

**WHATCOM COUNTY
CONTRACT INFORMATION SHEET**

Whatcom County Contract Number:
202309032 – 3

Originating Department:	85 Health and Community Services
Division/Program: (i.e. Dept. Division and Program)	8530 Community Health / 853020 Healthy Children & Families
Contract or Grant Administrator:	Ann Beck
Contractor's / Agency Name:	WA State DCYF

Is this a New Contract?	If not, is this an Amendment or Renewal to an Existing Contract?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #:	202309032	

Does contract require Council Approval?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If No, include WCC:	
Already approved? Council Approved Date:	(Exclusions see: Whatcom County Codes 3.06.010, 3.08.090 and 3.08.100)		

Is this a grant agreement?			
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If yes, grantor agency contract number(s):	24-1177-03	ALN#:

Is this contract grant funded?			
Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, Whatcom County grant contract number(s):		

Is this contract the result of a RFP or Bid process?			Contract Cost Center:	10008516
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes, RFP and Bid number(s):			

Is this agreement excluded from E-Verify?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
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- If YES, indicate exclusion(s) below:
- | | |
|---|--|
| <input type="checkbox"/> Professional services agreement for certified/licensed professional. | <input type="checkbox"/> Goods and services provided due to an emergency. |
| <input type="checkbox"/> Contract work is for less than \$100,000. | <input type="checkbox"/> Contract for Commercial off the shelf items (COTS). |
| <input type="checkbox"/> Contract work is for less than 120 days. | <input type="checkbox"/> Work related subcontract less than \$25,000. |
| <input checked="" type="checkbox"/> Interlocal Agreement (between Governments). | <input type="checkbox"/> Public Works - Local Agency/Federally Funded FHWA. |

Contract Amount:(sum of original contract amount and any prior amendments):	Council approval required for; all property leases, contracts or bid awards exceeding \$40,000 , and professional service contract amendments that have an increase greater than \$10,000 or 10% of contract amount, whichever is greater, except when:
\$ 818,837.20	1. Exercising an option contained in a contract previously approved by the council.
This Amendment Amount:	2. Contract is for design, construction, r-o-w acquisition, prof. services, or other capital costs approved by council in a capital budget appropriation ordinance.
\$ 8,840	3. Bid or award is for supplies.
Total Amended Amount:	4. Equipment is included in Exhibit "B" of the Budget Ordinance
\$ 827,677.20	5. Contract is for manufacturer's technical support and hardware maintenance of electronic systems and/or technical support and software maintenance from the developer of proprietary software currently used by Whatcom County.

Summary of Scope: This amendment adds funding for concrete goods.

Term of Contract:	26 Months	Expiration Date:	07/31/2025
Contract Routing:	1. Prepared by:	J. Thomson	Date: 02/19/2025
	2. Health Budget Approval		Date:
	3. Attorney signoff:	Christopher Quinn	Date: 02/19/2025
	4. AS Finance reviewed:	Bbennett	Date: 02/20/2025
	5. IT reviewed (if IT related):		Date:
	6. Contractor signed:		Date:
	7. Executive Contract Review:		Date:
	8. Council approved (if necessary):	AB2025-186	Date:
	9. Executive signed:		Date:
	10. Original to Council:		Date:



INTERLOCAL AGREEMENT
Home Visiting Services Account: Nurse Family Partnership
AMENDMENT #24-1177-03 TO CONTRACT #24-1177

THIS CONTRACT entered into by and between the State of Washington, acting by and through the Department of Children, Youth, and Families, a department of Washington State government (hereinafter referred to as "DCYF") and Whatcom County, a Municipality, doing business as Whatcom County Health Department, (hereinafter referred to as "Contractor"), located at 509 Girard St, Bellingham WA 98225, is amended effective January 1, 2025 through July 31, 2025 as follows:

CONTRACTOR BUSINESS ADDRESS

Whatcom County
509 Girard St
Bellingham WA 98225
TIN: 91-6001383
UBI: 371-010-246

CONTRACTOR CONTRACT MANAGER

Ann Beck
ABeck@co.whatcom.wa.us
Phone:

DCYF ADDRESS

Department of Children, Youth, and Families
PO Box 40970
Olympia WA 98504-0970

DCYF PROGRAM CONTRACT MANAGER

Ivon Urquilla
Prevention Services Program Specialist
ivon.urquilla@dcyf.wa.gov
Phone:

AMENDMENT PURPOSE

THE PURPOSE OF THIS CONTRACT AMENDMENT IS to add concrete goods and adjust the statement of work to address the changes.

SECTIONS CHANGED

Exhibit A - Statement of Work; added section 16
Exhibit B - Budget; added additional concrete goods funding

Amendment Effective Date: January 1, 2025

Amended Contract Maximum: \$827,677.20

	Previous	Change	New Total
State Funds:	\$818,837.20	\$8,840.00	\$827,677.20

EXHIBITS AND ATTACHMENTS

Exhibit A – Statement of Work Amendment 2 is hereby revised and replaced with Amended Exhibit A – Statement of Work Amendment 3 attached and incorporated herein as though set forth in full.

Exhibit B – Budget Amendment 2 is hereby revised and replaced with Amended Exhibit B – Budget Amendment 3 attached and incorporated herein as though set forth in full.

ALL OTHER TERMS AND CONDITIONS OF THIS CONTRACT REMAIN IN FULL FORCE AND EFFECT.

SIGNATURES

The parties signing below represent that they have read and understand this Contract, and have the authority to execute this Contract Amendment. This Contract Amendment shall be binding on the parties only upon signature by both of them.

Whatcom County

**DEPARTMENT OF CHILDREN,
YOUTH, AND FAMILIES**

Signature

Signature

Name

Name

Title

Title

Date

Date

APPROVAL AS TO PROGRAM: _____
Ann Beck, Community Health & Human Services Manager Date

DEPARTMENT HEAD APPROVAL: _____
Erika Lautenbach, Health and Community Services Director Date

APPROVAL AS TO FORM: _____
Christopher Quinn, Chief Civil Deputy Prosecutor Date

Washington State Department of Children, Youth and Families
PO Box 40970
Olympia, WA 98504-0970
dcyf.contracts@dcyf.wa.gov



Exhibit A - Statement of Work

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1. Definitions.

The following terms, as used throughout this Contract, shall have the meanings set forth below:

- a. **“Active Engaged Participant Caseload”** means the sum of unduplicated counts of Encountered Families and unduplicated counts of Visited Families during a reporting period, typically a month.
- b. **“Administrative Supervision”** means supervision provided to staff involving adhering to and implementing agency policy and procedures, paperwork, data collection, report writing, coordinating, monitoring productivity, and evaluating performance.
- c. **“At-Risk Community”** means a community for which indicators of risk are present in greater proportion than in Washington as a whole according to the statewide Home Visiting Needs Assessment.
- d. **“Benchmarks”** means the federally or state required performance measures that will be measured and reported on through this Contract.
- e. **“Clinical Supervision”** means regular supervision of staff involving program methods and models, fidelity, curriculum, screening tools and procedures, case reviews, goal setting with families, reviewing and evaluating client progress, teaching, and providing guidance and advice.
- f. **“Confidential Information”** means information that is protected from public disclosure by law. There are many state and federal laws that make different kinds of information confidential. In Washington State, the two most common are the Public Records Act RCW 42.56, and the Healthcare Information Act, RCW 70.02. This includes names; postal address information (other than town or city, state and zip code); telephone numbers, fax numbers, e-mail addresses; social security numbers; medical record numbers; health plan beneficiary numbers; account numbers; certificate/license numbers; vehicle identifiers and serial numbers, including license plate numbers; device identifiers and serial numbers; web universal resource locators (URLs); internet

protocol (IP) address numbers; biometric identifiers, including finger and voice prints; and full face photographic images and any comparable images.

- g. **“Continuous Quality Improvement (CQI)”** means a systematic approach to specifying the processes and outcomes of a program or set of practices through regular data collection and the application of changes that may lead to improvements in outcomes, process, and performance.
- h. **“DCA”** means Dedicated Cannabis Account, formerly referred to as i502 funding source. Program data systems may reference either or both funding source names.
- i. **“DCYF”** means the Department of Children, Youth and Families.
- j. **“De-identified Data”** means health information that does not identify an individual and that there is no reasonable basis to believe that the information can be used to identify an individual, as specified in 45 C.F.R. § 164.514(e)(1).
- k. **“Deliverable”** means the delivery of home visiting services and/or a tangible work product resulting from this contract which is to be documented, described, reported and/or provided to DCYF in the form and manner required by this contract.
- l. **“DOH”** means the Department of Health.
- m. **“DSA”** means Data Sharing Agreement.
- n. **“Encounter”** means a substantive, two-way interaction with a participating family via in-person, email, text or phone call that includes minimal or no program model content; the interaction would not be considered a home visit by the program model.
- o. **“Encountered Families”** means those home visiting program participants have engaged in at least one (1) encounter, but no home visit during the monthly reporting period. This may include participants who newly enrolled in the period and did not receive a home visit.
- p. **“Enhancements or Adaptations to home visiting model”** means adaptations to programs including changes to the model that have not been tested with rigorous impact research but are determined by the Model Developer not to alter the core components related to program impacts.
- q. **“Enrollment”** means a family is considered to be enrolled in a home visiting program as of the date of the first home visit during which the participant voluntarily consents to participate and signs a written participant agreement. All services must be voluntary.
- r. **“Evidence-based Home Visiting Models”** means home visiting models meeting specific evidence standards as outlined and approved by the federal Health Resources and Services Administration’s (HRSA) MIECHV program and selected by local implementing agencies for funding through the HVSA.
- s. **“FERPA”** means “Family Educational Rights and Privacy Act” that protects the privacy of student education records, with regulations found at 34 CFR Part 99.
- t. **“FLO”** means the Penelope data collection system to be used by the national Nurse Family Partnership program.
- u. **“HIPAA Rules”** means the “Health Insurance Portability and Accountability Act Rules” and includes the Privacy, Security, Breach Notification, and Enforcement Rules at 45 C.F.R., Part 160 and Part 164.
- v. **“Home Visit”** means an in-person, virtual, or telephone visit with an enrolled participant meeting model expectations for content and duration.
- w. **“HRSA”** means the United States Department of Health and Human Services: Health Resources and Services Administration.

- x. **“HV”** means home visiting.
- y. **“HVSA”** means the Home Visiting Services Account established in RCW 43.215.130.
- z. **“HVSA Aligned Measures”** means those performance measures described in the Attachment entitled *Data Collection, Reporting and HVSA Aligned Measures* of this Contract.
- aa. **“Implementation HUB”** means the central administration of Implementation Science-informed supports, training, coaching, and technical assistance for home visiting services in Washington State as provided by Start Early. “Implementation Hub” is also known as ‘The HUB.’
- bb. **“Implementation Science”** (IS) means, a framework to promote the full and effective use of evidence- based programs and evidence-informed innovations so that outcomes shown in research are achieved and sustained.
- cc. **“Local Implementing Agency (LIA)”** means local agency funded through the HVSA contract that provides direct home visiting services and tasked with establishing the local infrastructure necessary for successful implementation and provision of the selected evidence-based HV research based or promising practices home visiting models.
- dd. **“Maximum Service Capacity”** means the greatest number of families or households that could potentially be enrolled in the Contractor’s home visiting program at any point in time if the program were operating with a full staff, as described in Section 5.a., and at full enrollment, as set forth in Section 4. b..
- ee. **“Memorandum of Understanding (MOU)”** means an agreement, between Contractor and partners, organizations, individuals, agencies and/or other entities in the local service area to provide wraparound services, additional resources, in-kind services, and/or use of facilities to Contractor in order to best meet the goals of the Local HVSA Program. MOUs will serve to leverage community resources and address the existing service gaps and needs of participants and promote successful implementation and operation of the Local HVSA Program.
- ff. **“Model Developer”** means an entity or its designee responsible for the development of an identified evidence-based HV model for defining and monitoring fidelity to the model.
- gg. **“NFP”** means the Nurse-Family Partnership home visiting model. Nurse-Family Partnership (NFP), considered an evidence-based model for the purposes of this contract. Nurse Family Partnership National Service Office, www.nursefamilypartnership.org.
- hh. **“PSRS”** means the Prevention Services Reporting System, an online electronic reporting system managed by the Department of Children, Youth, and Families for contractor submission of deliverables.
- ii. **“Priority Populations”** means the populations from which clients who receive home visiting services through this Contract are recruited, defined in Section 4.e. of this Contract.
- jj. **“Promising Practices Home Visiting Models”** means home visiting models approved by Washington State HVSA that have demonstrated impacts through evaluation results and selected by local implementing agencies for implementation through the HVSA. This definition includes a program or practice model that is based on statistical analysis or a well-established theory of change, shows potential for meeting the ‘evidence-based’ or ‘research-based’ criteria, which could include the use of a program that is evidence-based for outcomes other than the alternative use, but does not meet the evidence-based standards for Maternal, Infant and Early Childhood Home Visiting program funding.
- kk. **“Reflective Supervision (RS)”** means a distinctive form of competency-based professional development provided to multidisciplinary early childhood home visitors that emphasizes relationship development between home visitor and supervisor, between home visitor and parent, and between parent and infant/toddler. Reflective supervision attends to the emotional content of the work and how reactions to the content affect the work.

- ll. **“Service Area”** means the geographical area defined by geographic boundaries where the priority populations reside or where a specific group of eligible participants will be served by Contractor.
- mm. **“Start Early”** means the private partner to be responsible for supporting the HVSA account by providing TTA through the implementation Hub to LIAs as described in RCW 43.216.130.
- nn. **“State Model Lead”** means the HV program model representative that provides contractors with HV services, supports and TTA in coordination with the Implementation HUB.
- oo. **“TANF”** means Temporary Assistance for Needy Families administered through the Department of Social and Health Services (DSHS).
- pp. **“TTA”** means Training and Technical Assistance and may include coaching and consultation activities.
- qq. **“Visited Families”** means those home visiting program participants who have participated in at least one (1) home visit as defined by the program model within the month reporting period.
- rr. **“WorkFirst”** means the program for TANF families who are required to participate in certain work-related activities.

2. Background

- a. The Home Visiting Service Account (HVSA) is a legislatively mandated private- public partnership (RCW 43.216.130) that funds high quality home visiting programs so that:
 - (1) Children are healthier and better prepared for school
 - (2) Parent-child bonds are stronger
 - (3) Abuse and neglect are less likely
- b. The HVSA prioritizes funding towards meeting the needs of Washington’s diverse populations, particularly those families and communities demonstrating the highest needs.
- c. Ultimately, the HVSA is working to ensure that home visiting services are embedded in and contribute towards comprehensive, high quality early childhood systems so that families have access to high quality information, services and supports prenatally through kindergarten entry.
- d. Programs funded through the HVSA and administered by DCYF aim to improve the health and well-being families furthest from opportunity, understanding there are windows of opportunity to influence family and child development that occur in the context of community and society. Contractor shall implement the HVSA-approved home visiting model with the intent of improving outcomes for participants and strengthening coordination of services.
- e. Washington’s home visiting programming is impacted by a wide range of contextual factors and circumstances. This contract allows for minor shifts in contract terms that are aligned with program model expectations and the goals set forth in section 2.a. Such shifts must be approved in writing by DCYF.

3. Model Fidelity

- a. The Contractor shall maintain fidelity to the Nurse Family Partnership program model, defined as ongoing adherence to specified criteria and components described by the Nurse Family Partnership Model Developer Contractor will work with the DCYF-authorized provider of technical assistance to adhere to model fidelity indicators established in prior contracts throughout the term of this contract.
 - (1) National Model Standing: Contractor will ensure adherence to Nurse Family Partnership program model standards for the duration of this contract, as indicated through a written letter with certification of good standing status and/or active, ready to implement status

from the Nurse Family Partnership national organization for evidenced based programs. The letter shall be delivered to DCYF with the Quarter 2 Progress Report.

- (2) Contractor must obtain prior written approval by the model developer and DCYF before implementing enhancements or adaptations to the home visiting model.

4. Program Participants: Funded Slots, Service Area, and Priority/Focus Populations

- a. The Maximum Service Capacity, or total number of funded slots, apportioned by funding source, for this contract shall be:

a. MIECHV Funded	b. TANF Funded	c. DCA (i502) State Funded	d. General State Funded	e. HVSA Total
0	0	52	0	52

- b. Caseload Maintenance: Contractor shall build and maintain a caseload in accordance with this contract and Nurse Family Partnership model requirements, aiming to serve throughout the entire term of this contract an active Maximum Service Capacity of **52** families.

- (1) The Contractor’s monthly Actively Engaged Participant Caseload, which is the sum of the unduplicated count of Visited Families and unduplicated count of Encountered Families in each month, per the definitions in this Contract, must meet or exceed 85% of the Maximum Service Capacity (funded slots).
- (2) DCYF will initiate review and improvement processes described in the Attachment entitled *Contract Monitoring, Compliance and Non-Compliance* if the Contractor’s Cumulative Families Served falls below 85% of the Maximum Service Capacity for 6 consecutive months.

- c. Service Area:
Contractor agrees to deliver home visiting services to priority populations, defined in Section 4.e and f who reside in the following counties or sub-county areas:

- (1) **Whatcom County.**

- d. Age of Service
Findings in brain science research confirms the importance of supporting families and caregivers during the first years in a child’s life. The Contractor shall prioritize enrollment for prenatal families, and families with infants and toddlers, up to 36 months.

- e. Priority Populations:
Contractor shall sustain internal practices to serve from among the HVSA Priority Populations. Priority Populations are defined as eligible participants with two or more of the following characteristics:

- (1) Demographic Characteristics:
 - (a) American Indian/Alaskan Native
 - (b) Poverty/Low Income
 - (c) Teen Parents
 - (d) Non-English Speaking or Recent Immigrant
 - (e) Enrolled in WorkFirst/TANF
- (2) Adverse Experiences
 - (a) Prior Child Welfare System Involvement
 - (b) Intimate Partner Violence
 - (c) Familial History or current experience with Substance Use, including Tobacco
 - (d) Caregiver Mental Illness

- (e) Current and Previously Incarcerated Parents
- (f) Homeless/Unstable Housing
- (3) Other Characteristics
 - (a) Caregivers with Low Educational Attainment
 - (b) Caregivers with Developmental Delays or Disabilities
 - (c) Caregiver currently or formerly in the Military
 - (d) Children with Developmental Delays or Disabilities, especially those not linked with early intervention services

- f. The Contractor shall prioritize enrollment for participants from the following population groups:
 - (1) **At least 12 families from the Lummi Nation.**

5. Staffing, Supervision and Training

- a. Staffing Level: -

- (1) Contractor shall maintain staffing levels sufficient to comply with the home visiting program model to meet required goals and objectives through adherence to the staffing plan outlined as follows:

Staffing Plan by Position Type	a. MIECHV Funds	b. TANF Funds	c. DCA (i502) State Funds	d. General Funds State	e. HVSA Total
Home Visitor FTE Total			1.90	.20	2.10
HV Supervisors FTE Total -- time <u>delivering</u> home visiting services, if applicable					0
Supervisor FTE Total -- time dedicated to supervision					0
Admin Support Staff FTE Total					0
Data Support Staff FTE Total					0
Program Management Staff FTE Total					0
Additional Direct Service Staff FTE Total					0

- (2) Documentation of staffing – Contractor shall report monthly staffing, by individual, in the Monthly Enrollment Report of the PSRS; this shall include home visitor and supervisor positions by FTE and funding source, including filled and vacant positions.
- b. The expected caseload for Home Visitors shall be **25** families/participants for each 1.0 FTE home visitor. Any variance to caseload must be approved in advance by DCYF.
- c. Home Visiting Supervisor and Home Visitor Qualifications:
 - (1) Contractor shall comply with the Nurse Family Partnership home visitor supervisor and staffing qualification requirements throughout the term of this contract. If there are no model requirements, the Contractor shall work with the DCYF-authorized provider of technical assistance, Start Early WA, to establish qualifications. The definitions shall be included with the model fidelity letter submitted by the Contractor as described in Section 3.a.
 - (2) The Contractor shall adhere to these definitions of home visitor and supervisor qualifications throughout the entire term of this contract.

- d. Sub-Contracting: With prior approval from DCYF, Contractor may hire directly or subcontract with clinical staff, other support staff, or consultants to provide topic-specific expertise or clinical support to home visiting staff. If Contractor hires clinical staff or contracts out for other support services, Contractor will be required to adhere to DCYF and model, personnel and data collection requirements and provide periodic updates on the activities carried out by the clinical staff, consultant, and/or subcontract.
- e. Background Checks:
The Contractor shall conduct reference and background checks on home visiting staff prior to allowing home visiting staff to perform work pursuant to this contract. Reference and background check information for each employee shall be retained in the employee's personnel files.
- f. Supervision of Home Visitors:
Contractor shall comply with the supervision requirements of Nurse Family Partnership program model as follows:
 - (1) Supervision Schedule Hours: Contractor shall comply with the following supervision schedule, unless exceeded by model standards:
 - (a) A minimum of two (2) hours per month of individual reflective supervision for each home visitor working .5 FTE or more; and
 - (b) A minimum of one (1) hour per month of group supervision, case conferencing, or staff meetings for all home visitors;
 - (c) A minimum of one (1) hour per month for each home visitor working 0.5 FTE of administrative and clinical supervision;
 - (d) The parties may agree in writing to an alternative supervision schedule.
- g. Staff Training and Ongoing Professional Development:
 - (1) The Contractor shall require that all home visitor and supervisor staff adhere to the training requirements, professional development, and continuing education requirements established by the model developer and DCYF. Training requirements for home visitors, supervisors, and home visiting coordinators shall include, but not be limited to the following:
 - (a) New and ongoing model training,
 - (b) Ongoing professional development and continuing education required by the Nurse Family Partnership model,
 - (c) Ensure staff access and use of HVSA Foundational trainings, materials and recordings as needed, to meet service delivery contract requirements, including:
 - i. Model Required Assessments
 - ii. HVSA Orientation webinars for newly contracted LIA's and staff new to HVSA contracted home visiting programs
 - iii. Home Visitor Safety
 - iv. Caregiver Depression Screening and Referrals
 - v. Parent- Child Interaction Screening
 - vi. Child Development Screenings and Referrals
 - vii. Intimate Partner Violence Screening and Referrals
 - viii. Data System and Data Reporting Requirements
 - ix. Aligned Measures
 - (2) Upon request, the Contractor shall deliver to DCYF documentation pertaining to all staff training, professional development, and continuing education described in this Section.

- h. **HVSA Orientations, Webinars and Meetings:**
Contractor shall attend and participate in statewide HVSA Meetings to occur on dates to be determined including, but not be limited to, the following:
 - (1) DCYF Webinars and Office Hours, including Annual Training and Learning Supports webinars to be attended by Supervisors and/or Lead Program Staff.
 - (2) At least two (2) full-day Semi-Annual Statewide All Program Meetings, one to be held remotely and one to be held in Washington State in the greater Seattle/Tacoma area – Supervisors and/or Lead Program Staff; Contractor must obtain prior approval from DCYF for reimbursement of attendance of additional staff; and
 - (3) At least three (3) Nurse Family Partnership Supervisor Meetings – Supervisors.
- i. **Staff Retention Practices:**
To ensure continuity of high-quality service delivery, the Contractor shall develop and implement policies and practices to recruit and retain qualified staff in the home visitor and supervisor positions.
- j. **Staffing Vacancy Plans:**
To avoid service disruption in the event of a short- or long-term staffing vacancy, the Contractor shall establish and implement vacancy plans to fill vacant home visitor and supervisor positions to ensure continuity of home visiting services, minimal client turnover, and adequate supervision.

6. Participant-Engagement (Outreach, Recruitment, Enrollment, Retention)

- a. Annually, the contractor shall create a comprehensive plan for participant outreach and engagement, to include participant recruitment, enrollment, and retention, aligned with the Nurse Family Partnership program model to ensure ongoing program service to priority populations described in Section 4 of this contract. This plan will be submitted to DCYF as part of the Quarter 1 Progress Report.
- b. **Outreach Efforts:** The Contractor shall implement the participant outreach and engagement plan throughout the term of this contract.
- c. The Contractor shall document in the PSRS Quarterly Progress Reports to DCYF outreach efforts and referral sources for potential and enrolled participants, including those who decline services.
 - (1) Contractor shall also submit to DCYF in its quarterly reports description of barriers to reaching the intended populations.
- d. Any proposals to adapt the priority population must be supported by community data and receive prior approval by DCYF.
- e. **Voluntary Services:** The Contractor shall implement program policies and procedures to ensure home visiting services are provided to program participants on a voluntary basis. For every participant enrolled, Contractor must obtain consent to participate indicating that expectant parents, parents, or caregivers agree to voluntarily enroll in Contractor’s home visiting services. Consent forms or participant agreements must explicitly state that home visiting services are voluntary, and the consent must be agreed upon with electronic or paper format including the date by the participant upon enrollment. Consent must be maintained in the participant file in paper or electronic form. Consent agreements should be written in plain language and be available in multiple languages. When potential participants have barriers with literacy, the consent should be explained in the participant’s primary language, which may require interpretation. When interpretation is utilized, signatures should be obtained on the consent form from the interpreter. Sample consent form(s) are available on the home visiting page of the DCYF web site.
- f. **Policies and Procedures for Participant Enrollment, Disenrollment, Re-Enrollment, and Transfer:** Contractor shall develop, maintain, and implement written policies and procedures that are consistent with and in alignment with Nurse Family Partnership model fidelity. The written policies and procedures shall include, but not be limited to, the following:

- (1) Enrollment and Disenrollment: A description of the timeline and process for dis-enrolling families upon graduation as well as what measures are taken and the timeline when contact with a family is lost. If the program model allows for an alternative visit schedule, the Contractor must have documented procedures for how alternative visit schedules are determined and approved.
- (2) Re-enrollment: A description of the process for responding to families who reapply for program participation to allow for re-enrollment in the program. Procedures should include an assessment of prior home visiting program participation, and upon re-enrolling, programs will have a system for determining if/how re-enrollment impacts timelines for program curriculum, assessment, and services as well as how families are re-oriented to the home visiting program. Programs should allow for re-enrolling families when eligible by model and when appropriate.
- (3) Avoiding Dual Enrollment: A description of the processes to assess a family's prior and current participation in home visiting services upon application for enrollment. If a family is currently enrolled in an another HVSA funded program or model, in dialogue with the family, the Contractor's staff shall determine which program is most appropriate to meet the family's circumstances and the family will remain in the previous program or be seamlessly transitioned into the new program. It is the intent of the parties that if the family is meeting participation expectations in the originally enrolled program, enrollment should be maintained in the original program. When there is a clinical need or planned service transition for dual enrollment, Contractor will document this need in the client file and the plan for coordination of services. Contractor will develop and implement policies and procedures to seamlessly transfer enrolled families to alternate home visiting models if it best meets the interests and needs of the family and considers risks to disrupting an existing positive relationship between home visitor and family. When there are multiple HVSA funded contracted programs or models in the same service area, it is recommended that the Contractor develop a formal agreement with each program, such as a Memorandum of Understanding, to describe how the organizations will coordinate recruitment and enrollment of home visiting services.

7. Home Visits Frequency and Content

- a. Frequency of Home Visits: The content, number and frequency of home visits delivered to family participants shall be based on the Nurse Family Partnership program model requirements. If there are no model requirements, the Contractor shall develop with Start Early definitions of "model content" and "expected frequency". The Contractor shall submit to DCYF a written definition of "model content" and "frequency" after such definition has been developed. The definition shall be included with the materials submitted as part of the model fidelity letter submitted by the Contractor as described in Section 3.a.
- b. Assessments, Service Content, and Referrals: The Contractor shall administer individualized assessments of participant families, and offer services in accordance with those assessments, family strengths and needs, and in compliance with the Nurse Family Partnership model requirements.
 - (1) Screenings and Assessments: The Contractor shall administer screenings and assessments with the tools and frequency consistent with fidelity to the Nurse Family Partnership program model requirements.
 - (2) If not required by the program model, as noted in (1) above, the Contractor shall assess for the following, using valid and reliable assessment tools as determined by DCYF, and using the methods and frequency described in the *Data Collection, Reporting and HVSA Aligned Measures Attachment*.
 - (a) Depression Screening
 - (b) Well-Child Visits
 - (c) Parent Child Interaction
 - (d) Early Language and Literacy Activities
 - (e) Child Developmental Screening

- (f) Intimate Partner Violence Screening
- (g) Breastfeeding
- (3) Referrals: The Contractor shall refer participants to services needed as identified by individual assessments and document referrals and results of referrals in the participants' files.
- (4) The Contractor shall document in the FLO data collection system the assessment scores and findings, as well as any referrals arising from the assessments.
- c. During extenuating circumstances (e.g. the COVID-19 pandemic), specific frequency, content, assessment, and other model-required components of home visits may be modified per guidance from the program model developer and DCYF.

8. Systems Connections

- a. Local Engagement and Collective Impact: The Contractor shall participate in local interagency efforts to support, coordinate and build connections among local early childhood partners, early intervention, Early Supports for Infants and Toddlers, child welfare, and economic support services; these may include early learning local or regional coalitions, Community Prevention and Wellness Initiative Coalitions, Local Planning Area meetings, and other interagency groups. DCYF recommends Contractor develop Memoranda of Understanding with the Early Supports for Infants and Toddlers (ESIT) program, early intervention service providers, Early Childhood Education and Assistance Program, child welfare services, other non-HVSA home visiting programs and early learning providers within the service area. The intended purpose of the MOUs is to describe the role of each partner in service coordination, referrals, information sharing, and family transitions. Contractor shall provide copies of these MOUs upon request.
 - (1) Contractor shall document community engagement and coordination activities in the PSRS Monthly Enrollment Report.

9. Data Collection and Evaluation Requirements

- a. **Evaluation Purpose and Overview:** The parties understand and agree that the HVSA data collection and evaluation requirements are designed to (1) inform the various stakeholders of home visiting in Washington State, (2) provide an understanding for how home visiting programs are working in Washington, and (3) describe how home visiting programs contribute to an early learning system that ensures all children start life with a solid foundation for success. The HVSA also reports to federal, state, and private funders the impacts of their investments.
 - (1) While DCYF is the administrator of the HVSA, DCYF contracts with the Department of Health (DOH) to lead data collection, management, data sharing, quality assurance, reporting to support program quality and continuous quality improvement and overall HVSA evaluation efforts. DOH is the DCYF-specified contractor for data management and reporting.
- b. Data Collection: The Contractor shall collect data from all families, adults, and children enrolled in the home visiting program as described in this Section (Section 9). Such data collection shall comply with requirements set forth by the Nurse Family Partnership model, DCYF and the HVSA as described in the Attachment entitled *Data Collection, Reporting and HVSA Aligned Measures* and outlined below:
 - (1) Performance Measures, defined in the Attachment entitled *Data Collection, Reporting and HVSA Aligned Measures*:
 - (a) System and Program Performance Indicators;
 - (b) Enrollment and Service Utilization;
 - (c) Demographic Information; and
 - (d) Performance Payment Measures.
 - (2) Upon notification by DCYF, Contractor shall comply with any changes in data collection expectations as required of DCYF by federal or state funding sources.

- c. **Data Management:** The Contractor shall collect and input the home visiting data described in this Section 9 into the FLO data collection system. The data shall be stored, maintained, and protected as described in Exhibit D General Terms and Conditions of this Contract.
- d. **Data Accuracy:** The Contractor shall ensure that data collected represent accurately the experience of the home visiting participants, including the required screenings and assessments administered as designed. This includes assigning all clients a funding code as designated by DOH (see Section 9.f for data sharing requirements).
- e. **Timely Data Collection:** The Contractor shall comply with data collection timelines and the Performance Measures requirements described in the Attachment entitled *Data Collection, Reporting and HVSA Aligned Measures*. Data shall be entered into the FLO data collection system within five (5) business days of data collection.
- f. **Data Sharing:** The Contractor must share with DCYF 's contractor of record, DOH, the data necessary to meet data collection requirements specified in Section 9.b. and described in the Attachment entitled *Data Collection, Reporting and HVSA Aligned Measures*.
 - (1) **Data Sharing Agreement (DSA):**
The Contractor shall maintain an executed data sharing agreement with DOH to share confidential information, outreach, referral, enrollment, service utilization, program performance and staffing data as described in Section 9.b. to be effective throughout the term of the contract. The Contractor shall maintain documentation of execution of the data sharing agreement with DOH and submit written notice to the NFP National Service Office (NSO) authorizing the release of data to DOH in coordination with the NSO; the Contractor shall submit a copy of the notice to DCYF.
 - (2) **Parental Consent:** With consultation and support from DCYF and DOH, the Contractor will make every effort to seek Parental Consent to share Confidential Information with DOH throughout the entire term of the Contract; the Contractor shall seek this consent from all newly enrolled participants within the first three home visits. Required language to be used in consent agreement(s) are available on the Home Visiting page at DCYF.wa.gov.
 - (a) Participants who do not provide consent to share confidential information remain eligible to receive home visiting services.
 - (b) The Contractor shall share with DOH the consent status according to the process outlined in the Attachment entitled *Data Collection, Reporting and HVSA Aligned Measures* at the same frequency as their routine data sharing via Managed File Transfer (MFT) in section (a) above.
- g. **Quality Assurance:** The Contractor shall ensure that data provided to DOH is complete and accurate.
 - (1) The Contractor shall respond within 10 business days of any request from DOH to resolve any errors or missing information for all data required in section 9.b.; this includes review and corrections arising from DOH Quality Assurance Report.
 - (2) The Contractor shall strive for less than five percent missing data of all data required in Section 9.b.
 - (3) The Contractor shall review Dashboards, Quality Assurance Reports, and other data reports prepared by DOH to facilitate reflection, quality assurance and program improvement efforts.
- h. **Evaluation:** The Contractor shall participate in and cooperate with HVSA, DCYF and DCYF-specified evaluations and studies. This shall include responding to emerging and non-routine data and evaluation requests from HVSA funders and working with DCYF specified contractors. Evaluation activities shall include, but are not limited to, the following:
 - (1) Interviews, focus groups, observations and surveys;
 - (2) Planning for Performance Based Contracting;
 - (3) Other DCYF or funded evaluation efforts.

- (4) Completion of all documentation required by the research projects within the timeframes presented.
- i. Training and Technical Assistance on Data Collection and Evaluation: The Contractor shall participate in and cooperate with training and technical assistance related to the topics listed below. Such participation shall include in-person and remote meetings, staff training, technical assistance opportunities, and reviews of data, reports and organizational policies and procedures. DOH may support the Contractor in working towards and achieving contract expectations on topics including, but not limited to, the following:
 - (1) Data collection;
 - (2) Data sharing;
 - (3) Reporting process;
 - (4) Analysis and interpretation of data;
 - (5) Quality assurance.

10. Continuous Quality Improvement (CQI)

- a. **Purpose and Framework:** The purpose of Continuous Quality Improvement (CQI) is to promote learning, creativity and innovation in order to strengthen practice and improve outcomes for families engaged in home visiting services. CQI activities will be designed around home visiting teams' practices, to utilize program data, and to improve the program's quality and outcomes over time. CQI is prospective and inherently encourages testing new strategies that may not always produce desired results. Integrating CQI into regular practice may require the Contractor to assess overall organizational culture for quality. DCYF will not monitor the Contractor for CQI outcomes but rather for progress on implementing the CQI Activities as outlined in this Section 10.
- b. Training and Technical Assistance: The Contractor shall participate in ongoing training and technical assistance associated with CQI. DCYF-specified contractors providing this training and technical assistance include Start Early and DOH who will also support the Contractor with data collection and measurement, quality improvement methodologies, implementing PDSA (Plan Do Study Act) cycles, topic specific CQI tools and resources, and the CQI Toolkit.
- c. CQI Structure: The Contractor shall implement the following CQI Structure during the entire contract term:
 - (1) Focus CQI activities on one of the following topics:
 - (a) Family Engagement and Retention;
 - (b) Staff engagement and retention (Team Support and Well-Being);
 - (c) Caregiver Mental Health;
 - (d) Or other topic areas approved by DCYF
 - (2) Establish an internal CQI staff team to oversee, support, and implement CQI activities to assess program processes and outcomes; the CQI Team members are expected to participate in regular CQI team meetings, CQI webinars, and CQI project activities.
- d. CQI Activities: The Contractor shall participate in the following CQI Activities throughout the contract term:
 - (1) Participate in CQI Technical Assistance support led by the DCYF-specified contractor for CQI technical assistance as determined in the LIA's annual Technical Assistance Plan and CQI goal; this may include coaching, group learning, webinars, on-site visits, and other modalities;
 - (2) Conduct and track data ongoing rapid cycle PDSA tests and ramps, at least monthly, to test, adapt, and implement changes and reflect on that data;

- (3) Report on CQI Activities and Reflections to DCYF through existing deliverables - Monthly Enrollment Reports and Quarterly Progress Reports; DCYF will share these with Start Early WA and DOH for review and feedback to the Contractor;
 - (a) As part of ongoing quarterly progress reports, the contractor will share details about their ongoing PDSA testing, data collected, reflections, and any adaptations.
 - (b) Contractors experiencing Minimum Active Enrollment Caseload below 85% of the Maximum Service Capacity, as defined in Section 6 (c) of this statement of work, will report monthly via the Monthly Enrollment Report on CQI activities, including PDSA tests, data and reflections, to address understanding and improving their Active Enrollment Caseload.
- (5) Create a plan for sustaining gains made through CQI activities.

11. Technical Assistance

- a. Technical Assistance (TA) is available to the Contractor to assist in maintaining model fidelity, implementing best practices, and assuring improving quality of home visiting service delivery. DCYF contracts with Start Early WA to provide technical assistance for the HVSA. The Contractor shall work with DCYF 's designated technical assistance provider for support in achieving contract milestones including, but not limited to, the following areas:
 - (1) Program model fidelity as described by the Nurse Family Partnership model developer and Section 3 of this Statement of Work;
 - (2) Staff qualifications, and selection and onboarding of home visitors and supervisors;
 - (3) Reflective supervision process;
 - (4) Staff retention and vacancy planning;
 - (5) Participant outreach, recruitment, enrollment and retention;
 - (6) Model specific service delivery and case planning;
 - (7) Leadership development and organizational support for home visiting model; and
 - (8) CQI planning, implementation and analysis.
- b. Technical Assistance Plan and Participation: The Contractor shall work with the DCYF-specified contractor for technical assistance to develop a Technical Assistance Plan within the first four months of this Contract; the Technical Assistance Plan will integrate fidelity goals developed via model-specific processes.
 - (1) The Contractor shall submit to DCYF their completed annual Technical Assistance Plan on or before November 20, 2024.
 - (2) Technical Assistance and Coaching: The Contractor shall work with the DCYF-specified contractor for technical assistance to implement the Technical Assistance Plan throughout the duration of this Contract.
 - (3) Throughout the contract term, the Contractor shall participate in Technical Assistance support led by the DCYF-specified contractor for technical assistance as determined in the LIA's annual Technical Assistance Plan; this may include coaching, group learning, webinars, on-site visits, and other modalities.
 - (4) Contractor shall report quarterly on progress and impacts of technical assistance in the Quarterly Progress Report.
- c. Additional or other Technical Assistance: The Contractor shall work with the DCYF-specified contractor for technical assistance to participate in other technical assistance should other areas of assistance arise as identified by Contractor or DCYF.

12. Budget and Financial

- a. Program-Funding Specific Budget: The Contractor understands and agrees that funds provided under this Contract, with the exception of Performance Payment Awards described in Section 13 below, shall be expended by June 30, 2025 as specifically itemized line by line in Exhibit B Budget.
- (1) Any requests for shifts between categories (payment points of the budget) within a funding source must receive prior written approval from DCYF; transfers across expense categories (pay points of the budget) in excess of 10% of the total for each funding source shall not be made without prior written approval from DCYF and may require a contract amendment.
 - (2) No shifts may occur across funding sources.
- b. Financial Management: The Contractor must maintain a financial management system with written policies and procedures ensuring strong internal controls. Written policies and procedures include, but are not limited to: accounts payable, payroll, procurements, sub-recipients/subcontractors, travel, and equipment inventory processes. The Contractor shall make such policies and procedures available to DCYF upon request.
- (1) Expenditures must be identifiable and clearly tracked throughout fiscal records as assigned to the work of this contract.
 - (2) The Contractor must track expenditures to each funding source (e.g. DCA, GFS) unique to this contract separately and may not commingle with funding sources for other programs, grants, contracts outside of this contract.
- c. Supplantation: The Contractor shall ensure that HVSA funds received under this contract will be used to supplement and not supplant the amount of federal, state, and local funds otherwise expended for work performed under this Contract.
- d. Travel: The Contractor shall receive compensation only for lodging, per diem, and meal expenses at current state travel reimbursement rates and in accordance with the State of Washington Office of Financial Management Travel Regulations. Current rates for travel may be accessed at: <http://www.ofm.wa.gov/resources/travel.asp>. When the lowest available lodging rate exceeds the current state travel reimbursement rates or the lodging provider requires a government-issued identification card in order to receive the state per diem rate and the Contractor is not a government-based entity, an exception may be made only when pre-approved in writing by the Contractor's director or authorized designee (i.e. finance director), documented, and available for review. Travelers must be prudent when planning and conducting essential business travel, ensuring they select travel alternatives that are the most economical. Appropriate planning must take place to avoid unnecessary travel in the performance of work assignments, seeking alternatives such as teleconference calls, video and web collaboration, and conferencing. Contractor's travel policy is subject to review during ongoing or in-depth fiscal monitoring.
- (1) Additional training or other professional development opportunities may be presented throughout the term of this contract. DCYF at its sole discretion may pay for these costs directly.
- e. Indirect Costs: The Contractor may claim the indirect rate based on one of three options: the rate negotiated with its cognizant federal agency, also known as the federally approved cost allocation plan; the rate negotiated with DCYF, not to exceed the federally approved cost allocation plan; or the rate calculated at 10% of modified total direct costs until September 30, 2024 and calculated at 15% beginning on October 1, 2024 to the remainder of the term of this contract.
- (1) If claiming the federally negotiated rate, the Contractor must supply, preferably via email, the documentation verifying the federally approved rate. The Contractor's indirect rate plan and procedure are subject to review during ongoing or in-depth fiscal monitoring.
 - (2) The Contractor's indirect cost plan must comply with the CFR part 200.56.57 and 200.414 Certification of cost allocation plan or indirect (facilities & administrative (F&A)) cost rate proposal. The CFR can be found at the following link: [Electronic Code of Federal Regulations](#).

f. Use of Funds:

- (1) When expending funds under this contract for items, personnel or services also used by other programs or individuals, funds from this contract may only be spent for the share used solely for services supporting this Statement of Work. Applicable federal, MIECHV/HHS, and state regulation should be consulted in order to ensure all expenditures charged to the contract are allowable. The following types of expenditures may be considered allowable provided they meet the outlined criteria and all required documentation is retained/available for any in-depth reviews:
 - (a) Meals:
 - i. Meals as part of a per diem or subsistence allowance are allowable if provided in conjunction with preapproved/allowable travel and do not exceed the OFM rate at the time of travel.
 - A. Contractor shall provide required backup documentation for these expense to include travel preapproval (describing purpose as it relates to the contract); if applicable, conference registration (or certificate of completion) and conference agenda. If a contractor reimburses travel expenses based off actual costs rather than travel per diem rates, the contractor must retain itemized receipts for all meals for future review if requested by DCYF.
 - ii. Meals as part of a conference/training/all-staff meeting in which meals are a necessary/integral part of the meeting or considered part of a working lunch and in which the purpose of the meeting is to disseminate technical information and is necessary and reasonable to the successful performance/execution of the terms and conditions of the contract are allowable and may not exceed the OFM meal rate at the time of the meeting.
 - A. Contractor shall provide required backup documentation for these expense to include: Purchase preapproval; the agenda for the conference/training/meeting that includes the purpose and how it relates to the contract; and the Attendee list or sign-in sheet. The contractor must retain itemized receipts for all meals for future review if requested by DCYF.
 - iii. Meals as part of client engagement are allowable if the purpose of the engagement directly aligns with the purpose and the terms and conditions of the contract; expenses may not to exceed the OFM meal rate at the time of the client engagement.
 - A. Contractor shall provide required backup documentation for these expense to include: Purchase preapproval; agenda for the client engagement activity with the purpose as it relates to the contract; and the Attendee list or sign-in sheet. The contractor must retain itemized receipts for all meals for future review if requested by DCYF.
 - (b) Promotional Items are allowable only for those items necessary as part of the outreach effort in order to comply with the terms and conditions of this contract; promotional items include items with program and organization's logos that are given to program participants or those eligible but not yet enrolled as an incentive to enroll are allowable.
 - i. The contractor shall provide documentation to include: Purchase preapproval with purpose as it relates to the contract; and an itemized receipt
 - (c) Medical Supplies are allowable if the items align with the definition of special purpose equipment needed to conduct contract activities, part of the routine care of clients, or necessary to safely execute the terms and conditions of the contract

(i.e. alcohol wipes, sterilizing supplies, personal protective equipment, stethoscopes, and etcetera).

- i. Required documentation includes: Purchase preapproval with purpose as it relates to the contract and an itemized receipt
- (d) Gift Cards for Contractor Employees: Purchase of gift cards for contracted employees is not an allowable use of funds under this contract.
- (3) Contractor must use the funds received from Performance Payment Awards earned under this Contract towards advancing the goals of this home visiting program.
- g. Invoicing, Financial Reporting and Documentation:
 - (1) The Contractor shall submit at least monthly, but not more often than semi-monthly, a properly completed A-19 Voucher accompanied by the following documentation of the actual expenses incurred during that period:
 - (a) Monthly or Semi-monthly Expense Summary by fund source (e.g. State Gen Fund, State DCA (i502)) as produced by Contractor's accounting system and clearly detailing expenses incurred for each Pay Point in that period's A-19 Voucher;
 - (b) Contractor's Monthly or Semi-monthly Payroll Summary by fund source (e.g. State Gen Fund, State DCA (i502)) describing reimbursed hours for each staff person paid under the contract for that period; and
 - (c) Documentation supporting all single expenses exceeding \$5,000 by fund source (e.g. State Gen Fund, State DCA (i502)).
 - (2) Invoicing for Performance Awards:
 - (a) After assessment and approval from DCYF, the Contractor may invoice for payment annually for all performance milestones described in this section: performance in Quarters 1 through 4 to be invoiced following Quarter 4. Invoice timing may be more often, subject to availability of performance data.
 - (3) Payment shall be based upon approval of financial expenditures using the billing submission procedure outlined in this contract, with the total payment not to exceed what is set forth in Exhibit B Budget.
- h. In-Depth Financial Review: DCYF will conduct an annual in-depth financial review of the Contractor's expenditures charged to the Contract. In preparation for the Annual Site Visit, the Contractor shall provide to DCYF upon request the financial documents listed below. Based upon this review, if questions arise, DCYF may request additional data and documentation.
 - (1) Contractor's most recent Annual Financial Audit, Single or Program-Specific Audit, as applicable;
 - (2) General Ledger activity detail of all expenditures allocated to this Contract incurred within the dates to be determined and in agreement with A-19 invoices submitted to DCYF. Detail will be defined by DCYF and will include indirect costs, accounts payable transactions, and time and effort transactions;
 - (3) Contractor's Indirect Cost Allocation Plan or Indirect Cost Proposal, or Indirect Rate Agreement, whichever is applicable;
 - (4) Chart of Accounts;
 - (5) Written policies and procedures to include, but not limited to: accounts payable, payroll, procurements, sub-recipients/subcontractors, travel, and equipment inventory processes;
 - (6) Other detailed supporting financial documentation upon request-such as employee time sheets, travel and major expense documentation-to be further defined by DCYF.

13. Performance Payment Awards:

- a. During the term of this contract, the Contractor will be eligible to receive an additional monetary award, based on available funding and achievement of any combination of the following the Performance Milestones described in this Section 12.f.

- b. DCYF will review data provided by the Contractor and DOH to confirm achievement of the milestones described in this Section prior to issuance of any Performance Payment Award.
- c. **Quarterly Home Visiting Enrollment Performance Milestone:**
DCYF will award the Contractor a Performance Payment Award upon the fulfillment of the following milestone:
 - (1) The Contractor maintains an Active Enrollment (unduplicated Visited Families plus unduplicated Encountered Families) of 85% or greater of their Maximum Service Capacity during the quarter, as measured by the average of the number of families actively enrolled on the last day of each of Month 1, Month 2 and Month 3 of the quarter divided by the Maximum Service Capacity (total number of possible families as defined in Section 6.c.).
 - (a) The calculation of Enrollment for this performance award will be limited to the number of prenatal families and families with enrolled children up to 60 months of age.
 - (b) DCYF may award the greater of \$500 or 0.25% of the SFY2025 contractor's budget, excluding performance payments, for each quarter where the contractor meets or exceeds the 85% milestone.
- d. **Family Retention Performance Milestone:**
DCYF will award the Contractor a Performance Payment Award upon the fulfillment of the following one or both milestones:
 - (1) Twelve-month Family Retention Performance Milestone:
The Contractor's 12-month participant engagement performance, as defined by the number of participants engaged in the program for 12 months after enrollment.
 - (a) DCYF may award \$80 for each participant who has not exited and remains engaged in the program for 12 months after enrollment, as indicated by receiving a home visit on a date between 30 days before and 30 days after the 12-month anniversary of their enrollment date, as defined in the Attachment entitled Data Collection, Reporting and HVSA Aligned Measures.
 - (b) DCYF may award an additional \$60 for each participant who meets the 12-month retention milestone above and reports at least two of the demographic characteristics related to early exits as described in Attachment entitled Data Collection, Reporting and HVSA Aligned Measures.
 - (2) Eighteen-month Family Retention Performance Milestone:
The Contractor's 18-month participant engagement performance, as defined by the number of participants engaged in the program for 18 months after enrollment.
 - (a). DCYF may award \$60 for each participant who has not exited and remains engaged in the program for 18 months after enrollment, as indicated by receiving a home visit on a date between 30 days before and 30 days after the 18-month anniversary date of their enrollment date, as defined in the Attachment entitled Data Collection, Reporting and HVSA Aligned Measures.
 - (b) DCYF may award an additional \$40 for each participant who meets the 18-month retention milestone above and reports at least two of the demographic characteristics related to early exits as described in the Attachment entitled Data Collection, Reporting and HVSA Aligned Measures.
 - (c) For either the 12-month or 18-month retention milestones, if participant data is missing for the demographic characteristics related to early exits, the performance payment will be calculated assuming the participant has no characteristics related to early exits.
 - (d) For either the 12-month or 18-month retention milestones, if the anniversary home visit occurs after June 30, the milestone will be calculated and awarded in the subsequent fiscal year.

- e. **Depression Screening and Follow-up Performance Milestones:**
DCYF will award the Contractor a Performance Payment Award upon the fulfillment of either one or both of the following milestones:
- (1) **Depression Screening Performance Milestone:**
The Contractor's performance on HVSA Depression Screening Performance Measure defined in the Attachment entitled *Data Collection, Reporting and HVSA Aligned Measures*. Contractor completion of a depression screening for a participating primary caregiver using an approved, validated tool within 3 months postpartum (if enrolled prenatally) or 3 months after enrollment (if enrolled postnatally).
 - (a) DCYF may award \$60 for each screening using the above criteria, capped at 100% of the contractors' Maximum Service Capacity multiplied by \$60 for the contract year.
 - (2) **Follow-Up to Positive Depression Screening Performance Milestone:**
The Contractor's performance on follow-up to Caregiver Depression Screening: Contractor follow-up with a referral to or connection with appropriate services for a participating primary caregiver who screened positive for depression.
 - (a) DCYF may award the Contractor \$50 for each participant who received follow-up as defined above, capped at 35% of the contractors' Maximum Service Capacity multiplied by \$50 for the contract year.

- f. **Healthy Birthweight Outcome Performance Milestones:**
DCYF will award the Contractor a Performance Payment Award upon the fulfillment of the following outcome milestone:
- (1) The Contractor's performance on healthy birthweight outcomes during the contract year, as indicated by the number of participants who give birth to an infant of healthy birthweight during the contract year as defined in the Attachment entitled *Data Collection, Reporting and HVSA Aligned Measures*.
 - (a) DCYF may award \$100 for each participant who gives birth to an infant of healthy birthweight using the definition in the Attachment entitled *Data Collection, Reporting and HVSA Aligned Measures*, capped at 100% of the contractors' Maximum Service Capacity multiplied by \$50 for the contract year,
 - i. The award will not be paid for participants if the following data are not available or incomplete: date of birth of the child, or child's birthweight.
 - (b) DCYF may award an additional \$100 for each participant who gives birth to an infant of healthy birthweight during the contract year and with at least one HBW Criteria for Additional Support using the definition in the Attachment entitled *Data Collection, Reporting and HVSA Aligned Measures*.
 - i. If a participant's data is missing for the HBW Criteria for Additional Support, the birthweight will be recorded as having no HBW Criteria for Additional Support when calculating the award payment.

14. **Publicity, Publication and Acknowledgements**

- a. DCYF may include information on this Contract in their periodic public reports and may make information about this Contract public at any time in their web pages and as part of press releases, public reports, speeches, newsletters, and other public documents related to the Contract or the HVSA. DCYF must comply with Washington State public disclosure law (Chapter 42.56 RCW) and with regulations set forth in HIPAA and FERPA.
- (1) If the Contractor wishes to issue a press release or public report announcing this Contract, or otherwise use DCYF's name for purposes related to this Contract, the Contractor shall contact the DCYF Contract Manager, identified on page 1 of this Contract at least five (5) business days before the desired announcement or publication date to obtain prior approval.

- (2) For all press releases or public reports approved by DCYF, the Contractor shall include acknowledgement of funding by the State of Washington, Washington Department of Children Youth and Families and the Home Visiting Services Account using the following recommended language: "This program is supported in part by funding from the Washington State Department of Children, Youth & Families."

15. Contract Reporting, Monitoring, and Deliverables

- a. Any mention of quarters one through four referenced in this document are defined as:
 - (1) Quarter 1 – July 1, 2024 to September 30, 2024
 - (2) Quarter 2 – October 1, 2024 to December 31, 2024
 - (3) Quarter 3 – January 1, 2025 to March 31, 2025
 - (4) Quarter 4 – April 1, 2025 to June 30, 2025
- b. Reporting: The Contractor shall submit program and expense reports, as well as perform all other requirements outlined in this Statement of Work, on or before the dates indicated in Section 15.d. and the Reference Document titled Timeline for Reporting and Submission of Deliverables. Due dates may be adjusted at the discretion and approval of the DCYF Contract Manager to accommodate the variable reporting structures associated with federal funding requirements. DCYF reserves the right to aggregate, disaggregate, analyze, reproduce, and/or disseminate the data provided in Program Reports, Financial Activity Reports, or any other reports submitted to DCYF with respect to the Contract.
 - (1) Contractor must create and maintain at least one active user account in the Prevention Services Reporting System (PSRS) and use that system to submit monthly enrollment reports, quarterly progress reports, and other deliverables when available. Information submitted into the PSRS may be shared with DOH and Start Early.
 - (2) While funding for this Contract encompasses expenditures from July 1, 2024 through June 30, 2025, deliverables describing services rendered in the months of the Contract term will be due no later than July 31, 2025 and will be submitted at no additional cost to DCYF.
- c. Monitoring: As described in the Attachment of this Contract entitled *Contract Monitoring, Compliance and Non-Compliance*, DCYF will monitor compliance with contract requirements, model standing, progress toward completion of deliverables, enrollment performance, and financial activity through review of submitted reports, meetings, phone calls and other communication with the Contractor.
 - (1) The Contractor shall provide a right of access to its facilities to DCYF, personnel authorized by DCYF, or to any other authorized agent or official of the State of Washington or the federal government at all reasonable times in order to monitor and evaluate performance, compliance, and/or quality assurance under this Contract. DCYF will work with Contractor to determine a mutually acceptable date.
 - (2) Monitoring activities may include, but not be limited to: monthly monitoring calls and on-site or virtual visits to review records, observe implementation of services, or follow up on compliance issues.
 - (3) If DCYF (a) encounters non-compliance with the terms outlined in this Contract on the part of Contractor, or (b) is not satisfied, in its sole discretion, with the quality of Contractor's work, DCYF will make a reasonable attempt to assist Contractor with technical assistance to resolve issues that impede quality and compliance. In the event that compliance and/or quality issues are not resolved through standard technical assistance, Contractor will be engaged in corrective action through Implementation Improvement processes, as outlined in the attachment entitled *Contract Monitoring, Compliance and Non-Compliance*. Any program with prior compliance or improvement issues, including Implementation Improvement Status and Implementation Improvement Plans, shall continue until resolved and approved by DCYF.
- d. Summary of Deliverables and Timelines

- (1) Monthly Enrollment Data Reports: The Contractor shall submit Monthly Enrollment Data Reports no later than the 20th day following the month of service submitted using the template in the PSRS.
- (2) Invoices: As described in Section 12.g., the Contractor shall submit A-19 invoices on or before the 30th day following the month of service for expenditures accompanied by the financial documentation.
- (3) Quarterly Progress Reports: The Contractor shall submit four (4) Quarterly Progress Reports using the template in the PSRS. The Contractor shall submit this report each quarter into the PSRS no later than the 20th day following the quarter of service.
- (4) Annual TA Plan submitted as an attachment to the November Monthly Enrollment Report in the PSRS.
- (5) Annual Pre-Contract Questionnaire: The Contractor shall complete and submit the FY26 HVSA Pre-Contract Questionnaire and FY26 Proposed Budget on May 16, 2025 using the template provided by DCYF.
- (6) The deliverables and reports associated with this Contract Statement of Work are summarized in the Reference Document entitled *Timeline for Reporting and Submission of Deliverables*.
 - (a) Some expectations associated with this Contract, including attendance at the HVSA Semi-Annual Statewide Meetings and Supervisor Meetings are not included in this table as the dates of these events will be determined after contract execution.
 - (b) If due dates occur on a weekend or holiday, the Contractor shall submit the report before 8am of the following business day.

16. Concrete Goods Assistance

- a. Concrete Goods: The primary purpose of the Concrete Goods funds is to address the ongoing needs of expectant parents and families with young children. While the needs across families supported by these funds may vary, the overarching goal is to center the universal need of every HVSA-enrolled family.
 - (1) Contractor shall purchase and provide concrete goods to HVSA-enrolled families for the purposes of strengthening families and protecting children.
 - (2) Funds allocated in this contract shall be used for concrete goods and short-term economic and material supports. Allowable goods include: diapers and diapering supplies, infant formula, car seats, pack-n-plays, baby supplies, cleaning supplies, personal hygiene supplies, school supplies, transportation costs (e.g. bus pass), grocery gift cards, and other supplies as approved by the DCYF contract manager.
 - (a) In distributing grocery or other gift cards:
 - i. Contractor shall make reasonable efforts to assure gift cards are not used for the purchase of items that are prohibited including alcohol, marijuana, tobacco, vaping supplies, firearms, other weapons in any way, or lottery tickets. They may not be used for re-occurring utilities, extended housing payments, medical care, medical supplies, or other long-term supports.
 - ii. Contractor shall track each gift card individually. Information includes retailer, amount, identification number or other unique identification, and client signature or electronic verification of receipt.
 - (b) Contractor must acquire prior approval for purchase of individual items that exceed \$500.
 - (2) Documentation, Invoicing and Reporting to DCYF:
 - (a) Contractor shall maintain documentation for these concrete goods purchased by this funding source, including receipts, how needs were identified for specific supplies, what specific supplies were purchased, number of supplies purchased, zip codes of families served, and number of unduplicated families that received goods.
 - (b) Compensation is based on reimbursement for actual expenses incurred and approval of all invoices by DCYF, not to exceed the maximum amount in Exhibit B Budget. Contractor

must attach back-up documentation to the billing that demonstrates the actual expenses incurred.

- (c) Contractor will submit a properly completed A-19 Voucher Monthly, accompanied by the following documentation of the actual expenses incurred during that period, as described below:
 - i. Monthly Expense Summary as produced by an accounting system and clearly detailing expenses incurred for the concrete goods billed on the A-19 Voucher.
 - ii. Invoice documentation supporting payment for concrete goods, including quantity and cost of each type of good purchased.
 - iii. If Contractor provides gift cards for concrete goods, a copy of the records demonstrating both the purchase and distribution of gift cards have occurred in accordance with requirements in 15.a.(2).
- (4) Every quarter, within the Quarterly Progress Report in the Prevention Services Reporting System, the contractor shall report on distribution of all goods purchased with these Concrete Goods Funds, as specified in section 15.a. above.
- (5) Based on the spending allowability of state contracts, these funds for concrete goods must be spent by June 30, 2025. Concrete goods shall be distributed no later than June 30, 2025.



Exhibit B - Budget Report

Contractor agrees that all funds under this Contract shall be expended by June 30, 2024 as specifically itemized line by line in Exhibit B, and that transfers within expense categories of the budget in excess of 10% of the contract amount will not be made without prior written approval from DCYF and may require a contract amendment.

Budget for State Fiscal Year 2024 (July 1 2023 - June 30 2024):

See original contract package for budget detail. **Total: \$414,618.60**

Budget for State Fiscal Year 2025 (July 1 2024 - June 30 2025):

Payment Point	Budget	Limit	Note
1. DCA(I502) State – Contractor Personnel	\$249,783.93		
2. DCA(I502) State – Goods and Services	\$2,000.00		
3. DCA(I502) State – Travel	\$720.00		
4. DCA(I502) State – Contracted/Professional Services	\$0.00		
5. DCA(I502) State – Administrative/Indirect Charges	\$79,021.89		
6. General Fund State – Contractor Personnel	\$43,967.97		
7. General Fund State – Goods and Services	\$3,000.00		
8. General Fund State – Travel	\$0.00		
9. General Fund State – Contracted/Professional Services	\$0.00		
10. General Fund State – Administrative/Indirect Charges	\$14,700.81		
11. HVSA Performance Pay	\$11,024.00		
12. Concrete Goods	\$8,040.00		
13. Concrete Goods - Admin	\$800.00		
Total:	\$413,058.60		

Contract Maximum: \$827,677.20

Contract Funding Source(s)

State Funds \$827,677.20