainings (1.3 in SOW), in SOW))              |                      |             |                   | \$ |   | 1,500   |
|   |                      | т           | otal Travel Costs | \$ |   | 1,500   |
|   |                      |             |                   | Τ. |   | 1,000   |
| Subcontracts  |                      |             |                   |    |   |         |
| Child Advocates of Nevada County (Goals 1                         | , 2, 3, 4, 5 in SOW) |             | \$702,000         |    |   |         |
| Cognitive Behavioral Therapist (Goals 3.6, 5                      | 5.3 in SOW)          |             | \$34,000          |    |   |         |
|   |                      |             |                   |    |   |         |
|   | Т                    | otal Sub-   | contractor Costs  | \$ |   | 736,000 |
| Indirect Costs (25% of Total Personnel Co                         | osts)                |             |                   | \$ |   | 13,749  |
|   | ,                    |             | Total Budget      | -  |   | 807,502 |
|   |                      |             | . o.a. Daagot     | Ψ. |   | 007,002 |

# Exhibit B, Attachment I, Schedule 1

Subcontractor Budget
Child Advocates of Nevada County
Year 1
(07/01/15 through 6/30/16)

| Personnel                         |     |            |       |      |         |   |
|-----------------------------------|-----|------------|-------|------|---------|---|
| Position Title/Classification     | Ann | ual Salary | FTE % | Annu | al Cost |   |
| Executive Director                | \$  | 67,704     | 48.74 | \$   | 32,996  |   |
| Operations Manager                |     | 29,952     | 60.92 |      | 18,246  |   |
| Bookkeeper                        |     | 33,280     | 60.92 |      | 20,274  |   |
| Healthy Families America Program  |     | 50 405     | 92.44 |      | 49 707  |   |
| Manager                           |     | 59,405     | 82.14 |      | 48,797  |   |
| Healthy Family America Supervisor |     | 42,008     | 82.14 |      | 34,506  |   |
| Healthy Family America Supervisor |     | 42,008     | 82.14 |      | 34,506  |   |
| Healthy Family America Family     |     | 36,200     | 82.14 |      | 20.726  |   |
| Assessment Worker                 |     | 30,200     | 02.14 |      | 29,736  |   |
| Healthy Family America Family     |     | 28,960     | 82.14 |      | 23,788  |   |
| Assessment Worker                 |     | 20,900     | 02.14 |      | 23,700  |   |
| Family Support Worker             |     | 20,686     | 82.14 |      | 16,991  |   |
| Family Support Worker             |     | 41,371     | 82.14 |      | 33,983  |   |
| Family Support Worker             |     | 41,371     | 82.14 |      | 33,983  |   |
| Family Support Worker             |     | 41,371     | 82.14 |      | 33,983  |   |
| Family Support Worker             |     | 41,371     | 82.14 |      | 33,983  |   |
| Family Support Worker             |     | 31,028     | 82.14 |      | 25,487  |   |
| Family Support Worker             |     | 20,686     | 82.14 |      | 16,992  | 4 |
| Family Support Worker             |     | 12,411     | 82.15 |      | 10,195  |   |
| Family Support Worker             |     | 20,686     | 82.14 |      | 16,992  |   |
| Family Support Worker             |     | 31,028     | 82.14 |      | 25,487  |   |
| Quality Assurance Tech            |     | 34,320     | 82.14 |      | 28,192  |   |
| •                                 |     | ,          |       |      |         |   |

| Subtotal Personnel  | \$<br>519,117 |
|---|---------------|
| Fringe Benefits (9.60%)   | \$<br>49,835  |
| Total Personnel and Fringe Benefits   | \$<br>568,952 |
| Operating Expenses  |               |
| Training (Registration fees for CHVP required and other professional development trainings and CEUs as needed.) | \$<br>4,107   |
| Rent (14.85 FTE * \$2 * 200sqft * 12 months = \$71,280)   | 42,587        |
| Technical Support (IT and other media support)  | 6,080         |
| Mileage (home visits (Goals 1.1.4, 1.4, 1.5, 2, 3, 4, 5 in SOW))  | 18,729        |
| Vehicle fuel and maintenance  | 4,832         |
| Recruitment Costs   | 789           |
| Insurance (General Liability, Improper Sexual Misconduct, Professional Liability, etc.)                         | 4,605         |
| Outreach  | 3,163         |
| General Office Supplies   | 9,087         |
| Printing, Copying, Duplication  | 5,580         |
| Communication (Staff desk phones, fax lines, and cell phone charges)  | 13,456        |
| Audit   | 7,919         |
| Dues, Program Fees, Subscriptions   | 1,066         |
| Healthy Families America Membership Dues  | 2,546         |
| Total Operating Expenses  | \$<br>124.546 |

Exhibit B, Attachment I, Schedule 1 Subcontractor Budget Child Advocates of Nevada County Year 1 (07/01/15 through 6/30/16)

| TRAVEL (Staff travel to statewide CHVP conferences, Nurse Family Partnership or Healthy Families of America trainings (1.3 in SOW)) | \$<br>4,107          |
|---|----------------------|
| Total Travel Costs  | \$<br>4,107          |
| Other Costs Stipends Curriculum   | \$<br>1,109<br>3,286 |
| Total Other Costs   | \$<br>4,395          |
| Total Budget  | \$<br>702,000        |

# Exhibit B, Attachment I, Schedule 2

Subcontractor Budget Year 1 (07/01/15 through 6/30/16)

Personnel

Position Title/Classification
Cognitive Behavioral Therapist

Annual Salary 34,000 FTE %

**Annual Cost** 

100

\$

34,000

Total Budget \$ 34,000

# Exhibit B, Attachment II

Budget Year 2 (07/01/16 through 6/30/17)

| Personnel                                    |                       |             |                    |    |         |
|--|-----------------------|-------------|--------------------|----|---------|
| Position Title/Classification                | Annual Salary         | FTE %       | Annual Cost        |    |         |
| Senior Public Health Nurse                   | \$ 82,489             | 25          | \$ 20,622          |    |         |
| Accountant                                   | 57,602                | 2<br>10     | 1,152              |    |         |
| Director of Public Health Nursing            | 106,314<br>85,390     | 2           | 10,631<br>1,708    |    |         |
| Administrative Services Officer              | 65,390                | 2           | 1,700              |    |         |
|  |                       | s           | ubtotal Personnel  | \$ | 34,113  |
| Fringe Benefits (61.22%)                     |                       | •           |                    | \$ | 20,884  |
| (FICA 7.65%, Retirement 26.515%, OPEB        | 8.7%. Health and De   | ntal Insura | ance 18.355%)      | Ψ  | 20,004  |
| (110,11.00,10,110,110,110,110,110,110,110    |                       |             | nd Fringe Benefits | \$ | 54,997  |
|  |                       |             | <b>g</b>           | *  | 5 1,001 |
| Operating Expenses                           |                       |             |                    |    |         |
| Training (Registration fees for CHVP require | red and other profess | ional deve  | elopment trainings | œ. | 1.040   |
| and CEUs as needed.)                         |                       |             |                    | \$ | 1,049   |
| General Office                               |                       |             |                    |    | 107     |
| Duplication/Printing/Postage                 |                       |             |                    |    | 100     |
|  |                       |             |                    |    |         |
|  |                       | Total Op    | erating Expenses   | \$ | 1,256   |
|  |                       |             |                    |    |         |
| TRAVEL (Staff travel to statewide CHVP co    | onferences, Nurse Fa  | mily Partr  | nership or Healthy |    |         |
| Families of America trainings (1.3 in SOW)   |                       |             | -                  | \$ | 1,500   |
| in SOW))                                     |                       |             |                    |    |         |
|  |                       |             |                    |    |         |
|  |                       | ı           | Total Travel Costs | \$ | 1,500   |
|  |                       |             |                    |    |         |
| Subcontracts                                 |                       |             |                    |    |         |
| Child Advocates of Nevada County             |                       |             | \$702,000          |    |         |
| Cognitive Behavorial Therapist               |                       |             | \$34,000           |    |         |
|  |                       |             |                    |    |         |
|  |                       | Total Sub   | -contractor Costs  | \$ | 736,000 |
| Indirect Costs (25% of Total Personnel C     | costs)                |             | 828 25             | \$ | 13,749  |
|  |                       |             | Total Budget       | \$ | 807,502 |

# Exhibit B, Attachment II, Schedule 1

Subcontractor Budget
Child Advocates of Nevada County
Year 2
(07/01/16 through 6/30/17)

| Personnel   |                       |               |                    |      |         |
|---|-----------------------|---------------|--------------------|------|---------|
| Position Title/Classification                                 | Annual Salary         | FTE %         | <b>Annual Cost</b> |      |         |
| Executive Director  | \$ 67,70              | 48.74         | \$ 32,996          |      |         |
| Operations Manager  | 29,9                  | 60.92         | 18,246             |      |         |
| Bookkeeper  | 33,28                 | 80 60.92      | 20,274             |      |         |
| Healthy Families America Program<br>Manager                   | 59,40                 | 5 82.14       | 48,797             |      |         |
| Healthy Family America Supervisor                             | 42,00                 | 82.14         | 34,506             |      |         |
| Healthy Family America Supervisor                             | 42,00                 | 82.14         | 34,506             |      |         |
| Healthy Family America Family                                 | 20.00                 | 00.44         | 20.726             |      |         |
| Assessment Worker   | 36,20                 | 00 82.14      | 29,736             |      |         |
| Healthy Family America Family                                 | 28,96                 | 80 82.14      | 23,788             |      |         |
| Assessment Worker   | 20,50                 | 00 02.14      | 23,700             |      |         |
| Family Support Worker   | 20,68                 | 86 82.14      | 16,991             |      |         |
| Family Support Worker   | 41,37                 | 1 82.14       | 33,983             |      |         |
| Family Support Worker   | 41,37                 |               | 33,983             |      |         |
| Family Support Worker   | 41,37                 | '1 82.14      | 33,983             |      |         |
| Family Support Worker   | 41,37                 |               | 33,983             |      |         |
| Family Support Worker   | 31,02                 | 82.14         | 25,487             |      |         |
| Family Support Worker   | 20,68                 |               | 16,992             |      |         |
| Family Support Worker   | 12,41                 |               | 10,195             |      |         |
| Family Support Worker   | 20,68                 |               | 16,992             |      |         |
| Family Support Worker   | 31,02                 |               | 25,487             |      |         |
| Quality Assurance Tech  | 34,32                 | 0 82.14       | - 28,192           |      |         |
|   |                       | 9             | ubtotal Personnel  | \$   | 519,117 |
| Friend Bonefite (0 000/)                                      |                       | 3             | abtotal Fersonner  |      |         |
| Fringe Benefits (9.60%)                                       | 7-4-15                |               | al Falana Danasita | \$   | 49,835  |
|   | lotair                | ersonner ar   | nd Fringe Benefits | \$   | 568,952 |
| Operating Expenses  |                       |               |                    |      |         |
| Training (Registration fees for CHVP requand CEUs as needed.) | aired and other profe | essional deve | elopment trainings | \$   | 4,107   |
| Rent (14.85 FTE * \$2 * 200sqft * 12 montl                    | hs = \$71,280)        |               |                    |      | 42,587  |
| Technical Support (IT and other media su                      |                       |               |                    |      | 6,080   |
| Mileage (home visits (Goals 1.1.4, 1.4, 1.5                   | 5, 2, 3, 4, 5 in SOW  | )             |                    |      | 18,729  |
| Vehicle fuel and maintenance                                  |                       |               |                    |      | 4,832   |
| Recruitment Costs   |                       |               |                    |      | 789     |
| Insurance (General Liability, Improper Sex                    | kual Misconduct, Pr   | ofessional Li | ability, etc.)     |      | 4,605   |
| Outreach  |                       |               |                    |      | 3,163   |
| General Office Supplies                                       |                       |               |                    |      | 9,087   |
| Printing, Copying, Duplication                                |                       |               |                    |      | 5,580   |
| Communication (Staff desk phones, fax lir                     | nes, and cell phone   | charges)      |                    |      | 13,456  |
| Audit   | ,                     | <b>,</b>      |                    |      | 7,919   |
| Dues, Program Fees, Subscriptions                             |                       |               |                    |      | 1,066   |
| Healthy Families America Membership Du                        | ies                   |               |                    |      | 2,546   |
|   |                       | Total Op      | erating Expenses   | \$   | 124,546 |
|   |                       |               | 0 1                | 1000 | -,      |

# Exhibit B, Attachment II, Schedule 1

Subcontractor Budget
Child Advocates of Nevada County
Year 2
(07/01/16 through 6/30/17)

| TRAVEL (Staff travel to statewide CHVP conferences, Nurse Family Partnership or Healthy Families of America trainings (1.3 in SOW)) | \$<br>4,107   |
|---|---------------|
| Total Travel Costs  | \$<br>4,107   |
| Other Costs   |               |
| Stlpends  | \$<br>1,109   |
| Curriculum  | 3,286         |
| Total Other Costs   | \$<br>4,395   |
| Total Budget  | \$<br>702,000 |

# Exhibit B, Attachment II, Schedule 2

Subcontractor Budget Year 2 (07/01/16 through 6/30/17)

Personnel

Position Title/Classification Cognitive Behavioral Therapist Annual Salary 34,000 FTE % 100 **Annual Cost** 

Total Budget \$

34,000

34,000

# Exhibit B, Attachment III

Budget Year 3 (07/01/17 through 6/30/18)

| Personnel Position Title/Classification Senior Public Health Nurse Accountant Director of Public Health Nursing Administrative Services Officer | Annual Salary<br>\$ 82,489<br>57,602<br>106,314<br>85,390 | FTE %<br>25<br>2<br>10<br>2 | Annual Cost<br>\$ 20,622<br>1,152<br>10,631<br>1,708 |                    |
|---|---|-----------------------------|--|--------------------|
|   |   | S                           | ubtotal Personnel                                    | \$<br>34,113       |
| Fringe Benefits (61.22%)  |   |                             |  | \$<br>20,884       |
| (FICA 7.65%, Retirement 26.515%, OPEB 8   |   |                             |  |                    |
|   | Total Pers  | sonnel an                   | d Fringe Benefits                                    | \$<br>54,997       |
| Operating Expenses Training (Registration fees for CHVP require and CEUs as needed.) General Office   | ed and other professi                                     | ional deve                  | elopment trainings                                   | \$<br>1,049<br>107 |
| Duplication/Printing/Postage  |   |                             |  | 107                |
|   |   | Total Op                    | erating Expenses                                     | \$<br>1,256        |
| TRAVEL (Staff travel to statewide CHVP cor<br>Families of America trainings (1.3 in SOW),<br>in SOW))   |   | •                           |  | \$<br>1,500        |
|   |   | т                           | otal Travel Costs                                    | \$<br>1,500        |
| Subcontracts  |   |                             |  |                    |
| Child Advocates of Nevada County  |   |                             | \$702,000  |                    |
| Cognitive Behavorial Therapist  |   |                             | \$34,000   |                    |
|   | т   | otal Sub-                   | contractor Costs                                     | \$<br>736,000      |
| Indirect Costs (25% of Total Personnel Co   | osts)   |                             |  | \$<br>13,749       |
|   |   |                             | Total Budget   | \$<br>807,502      |

# Exhibit B, Attachment III, Schedule 1

Subcontractor Budget
Child Advocates of Nevada County
Year 3
(07/01/17 through 6/30/18)

|   | `            | 0           | ,         |                    |        |         |
|---|--------------|-------------|-----------|--------------------|--------|---------|
| Personnel   |              |             |           |                    |        |         |
| Position Title/Classification   | Annual       | Salary      | FTE %     | Annual Cost        |        |         |
| Executive Director  | \$           | 67,704      | 48.74     | \$ 32,996          |        |         |
| Operations Manager  |              | 29,952      | 60.92     | 18,246             |        |         |
| Bookkeeper  |              | 33,280      | 60.92     | 20,274             |        |         |
| Healthy Families America Program  Manager   |              | 59,405      | 82.14     | 48,797             |        |         |
| Healthy Family America Supervisor   |              | 42,008      | 82.14     | 34,506             |        |         |
| Healthy Family America Supervisor   |              | 42,008      | 82.14     | 34,506             |        |         |
| Healthy Family America Family   |              |             |           |                    |        |         |
| Assessment Worker   |              | 36,200      | 82.14     | 29,736             |        |         |
| Healthy Family America Family   |              | 28,960      | 82.14     | 23,788             |        |         |
| Assessment Worker   |              | 20,900      | 02.14     | 23,700             |        |         |
| Family Support Worker   |              | 20,686      | 82.14     | 16,991             |        |         |
| Family Support Worker   |              | 41,371      | 82.14     | 33,983             |        |         |
| Family Support Worker   |              | 41,371      | 82.14     | 33,983             |        |         |
| Family Support Worker   |              | 41,371      | 82.14     | 33,983             |        |         |
| Family Support Worker   |              | 41,371      | 82.14     | 33,983             |        |         |
| Family Support Worker   |              | 31,028      | 82.14     | 25,487             |        |         |
| Family Support Worker   |              | 20,686      | 82.14     | 16,992             |        |         |
| Family Support Worker   |              | 12,411      | 82.15     | 10,195             |        |         |
| Family Support Worker   |              | 20,686      | 82.14     | 16,992             |        |         |
| Family Support Worker   |              | 31,028      | 82.14     | 25,487             |        |         |
| Quality Assurance Tech  |              | 34,320      | 82.14     | 28,192             |        |         |
|   |              |             | Sı        | ıbtotal Personnel  | \$     | 519,117 |
| Fringe Benefits (9.60%)   |              |             | J.        | ibiotai reisoillei |        |         |
| Tillige Delients (9.00%)  |              | Total Bare  | onnol on  | d Eringa Banafita  | \$     | 49,835  |
| Operating Expenses  |              | TOTAL PELS  | onnei an  | d Fringe Benefits  | Φ      | 568,952 |
|   | od and oth   | or profossi | anal daya | lonmont trainings  |        |         |
| Training (Registration fees for CHVP required and other professional development trainings and CEUs as needed.) |              |             |           | \$                 | 4,107  |         |
| Rent (14.85 FTE * \$2 * 200sqft * 12 months   | s = \$71,280 | )           |           |                    |        | 42,587  |
| Technical Support (IT and other media support)  |              |             |           |                    |        | 6,080   |
| Mileage (home visits (Goals 1.1.4, 1.4, 1.5, 2, 3, 4, 5 in SOW))  |              |             |           |                    |        | 18,729  |
| Vehicle fuel and maintenance  |              |             |           |                    |        | 4,832   |
| Recruitment Costs   |              |             |           |                    |        | 789     |
| Insurance (General Liability, Improper Sexual Misconduct, Professional Liability, etc.)                         |              |             |           |                    |        | 4,605   |
| Outreach  |              |             |           |                    |        | 3,163   |
| General Office Supplies   |              |             |           |                    |        | 9,087   |
| Printing, Copying, Duplication  |              |             |           |                    |        | 5,580   |
| Communication (Staff desk phones, fax lines, and cell phone charges)  |              |             |           |                    | 13,456 |         |
| Audit   |              | •           |           |                    |        | 7,919   |
| Dues, Program Fees, Subscriptions   |              |             |           |                    |        | 1,066   |
| Healthy Families America Membership Due   | S            |             |           |                    |        | 2,546   |
| -   |              | ,           | Total Ope | rating Expenses    | \$     | 124,546 |
|   |              |             |           |                    |        |         |

# Exhibit B, Attachment III, Schedule 1

Subcontractor Budget
Child Advocates of Nevada County
Year 3
(07/01/17 through 6/30/18)

| TRAVEL (Staff travel to statewide CHVP conferences, Nurse Family Partnership or Healthy Families of America trainings (1.3 in SOW)) | \$<br>4,107          |
|---|----------------------|
| Total Travel Costs Other Costs  | \$<br>4,107          |
| Stipends Curriculum   | \$<br>1,109<br>3,286 |
| Total Other Costs   | \$<br>4,395          |
| Total Budget  | \$<br>702,000        |

# Exhibit B, Attachment III, Schedule 2 Subcontractor Budget

Subcontractor Budget Year 3 (07/01/17 through 6/30/18)

Personnel
Position Title/Classification
Cognitive Behavioral Therapist

 Annual Salary
 FTE %
 Annual Cost

 \$ 34,000
 100
 \$ 34,000

Total Budget \$ 34,000

# Exhibit B, Attachment IV

Budget Year 4 (07/01/18 through 6/30/19)

| Personnel  |                     |            |                      |               |
|--|---------------------|------------|----------------------|---------------|
| Position Title/Classification  | Annual Salary       | FTE %      | Annual Cost          |               |
| Senior Public Health Nurse   | \$ 82,489           | 25         | \$ 20,622            |               |
| Accountant   | 57,602              | 2          | 1,152                |               |
| Director of Public Health Nursing  | 106,314             | 10         | 10,631               |               |
| Administrative Services Officer  | 85,390              | 2          | 1,708                |               |
|  |                     | 11.        |                      |               |
|  |                     | S          | ubtotal Personnel    | 34,113        |
| Fringe Benefits (61.22%)   |                     |            |                      | \$<br>20,884  |
| (FICA 7.65%, Retirement 26.515%, OPEB 8  |                     |            |                      |               |
|  | Total Pers          | sonnel an  | d Fringe Benefits    | \$<br>54,997  |
| Operating Expenses   |                     |            |                      |               |
| Training (Registration fees for CHVP required and other professional development trainings |                     |            |                      | \$<br>1,049   |
| and CEUs as needed.)   |                     |            |                      |               |
| General Office   |                     |            |                      | 107           |
| Duplication/Printing/Postage   |                     |            |                      | 100           |
|  |                     | Total Op   | erating Expenses     | \$<br>1,256   |
| TRAVEL (Staff travel to statewide CHVP co  | nferences, Nurse Fa | mily Partn | ership or Healthy    |               |
| Families of America trainings (1.3 in SOW), in SOW))                                       | and home visits (Go | als 1.1.4, | 1.4, 1.5, 2, 3, 4, 5 | \$<br>1,500   |
|  |                     |            |                      |               |
|  |                     | Т          | otal Travel Costs    | \$<br>1,500   |
| Subcontracts   |                     |            |                      |               |
| Child Advocates of Nevada County   |                     |            | \$702,000            |               |
| Cognitive Behavorial Therapist   |                     |            | \$34,000             |               |
|  | Т                   | otal Sub-  | -contractor Costs    | \$<br>736,000 |
| Indirect Costs (25% of Total Personnel Co  | osts)               |            |                      | \$<br>13,749  |
| ,  | •                   |            | Total Budget         | <br>807,502   |

# Exhibit B, Attachment IV, Schedule 1

Subcontractor Budget
Child Advocates of Nevada County
Year 4
(07/01/18 through 6/30/19)

| Personnel   |                   |              |                    |    |    |         |
|---|-------------------|--------------|--------------------|----|----|---------|
| Position Title/Classification   | Annual Salar      | y FTE%       | Annual Cost        |    |    |         |
| Executive Director  | \$ 67,7           |              | \$ 32,996          |    |    |         |
| Operations Manager  | 29,9              |              | 18,246             |    |    |         |
| Bookkeeper  | 33,2              |              | 20,274             |    |    |         |
| Healthy Families America Program  | 00,2              |              | 20,214             |    |    |         |
| Manager   | 59,4              | 05 82.14     | 48,797             |    |    |         |
| Healthy Family America Supervisor   | 42,0              | 08 82.14     | 34,506             |    |    |         |
| Healthy Family America Supervisor   | 42,0              | 08 82.14     | 34,506             |    |    |         |
| Healthy Family America Family   | 36,2              | 00 82.14     | 29,736             |    |    |         |
| Assessment Worker   | 30,2              | 00 02.14     | 20,700             |    |    |         |
| Healthy Family America Family   | 28,9              | 82.14        | 23,788             |    |    |         |
| Assessment Worker   |                   |              |                    |    |    |         |
| Family Support Worker   | 20,6              |              | 16,991             |    |    |         |
| Family Support Worker   | 41,3              |              | 33,983             |    | 50 |         |
| Family Support Worker   | 41,3              |              | 33,983             |    |    |         |
| Family Support Worker   | 41,3              | 71 82.14     | 33,983             |    |    |         |
| Family Support Worker   | 41,3              |              | 33,983             |    |    |         |
| Family Support Worker   | 31,0              | 28 82.14     | 25,487             |    |    |         |
| Family Support Worker   | 20,6              | 82.14        | 16,992             |    |    |         |
| Family Support Worker   | 12,4              | 11 82.15     | 10,195             |    |    |         |
| Family Support Worker   | 20,6              | 82.14        | 16,992             |    |    |         |
| Family Support Worker   | 31,0              | 28 82.14     | 25,487             |    |    |         |
| Quality Assurance Tech  | 34,3              | 20 82.14     | 28,192             |    |    |         |
|   |                   | c            | Subtotal Personnel | œ  |    | E10 117 |
|   |                   | 3            | ountotal Fersonner | \$ |    | 519,117 |
| Fringe Benefits (9.60%)   |                   |              |                    | \$ |    | 49,835  |
| Operating Evpanses  | Total             | ersonnel a   | nd Fringe Benefits | \$ |    | 568,952 |
| Operating Expenses  | al and alban made | مما المسامية |                    |    |    |         |
| Training (Registration fees for CHVP require and CEUs as needed.)                       | ed and other prot | essionai dev | elopment trainings | \$ |    | 4,107   |
| Rent (14.85 FTE * \$2 * 200sqft * 12 months   | = \$71.280)       |              |                    |    |    | 42,587  |
| Technical Support (IT and other media support)  |                   |              |                    |    |    | 6,080   |
| Mileage (home visits (Goals 1.1.4, 1.4, 1.5, 2, 3, 4, 5 in SOW))                        |                   |              |                    |    |    | 18,729  |
| Vehicle fuel and maintenance  |                   |              |                    |    |    | 4,832   |
| Recruitment Costs   |                   |              |                    |    |    | 789     |
| Insurance (General Liability, Improper Sexual Misconduct, Professional Liability, etc.) |                   |              |                    |    |    | 4,605   |
| Outreach  |                   |              |                    |    |    | 3,163   |
| General Office Supplies   |                   |              |                    |    |    |         |
|   |                   |              |                    |    |    | 9,087   |
| Printing, Copying, Duplication  |                   |              |                    |    |    | 5,580   |
| Communication (Staff desk phones, fax lines, and cell phone charges)                    |                   |              |                    |    |    | 13,456  |
| Audit   |                   |              |                    |    |    | 7,919   |
| Dues, Program Fees, Subscriptions   |                   |              |                    |    |    | 1,066   |
| Healthy Families America Membership Dues  |                   |              |                    |    |    | 2,546   |
|   |                   |              | erating Expenses   |    |    | 124,546 |

Exhibit B, Attachment IV, Schedule 1
Subcontractor Budget
Child Advocates of Nevada County Year 4 (07/01/18 through 6/30/19)

| TRAVEL (Staff travel to statewide CHVP conferences, Nurse Family Partnership or Healthy Families of America trainings (1.3 in SOW)) | \$<br>4,107   |
|---|---------------|
| Total Travel Costs Other Costs  | \$<br>4,107   |
| Stipends  | \$<br>1,109   |
| Curriculum  | 3,286         |
| Total Other Costs   | \$<br>4,395   |
| Total Budget  | \$<br>702,000 |

# Exhibit B, Attachment IV, Schedule 2

Subcontractor Budget Year 4 (07/01/17 through 6/30/18)

Personnel
Position Title/Classification
Cognitive Behavioral Therapist

**Annual Salary FTE % Annual Cost** \$ 34,000 100 \$ 34,000

Total Budget \$ 34,000

### **Special Terms and Conditions**

(For federally funded service contracts or agreements and grant agreements)

The use of headings or titles throughout this exhibit is for convenience only and shall not be used to interpret or to govern the meaning of any specific term or condition.

The terms "contract", "Contractor" and "Subcontractor" shall also mean, "agreement", "grant", "grant agreement", "Grantee" and "Subgrantee" respectively.

The terms "California Department of Public Health" and "CDPH" shall have the same meaning and refer to the California State agency that is a party to this Agreement.

This exhibit contains provisions that require strict adherence to various contracting laws and policies. Some provisions herein are conditional and only apply if specified conditions exist (i.e., agreement total exceeds a certain amount, agreement is federally funded, etc.). The provisions herein apply to this Agreement unless the provisions are removed by reference on the face of this Agreement, the provisions are superseded by an alternate provision appearing elsewhere in this Agreement, or the applicable conditions do not exist.

# **Index of Special Terms and Conditions**

- Federal Equal Employment Opportunity
   Requirements
- 2. Travel and Per Diem Reimbursement
- 3. Procurement Rules
- 4. Equipment Ownership / Inventory / Disposition
- 5. Subcontract Requirements
- 6. Income Restrictions
- 7. Audit and Record Retention
- 8. Site Inspection
- 9. Federal Contract Funds
- 10. Intellectual Property Rights
- 11. Air or Water Pollution Requirements
- 12. Prior Approval of Training Seminars, Workshops or Conferences
- 13. Confidentiality of Information
- 14. Documents, Publications, and Written Reports
- 15. Dispute Resolution Process
- 16. Financial and Compliance Audit Requirements

- 17. Human Subjects Use Requirements
- 18. Novation Requirements
- 19. Debarment and Suspension Certification
- 20. Smoke-Free Workplace Certification
- 21. Covenant Against Contingent Fees
- 22. Payment Withholds
- 23. Performance Evaluation
- 24. Officials Not to Benefit
- 25. Four-Digit Date Compliance
- 26. Prohibited Use of State Funds for Software
- Use of Small, Minority Owned and Women's Businesses
- 28. Alien Ineligibility Certification
- 29. Union Organizing
- 30. Contract Uniformity (Fringe Benefit Allowability)
- 31. Lobbying Restrictions and Disclosure Certification
- 32. Additional Restrictions
- 33. Federal Requirements

# 1. Federal Equal Opportunity Requirements

(Applicable to all federally funded agreements entered into by the California Department of Public Health (CDPH).)

- a. The Contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era. The Contractor will take affirmative action to ensure that qualified applicants are employed, and that employees are treated during employment, without regard to their race. color, religion, sex, national origin, physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era. Such action shall include, but not be limited to the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and career development opportunities and selection for training, including apprenticeship. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Federal Government or CDPH, setting forth the provisions of the Equal Opportunity clause, Section 503 of the Rehabilitation Act of 1973 and the affirmative action clause required by the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (38 U.S.C. 4212). Such notices shall state the Contractor's obligation under the law to take affirmative action to employ and advance in employment qualified applicants without discrimination based on their race, color, religion, sex, national origin physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era and the rights of applicants and employees.
- b. The Contractor will, in all solicitations or advancements for employees placed by or on behalf of the Contractor, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era.
- c. The Contractor will send to each labor union or representative of workers with which it has a collective bargaining agreement or other contract or understanding a notice, to be provided by the Federal Government or the State, advising the labor union or workers' representative of the Contractor's commitments under the provisions herein and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
- d. The Contractor will comply with all provisions of and furnish all information and reports required by Section 503 of the Rehabilitation Act of 1973, as amended, the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (38 U.S.C. 4212) and of the Federal Executive Order No. 11246 as amended, including by Executive Order 11375, 'Amending Executive Order 11246 Relating to Equal Employment Opportunity,' and as supplemented by regulation at 41 CFR part 60, "Office of the Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," and of the rules, regulations, and relevant orders of the Secretary of Labor.
- e. The Contractor will furnish all information and reports required by Federal Executive Order No. 11246 as amended, including by Executive Order 11375, 'Amending Executive Order 11246 Relating to Equal Employment Opportunity,' and as supplemented by regulation at 41 CFR part 60, "Office of the Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," and the Rehabilitation Act of 1973, and by the rules, regulations, and orders of the Secretary of Labor, or pursuant thereto, and will permit access to its books, records, and accounts by the State and its designated representatives and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.
- f. In the event of the Contractor's noncompliance with the requirements of the provisions herein or with any federal rules, regulations, or orders which are referenced herein, this Agreement may be cancelled, terminated, or suspended in whole or in part and the Contractor may be declared ineligible for further federal and state contracts in accordance with procedures authorized in Federal Executive Order No. 11246 as amended and such other sanctions may be imposed and remedies invoked as provided in Federal Executive Order No. 11246 as amended, including by Executive Order 11375, 'Amending Executive Order 11246 Relating to Equal Employment Opportunity,' and as supplemented by regulation at 41 CFR part 60, "Office of the Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," or by rule, regulation, or order of the Secretary of Labor, or as otherwise provided by law.

g. The Contractor will include the provisions of Paragraphs a through g in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to Federal Executive Order No. 11246 as amended, including by Executive Order 11375, 'Amending Executive Order 11246 Relating to Equal Employment Opportunity,' and as supplemented by regulation at 41 CFR part 60, "Office of the Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," or Section 503 of the Rehabilitation Act of 1973 or (38 U.S.C. 4212) of the Vietnam Era Veteran's Readjustment Assistance Act, so that such provisions will be binding upon each subcontractor or vendor. The Contractor will take such action with respect to any subcontract or purchase order as the Director of the Office of Federal Contract Compliance Programs or CDPH may direct as a means of enforcing such provisions including sanctions for noncompliance provided, however, that in the event the Contractor becomes involved in, or is threatened with litigation by a subcontractor or vendor as a result of such direction by CDPH, the Contractor may request in writing to CDPH, who, in turn, may request the United States to enter into such litigation to protect the interests of the State and of the United States.

### 2. Travel and Per Diem Reimbursement

(Applicable if travel and/or per diem expenses are reimbursed with agreement funds.)

Reimbursement for travel and per diem expenses from CDPH under this Agreement shall, unless otherwise specified in this Agreement, be at the rates currently in effect, as established by the California Department of Human Resources (CalHR), for nonrepresented state employees as stipulated in CDPH's Travel Reimbursement Information Exhibit. If the CalHR rates change during the term of the Agreement, the new rates shall apply upon their effective date and no amendment to this Agreement shall be necessary. Exceptions to CalHR rates may be approved by CDPH upon the submission of a statement by the Contractor indicating that such rates are not available to the Contractor. No travel outside the State of California shall be reimbursed without prior authorization from CDPH. Verbal authorization should be confirmed in writing. Written authorization may be in a form including fax or email confirmation.

### 3. Procurement Rules

(Applicable to all agreements in which equipment, property, commodities and/or supplies are furnished by CDPH or expenses for said items are reimbursed with state or federal funds.)

### a. Equipment definitions

Wherever the term equipment /property is used, the following definitions shall apply:

- (1) Major equipment/property: A tangible or intangible item having a base unit cost of \$5,000 or more with a life expectancy of one (1) year or more and is either furnished by CDPH or the cost is reimbursed through this Agreement. Software and videos are examples of intangible items that meet this definition.
- (2) **Minor equipment/property**: A tangible item having a base unit cost of <u>less than \$5,000</u> with a life expectancy of one (1) year or more and is either furnished by CDPH or the cost is reimbursed through this Agreement.
- b. Government and public entities (including state colleges/universities and auxiliary organizations), whether acting as a contractor and/or subcontractor, may secure all commodities, supplies, equipment and services related to such purchases that are required in performance of this Agreement. Said procurements are subject to Paragraphs d through h of Provision 3. Paragraph c of Provision 3 shall also apply, if equipment purchases are delegated to subcontractors that are nonprofit organizations or commercial businesses.
- c. Nonprofit organizations and commercial businesses, whether acting as a contractor and/or subcontractor, may secure commodities, supplies, equipment and services related to such purchases for performance under this Agreement.
  - (1) Equipment purchases shall not exceed \$50,000 annually.

To secure equipment above the annual maximum limit of \$50,000, the Contractor shall make arrangements through the appropriate CDPH Program Contract Manager, to have all remaining equipment purchased through CDPH's Purchasing Unit. The cost of equipment purchased by or

through CDPH shall be deducted from the funds available in this Agreement. Contractor shall submit to the CDPH Program Contract Manager a list of equipment specifications for those items that the State must procure. The State may pay the vendor directly for such arranged equipment purchases and title to the equipment will remain with CDPH. The equipment will be delivered to the Contractor's address, as stated on the face of the Agreement, unless the Contractor notifies the CDPH Program Contract Manager, in writing, of an alternate delivery address.

- (2) All equipment purchases are subject to Paragraphs d through h of Provision 3. Paragraph b of Provision 3 shall also apply, if equipment purchases are delegated to subcontractors that are either a government or public entity.
- (3) Nonprofit organizations and commercial businesses, shall use a procurement system that meets the following standards:
  - (a) Maintain a code or standard of conduct that shall govern the performance of its officers, employees, or agents engaged in awarding procurement contracts. No employee, officer, or agent shall participate in the selection, award, or administration of a procurement, or bid contract in which, to his or her knowledge, he or she has a financial interest.
  - (b) Procurements shall be conducted in a manner that provides, to the maximum extent practical, open, and free competition.
  - (c) Procurements shall be conducted in a manner that provides for all of the following:
    - [1] Avoid purchasing unnecessary or duplicate items.
    - [2] Equipment solicitations shall be based upon a clear and accurate description of the technical requirements of the goods to be procured.
    - [3] Take positive steps to utilize small and veteran owned businesses.
- d. Unless waived or otherwise stipulated in writing by CDPH, prior written authorization from the appropriate CDPH Program Contract Manager will be required before the Contractor will be reimbursed for any purchase of \$5,000 or more for commodities, supplies, equipment, and services related to such purchases. The Contractor must provide in its request for authorization all particulars necessary, as specified by CDPH, for evaluating the necessity or desirability of incurring such costs. The term "purchase" excludes the purchase of services from a subcontractor and public utility services at rates established for uniform applicability to the general public.
- e. In special circumstances, determined by CDPH (e.g., when CDPH has a need to monitor certain purchases, etc.), CDPH may require prior written authorization and/or the submission of paid vendor receipts for any purchase, regardless of dollar amount. CDPH reserves the right to either deny claims for reimbursement or to request repayment for any Contractor and/or subcontractor purchase that CDPH determines to be unnecessary in carrying out performance under this Agreement.
- f. The Contractor and/or subcontractor must maintain a copy or narrative description of the procurement system, guidelines, rules, or regulations that will be used to make purchases under this Agreement. The State reserves the right to request a copy of these documents and to inspect the purchasing practices of the Contractor and/or subcontractor at any time.
- g. For all purchases, the Contractor and/or subcontractor must maintain copies of all paid vendor invoices, documents, bids and other information used in vendor selection, for inspection or audit. Justifications supporting the absence of bidding (i.e., sole source purchases) shall also be maintained on file by the Contractor and/or subcontractor for inspection or audit.
- h. CDPH may, with cause (e.g., with reasonable suspicion of unnecessary purchases or use of inappropriate purchase practices, etc.), withhold, cancel, modify, or retract the delegated purchase authority granted under Paragraphs b and/or c of Provision 3 by giving the Contractor no less than 30 calendar days written notice.
- 4. Equipment Ownership / Inventory / Disposition

(Applicable to agreements in which equipment and/or property is furnished by CDPH and/or when said items are purchased or reimbursed with state or federal funds.)

- a. Wherever the terms equipment and/or property are used in Provision 4, the definitions in Provision 3, Paragraph a, shall apply.
  - Unless otherwise stipulated in this Agreement, all equipment and/or property that are purchased/reimbursed with agreement funds or furnished by CDPH under the terms of this Agreement shall be considered state equipment and the property of CDPH.
  - (1) CDPH requires the reporting, tagging and annual inventorying of all equipment and/or property that is furnished by CDPH or purchased/reimbursed with funds provided through this Agreement.
    - Upon receipt of equipment and/or property, the Contractor shall report the receipt to the CDPH Program Contract Manager. To report the receipt of said items and to receive property tags, Contractor shall use a form or format designated by CDPH's Asset Management Unit. If the appropriate form (i.e., Contractor Equipment Purchased with CDPH Funds) does not accompany this Agreement, Contractor shall request a copy from the CDPH Program Contract Manager.
  - (2) If the Contractor enters into an agreement with a term of more than twelve months, the Contractor shall submit an annual inventory of state equipment and/or property to the CDPH Program Contract Manager using a form or format designated by CDPH's Asset Management Unit. If an inventory report form (i.e., Inventory/Disposition of CDPH-Funded Equipment) does not accompany this Agreement, Contractor shall request a copy from the CDPH Program Contract Manager. Contractor shall:
    - (a) Include in the inventory report, equipment and/or property in the Contractor's possession and/or in the possession of a subcontractor (including independent consultants).
    - (b) Submit the inventory report to CDPH according to the instructions appearing on the inventory form or issued by the CDPH Program Contract Manager.
    - (c) Contact the CDPH Program Contract Manager to learn how to remove, trade-in, sell, transfer or survey off, from the inventory report, expired equipment and/or property that is no longer wanted, usable or has passed its life expectancy. Instructions will be supplied by CDPH's Asset Management Unit.
- b. Title to state equipment and/or property shall not be affected by its incorporation or attachment to any property not owned by the State.
- c. Unless otherwise stipulated, CDPH shall be under no obligation to pay the cost of restoration, or rehabilitation of the Contractor's and/or Subcontractor's facility which may be affected by the removal of any state equipment and/or property.
- d. The Contractor and/or Subcontractor shall maintain and administer a sound business program for ensuring the proper use, maintenance, repair, protection, insurance and preservation of state equipment and/or property.
  - (1) In administering this provision, CDPH may require the Contractor and/or Subcontractor to repair or replace, to CDPH's satisfaction, any damaged, lost or stolen state equipment and/or property. Contractor and/or Subcontractor shall immediately file a theft report with the appropriate police agency or the California Highway Patrol and Contractor shall promptly submit one copy of the theft report to the CDPH Program Contract Manager.
- e. Unless otherwise stipulated by the program funding this Agreement, equipment and/or property purchased/reimbursed with agreement funds or furnished by CDPH under the terms of this Agreement, shall only be used for performance of this Agreement or another CDPH agreement.
- f. Within sixty (60) calendar days prior to the termination or end of this Agreement, the Contractor shall provide a final inventory report of equipment and/or property to the CDPH Program Contract Manager and

shall, at that time, query CDPH as to the requirements, including the manner and method, of returning state equipment and/or property to CDPH. Final disposition of equipment and/or property shall be at CDPH expense and according to CDPH instructions. Equipment and/or property disposition instructions shall be issued by CDPH immediately after receipt of the final inventory report. At the termination or conclusion of this Agreement, CDPH may at its discretion, authorize the continued use of state equipment and/or property for performance of work under a different CDPH agreement.

### g. Motor Vehicles

(Applicable only if motor vehicles are purchased/reimbursed with agreement funds or furnished by CDPH under this Agreement.)

- (1) If motor vehicles are purchased/reimbursed with agreement funds or furnished by CDPH under the terms of this Agreement, within thirty (30) calendar days prior to the termination or end of this Agreement, the Contractor and/or Subcontractor shall return such vehicles to CDPH and shall deliver all necessary documents of title or registration to enable the proper transfer of a marketable title to CDPH.
- (2) If motor vehicles are purchased/reimbursed with agreement funds or furnished by CDPH under the terms of this Agreement, the State of California shall be the legal owner of said motor vehicles and the Contractor shall be the registered owner. The Contractor and/or a subcontractor may only use said vehicles for performance and under the terms of this Agreement.
- (3) The Contractor and/or Subcontractor agree that all operators of motor vehicles, purchased/reimbursed with agreement funds or furnished by CDPH under the terms of this Agreement, shall hold a valid State of California driver's license. In the event that ten or more passengers are to be transported in any one vehicle, the operator shall also hold a State of California Class B driver's license.
- (4) If any motor vehicle is purchased/reimbursed with agreement funds or furnished by CDPH under the terms of this Agreement, the Contractor and/or Subcontractor, as applicable, shall provide, maintain, and certify that, at a minimum, the following type and amount of automobile liability insurance is in effect during the term of this Agreement or any extension period during which any vehicle remains in the Contractor's and/or Subcontractor's possession:

### Automobile Liability Insurance

- (a) The Contractor, by signing this Agreement, hereby certifies that it possesses or will obtain automobile liability insurance in the amount of \$1,000,000 per occurrence for bodily injury and property damage combined. Said insurance must be obtained and made effective upon the delivery date of any motor vehicle, purchased/reimbursed with agreement funds or furnished by CDPH under the terms of this Agreement, to the Contractor and/or Subcontractor.
- (b) The Contractor and/or Subcontractor shall, as soon as practical, furnish a copy of the certificate of insurance to the CDPH Program Contract Manager. The certificate of insurance shall identify the CDPH contract or agreement number for which the insurance applies.
- (c) The Contractor and/or Subcontractor agree that bodily injury and property damage liability insurance, as required herein, shall remain in effect at all times during the term of this Agreement or until such time as the motor vehicle is returned to CDPH.
- (d) The Contractor and/or Subcontractor agree to provide, at least thirty (30) days prior to the expiration date of said insurance coverage, a copy of a new certificate of insurance evidencing continued coverage, as indicated herein, for not less than the remainder of the term of this Agreement, the term of any extension or continuation thereof, or for a period of not less than one (1) year.
- (e) The Contractor and/or Subcontractor, if not a self-insured government and/or public entity, must provide evidence, that any required certificates of insurance contain the following provisions:
  - [1] The insurer will not cancel the insured's coverage without giving thirty (30) calendar days prior

written notice to the State (California Department of Public Health (CDPH)).

- [2] The State of California, its officers, agents, employees, and servants are included as additional insureds, but only with respect to work performed for the State under this Agreement and any extension or continuation of this Agreement.
- [3] The insurance carrier shall notify CDPH, in writing, of the Contractor's failure to pay premiums; its cancellation of such policies; or any other substantial change, including, but not limited to, the status, coverage, or scope of the required insurance. Such notices shall contain a reference to each agreement number for which the insurance was obtained.
- (f) The Contractor and/or Subcontractor is hereby advised that copies of certificates of insurance may be subject to review and approval by the Department of General Services (DGS), Office of Risk and Insurance Management. The Contractor shall be notified by CDPH, in writing, if this provision is applicable to this Agreement. If DGS approval of the certificate of insurance is required, the Contractor agrees that no work or services shall be performed prior to obtaining said approval.
- (g) In the event the Contractor and/or Subcontractor fails to keep insurance coverage, as required herein, in effect at all times during vehicle possession, CDPH may, in addition to any other remedies it may have, terminate this Agreement upon the occurrence of such event.

# 5. Subcontract Requirements

(Applicable to agreements under which services are to be performed by subcontractors including independent consultants.)

- a. Prior written authorization will be required before the Contractor enters into or is reimbursed for any subcontract for services costing \$2,500 or more. Except as indicated in Paragraph a(3) herein, when securing subcontracts for services costing \$2,500, the Contractor shall obtain at least three bids or justify a sole source award.
  - (1) The Contractor must provide in its request for authorization, all information necessary for evaluating the necessity or desirability of incurring such cost.
  - (2) The State may identify the information needed to fulfill this requirement.
  - (3) Subcontracts performed by the following entities or for the service types listed below are exempt from the bidding and sole source justification requirements:
    - (a) A local governmental entity or the federal government,
    - (b) A State college or university from any State,
    - (c) A Joint Powers Authority,
    - (d) An auxiliary organization of a California State University or a California community college,
    - (e) A foundation organized to support the Board of Governors of the California Community Colleges.
    - (f) An auxiliary organization of the Student Aid Commission established under Education Code § 69522.
    - (g) Entities of any type that will provide subvention aid or direct services to the public.
    - (h) Entities and/or service types identified as exempt from advertising in State Contracting Manual 5.80. View this publication at the following Internet address:

http://www.ols.dgs.ca.gov/Contract+Manual/Chapters4through6.htm.

- Entities whose name and budgeted costs have been submitted to CDPH in response to a competitive solicitation.
- b. CDPH reserves the right to approve or disapprove the selection of subcontractors and with advance written notice, require the substitution of subcontractors and require the Contractor to terminate subcontracts entered into in support of this Agreement.
  - (1) Upon receipt of a written notice from CDPH requiring the substitution and/or termination of a subcontract, the Contractor shall take steps to ensure the completion of any work in progress and