

**WHATCOM COUNTY CONTRACT
INFORMATION SHEET**

Whatcom County Contract No.
202109028 – 2

Originating Department:	85 Health
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 #:	202109028	

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?	If yes, grantor agency contract number(s):	22-1174-01	CFDA#:
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Is this contract grant funded?	If yes, Whatcom County grant contract number(s):		
Yes <input type="checkbox"/> No <input type="checkbox"/>			

Is this contract the result of a RFP or Bid process?	If yes, RFP and Bid number(s):	Contract Cost Center:	621210
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

Is this agreement excluded from E-Verify?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	If no, include Attachment D Contractor Declaration form.
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If YES, indicate exclusion(s) below:

<input type="checkbox"/> Professional services agreement for certified/licensed professional.	
<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: 1. Exercising an option contained in a contract previously approved by the council. 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. 3. Bid or award is for supplies. 4. Equipment is included in Exhibit "B" of the Budget Ordinance 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.
\$ 391,693.59	
This Amendment Amount:	
\$ 414,362.59	
Total Amended Amount:	
\$ 806,056.18	

Summary of Scope: This contract provides funding for high quality home visiting services to vulnerable families using the NFP Program model for purposes of improving outcomes for participants and strengthening the coordination of services.

Term of Contract:	2 Years	Expiration Date:	07/31/2023
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Contract Routing:	1. Prepared by:	JT	Date:	11/02/2022
	2. Attorney signoff:	RB	Date:	11/09/2022
	3. AS Finance reviewed:	Bbennett	Date:	10/04/2022
	4. IT reviewed (if IT related):		Date:	
	5. Contractor approved:		Date:	
	6. Submitted to Exec.:		Date:	
	7. Council approved (if necessary):	AB2022-671	Date:	
	8. Executive signed:		Date:	
	9. Original to Council:		Date:	



INTERLOCAL AGREEMENT
Home Visiting Services Account: Nurse Family Partnership
AMENDMENT #22-1174-02 TO CONTRACT #22-1174

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 July 1, 2022 through July 31, 2023 as follows:

CONTRACTOR BUSINESS ADDRESS

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

CONTRACTOR CONTRACT MANAGER

Judy Ziels
jziels@co.whatcom.wa.us
Phone: (360) 778-6130

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: (360) 725-4695

AMENDMENT PURPOSE

The purpose of the contract amendment is to extend the contract through July 31, 2023.

SECTIONS CHANGED

Section 4 – Period of Performance, contract end date extended to July 31, 2023.
The funding period of this amendment is from July 1, 2022 through June 30, 2023 and all services must be provided by June 30, 2023; however, the end date of this contract is extended to July 31, 2023, to allow time for data to be received and final reports to be completed.
Exhibit A – Statement of Work, revised and replaced
Exhibit B – Budget, added funding for FY23
Exhibit C – Deliverables; added deliverables for FY23
Attachment 4 - Data Collection, Reporting and HVSA Aligned Measures; updated for FY23
Reference Documents: added FY23 Timeline for Reporting and Submission of Deliverables.

Amendment Effective Date: July 1, 2022

Amended Contract Maximum: \$805,918.18

	Previous	Change	New Total
State Funds:	\$391,693.59	\$414,224.59	\$805,918.18

Amended Contract Dates:

Contract Start Date: July 1, 2021
Previous End Date: July 31, 2022
Amended End Date: July 31, 2023

EXHIBITS AND ATTACHMENTS

Exhibit A – Statement of Work Amendment 1 is hereby revised and replaced with Amended Exhibit A – Statement of Work Amendment 2 attached and incorporated herein as though set forth in full.

Exhibit B – Budget Amendment 1 is hereby revised and replaced with Amended Exhibit B – Budget Amendment 2 attached and incorporated herein as though set forth in full.

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

Attachment 4 – Data Collection, Reporting and HVSA Aligned Measures is hereby revised and replaced with Amended Attachment 4 – Data Collection, Reporting and HVSA Aligned Measures Amendment 2 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: Approved by email AB/JT 11/02/2022
Ann Beck, Community Services Manager Date

DEPARTMENT HEAD APPROVAL: _____
Erika Lautenbach, Health Department Director Date

APPROVAL AS TO FORM: Approved by email RB/JT 11/09/2022
Royce Buckingham, Senior Civil Deputy Prosecutor Date

CONTRACTOR INFORMATION:

Washington State Department of Children, Youth and Families
PO Box 40970
Olympia, WA 98504-0970
Kristine.Gorgas@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. **“Actively Enrolled”** means those home visiting program participants who are still enrolled in the home visiting program, have some enrollment time during the reporting period, and have participated in at least one (1) home visit or encounter within 3 months of the end of the reporting period. This may include participants who newly enrolled in the period.
- 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. **“Cumulative Families Served”** means the number of home visiting participants who received a home visit or encounter within 3 months of the last day of reporting period; this may include families who have entered and or exited during the reporting period.
- 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 two-way interactions with families via in-person, email, text or phone call with minimal or no model content.
- o. **“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.
- p. **“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.
- q. **“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.
- r. **“FERPA”** means “Family Educational Rights and Privacy Act” that protects the privacy of student education records, with regulations found at 34 CFR Part 99.
- s. **“FLO”** means the Penelope data collection system to be used by the national Nurse Family Partnership program.
- t. **“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.
- u. **“Home Visit”** means an in-person, virtual, or telephone visit with an enrolled participant meeting model expectations for content and duration. More information about the definition of a home visit is located in the Attachment entitled *Data Collection, Reporting and HVSA Aligned Measures*.
- v. **“HRSA”** means the United States Department of Health and Human Services: Health Resources and Services Administration.
- w. **“HV”** means home visiting.
- x. **“HVSA”** means the Home Visiting Services Account established in RCW 43.215.130.

- y. **“HVSA Aligned Measures”** means those performance measures described in the Attachment entitled *Data Collection, Reporting and HVSA Aligned Measures* of this Contract.
- z. **“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.’
- aa. **“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.
- bb. **“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.
- cc. **“Maximum Service Capacity”** means the highest 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 4.a., and at full enrollment, as set forth in Section 6.c.
- dd. **“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.
- ee. **“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.
- ff. **“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.
- gg. **“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.
- hh. **“Priority Populations”** means the populations from which clients who receiving home visiting services through this Contract are recruited, defined in Section 5.c of this Contract.
- ii. **“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.
- jj. **“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.
- kk. **“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.
- ll. **“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.

- mm. **“State Model Lead”** means the HV program model representative that provides contractors with HV services, supports and TTA in coordination with the Implementation HUB.
- nn. **“TANF”** means Temporary Assistance for Needy Families administered through the Department of Social and Health Services (DSHS).
- oo. **“TTA”** means Training and Technical Assistance and may include coaching and consultation activities.
- pp. **“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. During state FY 2022, exceptional circumstances created by the COVID 19 pandemic resulted in modification of service components and delay of others. In light of these circumstances that will continue indefinitely into the SFY2023 contract term, 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 as defined as ongoing adherence to specified criteria and components described by the Nurse Family Partnership Model Developer. For home visiting programs that are not evidence based, the promising practices Contractor will work with a 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.
- b. **For Jefferson County NFP and YVMH NFP:** If Contractor subcontracts for delivery of home visiting services, then the subcontract must receive prior approval from DCYF, and the subcontractor must comply with all sections of this Scope of Work.

4. Staffing, Supervision and Training

- a. Staffing Level:
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. i502 State Funds	b. General State Funds	c. HVSA Total
Home Visitor FTE Total	1.90	.20	2.10
HV Supervisors FTE Total -- <i>time delivering home visiting services, if applicable</i>			
Supervisor FTE Total -- <i>time dedicated to supervision</i>			
Admin Support Staff FTE Total			
Data Support Staff FTE Total			
Management Staff FTE Total			
Additional Direct Service Staff FTE Total			

- b. Home Visiting Supervisor and Home Visitor Qualifications:
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. The Contractor shall adhere to these definitions of home visitor supervisor and staffing qualifications throughout the entire term of this contract.
- c. 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 model and data collection requirements and provide periodic updates on the activities carried out by the clinical staff, consultant, and/or subcontract.
- d. 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.
- e. Supervision of Home Visitors:
Contractor shall comply with the supervision requirements of Nurse Family Partnership program model as follows:
- (1) Supervision Ratios: Contractor shall comply with program model requirements for the ratio of supervisors to home visitors throughout the term of this contract. If no model requirements exist, Contractor shall comply with requirements established with the DCYF-authorized technical assistance provider throughout the term of this contract.
 - (2) Supervision Schedule Hours: Contractor shall comply with the following supervision schedule:
 - (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.
- f. 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) Training required by the DCYF on data collection methods, Continuous Quality Improvement, and other topics, which may include the NEAR@Home Toolkit, Facilitating Attuned Interactions, Intimate Partner Violence, Healthy Families Parenting Inventory, Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO), and other topics to be determined.
 - (2) Upon request, the Contractor shall deliver to DCYF documentation pertaining to all staff training, professional development, and continuing education described in this Section.
- g. HVSA Orientations, Webinars and Meetings:
Contractor shall attend and participate in statewide HVSA All Program Meetings conducted in Washington State. Required attendance shall include, at a minimum, the Contractor's lead staff persons or the home visiting program manager. Attendance at the HVSA Statewide meetings shall include, but not be limited to, the following:
- (1) The DCYF Webinars and Office Hours to occur on dates to be determined.
 - (2) At least two (2) full-day Semi-Annual Statewide Meetings, one to be held remotely and one to be held in Washington State in the greater Seattle/Tacoma area on dates to be determined;
 - (3) At least three (3) Nurse Family Partnership Supervisor Meetings in locations and on dates to be determined;
- h. 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.
- i. 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.

5. Service Area and Recruitment of Priority Populations

- a. Service Area:
Contractor agrees to deliver home visiting services to priority populations, defined in Section 5.d who reside in the following counties or sub-county areas:
- (1) **Whatcom County**
- b. 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.
- c. 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
- d. The Contractor shall prioritize enrollment for participants from the following population groups:
 - (1) **At least 12 families from the Lummi Nation.**
- e. Outreach Efforts:
 - (1) The Contractor shall create and implement an outreach plan to reach families to be served from among the priority populations.
 - (2) The Contractor shall document outreach efforts and referral sources for potential and enrolled participant including those who decline services.
 - (3) Contractor shall provide to DCYF in its quarterly reports description of barriers to reaching the intended populations. Any proposals to adapt the priority population shall be supported by community data and approved by DCYF.

6. Participant Enrollment, Retention, and Caseload Maintenance

- a. The maximum service capacity (total number of funded slots), apportioned by funding source, for this contract shall be:

a.	b.	c.
i502 State Funds	General State Funds	HVSA Total
52		52

- b. Plan for Recruitment of Participants: Contractor shall document and implement a comprehensive plan for participant recruitment, engagement, and retention aligned with the Nurse Family Partnership program model to ensure ongoing enrollment of priority populations as described in Section 5.
- c. 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 agreement 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 at on the home visiting page of the DCYF web site.

- d. Caseload Maintenance: Contractor shall build and maintain an active participant caseload in accordance with Nurse Family Partnership model requirements. Throughout the entire term of this contract, Contractor shall aim to serve an active Maximum Service Capacity of 52 families.
 - (1) Quarterly caseload will be calculated by averaging the Cumulative Families Served in each of the 3 months of the quarter.
 - (2) The quarterly average Cumulative Families Served must meet or exceed 85% of the Maximum Service Capacity (funded slots).
 - (3) 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 two consecutive quarters.

- e. 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 number 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 a definition of "expected frequency". The Contractor shall provide DCYF a written definition of "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.
 - (1) The Contractor shall adhere to the Nurse Family Partnership model expected frequency, as described in the Attachment entitled *Data Collection, Reporting and HVSA Aligned Measures*.

- 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: The Contractor shall administer screenings with the frequency consistent with fidelity to the Nurse Family Partnership program model requirements, and the HVSA Aligned Measures.
 - (2) 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.
- 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 and early learning regional coalitions (such as ELRCs) and other initiatives to support, coordinate and build connections among local early childhood partners, early intervention, Early Supports for Infants and Toddlers, child welfare, economic support services and Community Prevention and Wellness Initiative Coalitions. 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.

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 NFP/FLO data collection system. The data shall be stored, maintained, and protected as described in Exhibit C 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 NFP/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*.
Data Sharing:
 - (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.
 - (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* no less than monthly via Secure File Transfer (SFT).
- 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.
 - (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) Caregiver Mental Health;
 - (b) Family Engagement and Retention;
 - (c) Staff engagement and retention (Team Support and Well-Being);
 - (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 monthly CQI calls/webinars to share information and learn from peers. The aim is to sustain collaboration and peer support related to improving practice and program implementation;
 - (2) Conduct rapid cycle PDSA tests and ramps, at least monthly, to test, adapt, and implement changes in their local settings;
 - (3) Track data relevant to PDSA tests and CQI activities and reflect on that data;
 - (4) Report on CQI Progress 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 monthly 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: The Contractor shall work with the DCYF-specified contractor for technical assistance to develop a Technical Assistance Plan within the first three months of this Contract.
 - (1) 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.
 - (2) The Contractor shall participate in monthly Technical Assistance support and a minimum of one (1) technical assistance visit led by the DCYF-specified contractor for technical assistance during the contract term, with more upon request from the Contractor.

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 12.f. below, shall be expended by June 30, 2023 as specifically itemized line by line in Exhibit B Budget.
 - (1) Any requests for shifts between categories (pay 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 will 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.
- 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.
- (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. Performance Payment Awards: 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.
- (1) 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.
 - (2) Quarterly Home Visiting Enrollment Performance Milestone:
DCYF will award the Contractor a Performance Payment Award upon the fulfillment of the following milestone:
 - (a) The Contractor maintains an average Enrollment of 90% 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.).
 - i. 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.
 - ii. DCYF may award the greater of \$250 or 0.125% of the SFY2023 contractor's budget, excluding performance payments, for each quarter where the contractor meets or exceeds the 90% milestone.
 - (3) Family Retention Performance Milestone:
DCYF will award the Contractor a Performance Payment Award upon the fulfillment of the following one or both milestones:
 - (a) 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.

- i. DCYF may award \$40 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*.
 - ii. DCYF may award an additional \$30 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*.
 - (b) 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.
 - i. DCYF may award \$30 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*.
 - ii. DCYF may award an additional \$20 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.
- (4) 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:
 - (a) 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).
 - i. DCYF may award \$30 for each screening using the above criteria, capped at 100% of the contractors' Maximum Service Capacity multiplied by \$30 for the contract year.
 - (b) 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.
 - i. 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.
- (5) Healthy Birthweight Outcome Performance Milestones:
DCYF will award the Contractor a Performance Payment Award upon the fulfillment of the following outcome milestone:
 - (a) 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*.

- i. DCYF may award \$50 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,
 - A. 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.
 - ii. DCYF may award an additional \$50 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.
 - A. 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.
- (6) Invoicing for Performance Awards:
 - (a) After assessment and approval from DCYF, the Contractor may invoice for payment annually for all performance milestones, defined in section 12.f.(2), 12.f.(3), 12.f.(4), and 12.f.(5): performance in Quarters 1 through 4 to be invoiced following Quarter 4. Invoice timing may be more often, subject to availability of performance data.
 - (b) Contractor must use the funds received from these Performance Payment Awards towards advancing the goals of the home visiting program in this Contract.
- g. 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
- h. 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 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 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 i502).
 - (2) 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.
 - (3) 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.
 - (a) Contractor's most recent Annual Financial Audit, Single or Program-Specific Audit, as applicable
 - (b) 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;

- (c) Contractor's Indirect Cost Allocation Plan or Indirect Cost Proposal, or Indirect Rate Agreement, whichever is applicable;
- (d) Chart of Accounts;
- (e) Written policies and procedures to include, but not limited to: accounts payable, payroll, procurements, sub-recipients/subcontractors, travel, and equipment inventory processes;
- (f) Other detailed supporting financial documentation upon request-such as employee time sheets, travel and major expense documentation-to be further defined by DCYF.

13. 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 or logo 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 the name and logo of DCYF and that the project is funded by the State of Washington, Washington Department of Children Youth and Families and Home Visiting Services Account.

14. 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, 2022 to September 30, 2022
 - (2) Quarter 2 – October 1, 2022 to December 31, 2022
 - (3) Quarter 3 – January 1, 2023 to March 31, 2023
 - (4) Quarter 4 – April 1, 2023 to June 30, 2023
- 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 14.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 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, 2022 through June 30, 2023, deliverables describing services rendered in the months of the Contract term will be due no later than July 31, 2023 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.h., the Contractor shall submit A-19 invoices 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. The Contractor shall submit this report each quarter into the PSRS no later than the 20th day following the quarter of service.
- (4) Annual Pre-Contract Questionnaire: The Contractor shall complete and submit the FY24 HVSA Pre-Contract Questionnaire and FY24 Proposed Budget on May 16, 2023 using the template to be provided by DCYF.
- (5) 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.

15. COVID-19 Rescue Assistance

The primary purpose of the COVID-19 Rescue funds is to address the needs of expectant parents and families with young children during the COVID-19 public health emergency. While the needs across families supported by these funds may vary, our goal is to center the universal need of every enrolled family: access to, and inclusion in, ongoing home visiting services that reflect family preferences/needs and community well-being - whether services are virtual, outdoors or in-person.

- a. For purposes of supporting families during the COVID-19 pandemic, the contractors shall offer one or all of the following additional resources for families enrolled in this DCYF-funded home visiting contract: technology to support virtual visits, emergency supplies, and grocery gift cards.
- b. Technology to Support Virtual Visits: The contractor may use rescue funds to purchase technology supplies to support family engagement in virtual home visits; technology may be used by home visitor staff and supervisors or by enrolled families funded by this contract.
 - (1) Technology supplies may include software, technology subscriptions, tablets, Wi-Fi hotspots, phones, phone/data minutes, and printers. Additional items require approval in advance by DCYF.
 - (2) The contractor must maintain policies for how these supplies may be used, maintained, monitored and/or returned to the contractor, in compliance with technology usage and security standards and client confidentiality.

- (3) The contractor shall purchase and distribute these technology supports aligned with and documented according to the contractor's state caseload of enrolled families in this contract, using state rescue allocation for families enrolled through state HVSA funded slots.
 - (4) The contractor will maintain documentation of the types of technology supplies purchased by funding source, including how technology needs were identified and addressed with these funds, what hardware or software were acquired, and how the hardware/software was distributed.
- c. Other Emergency Supplies for Families and Grocery Gift Cards: The contractor may use rescue funds to purchase and distribute emergency supplies and grocery gift cards to families enrolled in the home visiting program funded through this contract.
- (1) Emergency supplies must meet the emergency needs of families and may include the following items: Diapering supplies including diapers, baby wipes and diaper cream; feminine hygiene supplies; Face masks and other personal protective equipment; Food and water including infant formula; Hand soap and hand sanitizer; Grocery gift cards. Other supplies must be approved in advance by the DCYF contract specialist.
 - (a) Prepaid grocery gift cards must be used to meet the emergency needs of families.
 - (b) If available, contractor should use gift cards that prohibit the purchase of alcohol, tobacco and firearms; if these are not available, the contractor must communicate with recipient families the expectation that gift cards cannot be used for the purchase of alcohol, tobacco or firearms and obtain a signed agreement from the family acknowledging and agreeing to the restrictions on the card.
 - (2) The contractor shall order and provide these emergency supplies and grocery gift cards in quantities aligned with and documented according to the contractor's state caseload of enrolled families in this contract, using state rescue allocation for families enrolled through state HVSA funded slots.
 - (3) The contractor will maintain documentation for these emergency supplies and grocery gift cards purchased by funding source, including how needs were identified for specific supplies, what specific supplies were offered, how often families received gift cards or supplies, and how many unduplicated families received these supplies by fund source.
- d. Documentation, Invoicing and Reporting to DCYF:
- (1) As a component of their regularly submitted A-19 Voucher, the contractor shall submit the Rescue Funds expenses incurred during the voucher period accompanied by backup documentation for those expenses:
 - (2) Backup documentation shall include the period's Expense Summary by fund source (e.g. State Rescue) as produced by Contractor's accounting system and clearly detailing expenses incurred for each Pay Point in that period's A-19 Voucher.
 - (3) Every quarter, within the Quarterly Progress Report in the Prevention Services Reporting System, the contractor shall report on distribution of all goods purchased with Rescue Funds or obtained through coordination with diaper banks, as specified in section 15b and c above.



Exhibit B - Budget Report

Any variances to the Payment Points allocated within this Budget must be pre-approved by the DCYF Contract Manager in writing. Failure to obtain pre-approval may result in non-payment of the unapproved expense.

Budget for State Fiscal Year 2022 (July 1 2021 - June 30 2022):

See original contract package for budget detail. **Total: \$391,693.59**

Budget for State Fiscal Year 2023 (July 1 2022 - June 30 2023):

Payment Point	Budget	Limit	Note
1. 502 State - Personnel	\$263,150.91		
2. 502 State – Goods and Services	\$2,008.26		
3. 502 State – Travel	\$0.00		
4. 502 State – Contracted/Professional Services	\$0.00		
5. 502 State – Administrative/Indirect Charges	\$66,366.65		
6. General Fund State - Personnel	\$23,217.87		
7. General Fund State – Goods and Services	\$0.00		
8. General Fund State – Travel	\$0.00		
9. General Fund State – Contracted/Professional Services	\$6,872.36		
10. General Fund State – Administrative/Indirect Charges	\$5,855.54		
11. State - Rescue - Direct	\$30,000.00		
12. State - Rescue - Administrative/Indirect Charges	\$7,566.00		
13. HVSA Performance Pay	\$9,187.00		
Total:	\$414,224.59		

Contract Maximum: \$805,918.18

Contract Funding Source(s)

State Funds \$805,918.18



Exhibit C - Deliverables Report

State Fiscal Year 2022 (July 1 2021 - June 30 2022):

#	Deliverable Title, Due Note, Description	Due Date
1.00	Updated Statement of Confidentiality and Non-Disclosure <i>Updated Statement of Confidentiality and Non-Disclosure must be submitted for any new employees, agents, or subcontractors with access to confidential or personal information relating to this contract.</i>	Jul 30, 2021
2.01	Monthly Enrollment Report <i>By the 20th of the month immediately following the month of service The Contractor shall submit Monthly Enrollment Data Reports in the PSRS.</i>	Aug 20, 2021
2.02	Monthly Enrollment Report	Sep 20, 2021
2.03	Monthly Enrollment Report	Oct 20, 2021
2.04	Monthly Enrollment Report	Nov 20, 2021
2.05	Monthly Enrollment Report	Dec 20, 2021
2.06	Monthly Enrollment Report	Jan 20, 2022
2.07	Monthly Enrollment Report	Feb 20, 2022
2.08	Monthly Enrollment Report	Mar 20, 2022
2.09	Monthly Enrollment Report	Apr 20, 2022
2.10	Monthly Enrollment Report	May 20, 2022
2.11	Monthly Enrollment Report	Jun 20, 2022
2.12	Monthly Enrollment Report	Jul 20, 2022
3.00	Self-Reflection Tool <i>Due to Start Early by July 20, 2021 The Contractor shall submit the Self-Reflection Tool described in the Statement of Work using the template provided by Start Early WA.</i>	Jul 20, 2021
4.01	Monthly Invoice <i>Due by the 30th of the month or the last business day of the month immediately following the month of service. The Contractor shall submit the A-19, Reimbursement Request Form, provided by DCYF based on actual monthly expenses.</i>	Aug 30, 2021
4.02	Monthly Invoice	Sep 30, 2021
4.03	Monthly Invoice	Oct 30, 2021
4.04	Monthly Invoice	Nov 30, 2021
4.05	Monthly Invoice	Dec 30, 2021

4.06	Monthly Invoice	Jan 30, 2022
4.07	Monthly Invoice	Feb 28, 2022
4.08	Monthly Invoice	Mar 30, 2022
4.09	Monthly Invoice	Apr 30, 2022
4.10	Monthly Invoice	May 30, 2022
4.11	Monthly Invoice	Jun 30, 2022
4.12	Monthly Invoice	Jul 30, 2022
5.01	Quarterly Progress Report	Oct 20, 2021
	<i>By the 20th of the month immediately following the period of service</i>	
	<i>The Contractor shall submit Quarterly Progress Reports in the PSRS.</i>	
5.02	Quarterly Progress Report	Jan 20, 2022
5.03	Quarterly Progress Report	Apr 20, 2022
5.04	Quarterly Progress Report	Jul 20, 2022
6.00	Annual Pre-Contract Questionnaire	May 16, 2022
	<i>The Contractor shall complete and submit the FY23 HVSA Pre-Contract Questionnaire and FY23 Proposed Budget using the template provided by DCYF.</i>	
7.00	Updated Insurance Certificate	No Date
	<i>Due to DCYF when certificate is renewed.</i>	
	<i>Updated Insurance Certificate must be submitted when the insurance policy is renewed.</i>	
8.00	Data Disposition	Jul 20, 2022
	<i>Due by July 20, 2022 or upon closure of contract.</i>	
	<i>Data Disposition must be submitted with the closure of the contract.</i>	

State Fiscal Year 2023 (July 1 2022 - June 30 2023):

#	Deliverable Title, Due Note, Description	Due Date
1.00	Consenting Clients to DOH	No Date
	<i>Due by the sixth (6th) business day of the month immediately following services.</i>	
	<i>The Contractor shall share with DOH the consent status according to the process outlined in the Statement of Work, Section 9.</i>	
2.00	Monthly Enrollment Reports	No Date
	<i>By the 20th of the following month of service.</i>	
	<i>The Contractor shall submit Monthly Enrollment Data Reports using the template in the PSRS and described in the Statement of Work, section 14.</i>	
3.01	Quarterly Progress Reports	Oct 20, 2022
	<i>By the 20th day following the quarter of service.</i>	
	<i>The Contractor shall submit Quarterly Progress Reports using the template in the PSRS as described in the the Statement of Work, section 14.</i>	

3.02	Quarterly Progress Reports	Jan 20, 2023
3.03	Quarterly Progress Reports	Apr 20, 2023
3.04	Quarterly Progress Reports	Jul 20, 2023
4.00	Annual Pre-Contract Questionnaire	May 16, 2023
	<i>Due by 5/16/2023 for contractors planning to continue services in the following fiscal year.</i>	
	<i>The Contractor shall complete and submit the FY24 HVSA Pre-Contract Questionnaire and FY24 Proposed Budget using the template provided by DCYF.</i>	
5.00	Updated Insurance Certificate	No Date
	<i>Due to DCYF when certificate is renewed.</i>	
	<i>Updated Insurance Certificate must be submitted when the insurance policy is renewed.</i>	
6.00	Updated Statement of Confidentiality and Non-Disclosure	Jul 29, 2022
	<i>Due by 7/29/2022.</i>	
	<i>Updated Statement of Confidentiality and Non-Disclosure must be submitted for any new employees, agents, or subcontractors with access to confidential or personal information</i>	
7.00	Data Disposition	No Date
	<i>Due by 7/20/2023 or upon closure of contract.</i>	
	<i>Data Disposition must be submitted with the closure of the contract.</i>	



Attachment 4 - Data Collection Reporting HVSA Aligned Measures

1. Data Sharing

- a. Required elements of the Data Sharing Agreement (DSA) with Department of Health (DOH): The Contractor will work with DOH to establish data sharing agreements according to the timelines set forth within Exhibit A, Statement of Work. The data sharing agreement shall outline specifications of the data use and data sharing to implement required reporting, evaluation and quality assurance or improvement activities. The data sharing agreement shall minimally:
 - (1) Allow DOH access to client and program data as outlined below in section 4.0.
 - (2) When parental consent is provided,
 - (a) Share with and allow DOH access to confidential information listed in Table 3 below;
 - (b) Allow DOH to share confidential information with DCYF; and
 - (c) Allow DOH to share confidential information with other Washington State agencies, including, but not limited to, the Office of Research and Data Analysis (RDA) housed within DSHS to conduct administrative match from families in Home Visiting and Child Protective Services (CPS) programs.
- b. National Service Office Permissions for data sharing:
 - (1) DCYF will work with NFP National Service Office to secure an approved template for NFP programs to authorize the national service office to share data with DOH. The Contractor shall send authorization by July 31, 2022 using the approved template to the NFP National Service Office in coordination with the NSO.

2. Data Collection Process and Schedule

- a. The Contractor shall collect all of the data outlined in section 4 of this attachment for all enrolled participants according to the guidelines and requirements outlined in the HVSA Data Manual. The Contractor shall record data in the model specific database within five (5) business days of data collection. The Contractor shall provide data as outlined in the Data Sharing Agreement executed with DOH. Data will be provided to the Department of Health directly from National Service Office on a monthly basis.

3. Parental Consent

- a. The Contractor will make every effort to seek Parental Consent to share confidential information with DOH during the contract period; the Contractor shall seek this consent from all newly enrolled participants within the first three home visits. Consent form(s) are available on the Home Visiting page at DCYF.wa.gov.
- b. Parental Consents for voluntary services and data sharing may be combined.
- c. Participants who do not provide consent to share confidential information remain eligible to receive home visiting services. Non-confidential program data reporting is still required for these participants.
- d. For those participants who consent to share confidential information, the Contractor shall send to DOH the list of participants by client ID and their consent status (e.g., Yes or No) on at least a monthly basis and no later than 6 business days after the close of the prior month. For those participants who consent to share confidential data, Contractor will enter confidential data in Flo.

- e. The Contractor will maintain consent forms on file for all participants enrolled in home visiting services in both physical files and electronically in model data system, if applicable. Upon request, the Contractor will provide to DCYF a copy of the consent form used.

4. HVSA Aligned Performance Measures

- a. HVSA Aligned Measures: As outlined in statement of work, the Contractor will collect data for all enrolled HVSA families that meets model requirements and the DCYF definitions outlined in Tables 1 through 5 below, using the guidance and processes outlined in the HVSA Data Manual. DOH will work with the Contractor to review data collection and reporting to support Contractor quality assurance.
 - (1) HVSA Aligned Measures: System and Program Performance Indicators: The Contractor shall collect and share data for all measures for participating caregivers and children as outlined in Table 1.
 - (2) Enrollment and Service Utilization: The Contractor shall collect and share data on all enrollment and service utilization measures outlined for participating caregivers and children.
 - (3) Demographic Information: The Contractor shall collect and share data for all demographic information outlined for participating caregivers and children.
 - (4) Performance Payment Award Measures: The Contractor shall review data reports from DOH to substantiate Performance Payment Measures as described in Table 4.
 - (5) HVSA Definitions: Table 5 presents definitions of measures related to Performance Payment Awards.



Table 1 HVSA: System and Program Performance Indicators

Measure	Definition	Numerator/Denominator	Timeline for Data Collection	Share with LIAs	HVSA Aligned Measure	MIECHV Measure
HVSA Aligned Measures: All Contractors shall report on the following eight (8) measures						
1. Breastfeeding	Percent of infants (among mothers who enrolled prenatally) who were breastfed any amount at 6 months of age	Number of enrolled children breastfed any amount at 6 months / Number of enrolled children age 6-12 months	Collect between 6 months of age and before 12 months of age	QA reports, Annual reports	Yes	Yes
2. Depression Screening	Percent of enrolled primary caregivers who are screened for depression using a validated tool within 3 months of enrollment if enrolled post-delivery or within 3 months after of delivery if enrolled prenatally	Number of primary caregivers with at least one PHQ-9 screening completed within 3 months of delivery if enrolled prenatally or within 3 months of enrollment if enrolled post-delivery / Number of primary caregivers enrolled for at least 3 months if enrolled post-delivery, or at least 3 months after delivery if enrolled prenatally	Collect within 3 months of enrollment or 3 months postnatally (for those enrolled while pregnant)	Quarterly Dashboards, QA reports, Performance Payments, Annual reports	Yes	Yes
3. Well Child Visit	Percent of enrolled children who received the <u>last</u> recommended well child visit based on the American Academy of Pediatrics (AAP) schedule	Number of children enrolled who received the <u>last</u> recommended well child visit based on AAP schedule / Number of children enrolled in home visiting	Collect well child visit data at minimum once per month	QA reports, Annual reports	Yes	Yes
4. Child Maltreatment	Percent of enrolled children with at least one investigated case of maltreatment following enrollment within the reporting period	Number of children with at least one investigated case of maltreatment since enrollment / Number of children enrolled	Report parental consent within first 3 home visits	Annual reports	Yes	Yes
5. Parent-Child Interaction	Percent of enrolled primary caregivers who receive an observation of caregiver-child interaction using a validated tool and demonstrate positive	Number of primary caregivers with an assessment completed using validated tool for the age range / Number of primary caregivers with a	Collect at least once during the reporting year, ideally spaced every 12 months	QA reports, Annual reports	Yes	Yes

Table 1 HVSA: System and Program Performance Indicators

Measure	Definition	Numerator/Denominator	Timeline for Data Collection	Share with LIAs	HVSA Aligned Measure	MIECHV Measure
	parenting behaviors including behaviors that promote attachment and child development	child who has reached an age appropriate for assessment				
6. Early Language and Literacy Activities	Percent of enrolled children with a family member who reported that during a typical week s/he read, told stories, and/or sang songs with their child every day	Number of enrolled children with a family member who reported that during a typical week s/he read/told stories/sang songs with child every day / Number of enrolled children	Collect data at least once during each reporting period for each enrolled child	QA reports, Annual reports	Yes	Yes
7. Developmental Screening	Percent of enrolled children with at least one screening for developmental delays with a validated tool according to the AAP-defined age groups	Number of enrolled children with at least one ASQ-3 screening within the AAP defined age/ Number of children enrolled who are eligible for an ASQ-3 screening	Collect for children at 10, 18 and 24 months of age	QA reports, Annual reports	Yes	Yes
8. IPV Screening	Percent of enrolled primary caregivers who are screened for intimate partner violence (IPV) within 6 months of enrollment using a validated tool	Number of primary caregivers with an IPV screen within 6 months of enrollment / number of primary caregivers enrolled for at least 6 months	Collect screening data for all primary caregivers within 6 months of enrollment	QA reports, Annual Reports	Yes	Yes

Table 2: HVSA: Enrollment and Service Utilization

Data Element	Definition	Timing of Data Collection
1. Enrollment Date	Date of the first home visit during which the family voluntarily consents to participate and signs a written participant agreement	Record at time of enrollment
2. Funding Code	- MIECHV - TANF - 502 - GFS	Record at time of enrollment
3. Exit Date	Date family exited the program	Record at time of exit

Table 2: HVSA: Enrollment and Service Utilization		
Data Element	Definition	Timing of Data Collection
4. Exit Reason	Reason family exited the program, may include: <ul style="list-style-type: none"> - Completion –specific to each model - Withdrawn –Client requests to leave program before graduation - Transfer –Client transferred to another site or model - Lost to Follow-up- Unable to contact client and complete a home visit for more than 90 days - Began/Returned to Work - Began/Returned to School 	Record at time of exit
5. Home Visit Date	Date of each home visit that meets model criteria, is at least 30 minutes in duration, and that occurs in person, via video, or via phone	Record after each home visit
6. Home Visit Type	<ul style="list-style-type: none"> - In-person - Video - Phone 	Record after each home visit
7. Home Visit Duration	Length of visit (minutes)	Record after each home visit
8. Encounter Date	Date of each bi-directional engagement with families via in-person, email, text, phone, or other lasting less than 30 minutes in length with minimal or no model content	Record after each encounter
9. Encounter Type	<ul style="list-style-type: none"> - In-person - E-mail - Text - Phone - Other (e.g., porch drop-off) 	Record after each encounter
10. Encounter Duration	Length of encounter (minutes)	Record after each encounter

Table 3: Demographic Information			
Measure	Definition	Eligibility	Timing of Data Collection
1. Caregiver Gender	<ul style="list-style-type: none"> - Female - Male - Non-binary 	All enrolled caregivers	Collect at enrollment
2. Child Gender	<ul style="list-style-type: none"> - Female - Male - Non-binary 	All enrolled children	Collect at enrollment or after birth of the child (if enrolled prenatally)
3. Caregiver Age	Age of enrolled caregivers	All enrolled caregivers	Collect at enrollment
4. Child Due Date	Expected due date	Children enrolled prenatally	Collect at enrollment
5. Child DOB	Date of birth for enrolled child	All enrolled children	Collect at enrollment or after birth of the child (if enrolled prenatally)
6. Caregiver Ethnicity	<ul style="list-style-type: none"> - Hispanic or Latino - Not Hispanic or Latino 	All enrolled caregivers	Collect at enrollment

Table 3: Demographic Information			
Measure	Definition	Eligibility	Timing of Data Collection
7. Caregiver Race	<ul style="list-style-type: none"> - American Indian or Alaska Native - Asian - Black or African American - Native Hawaiian or Pacific Islander - White - More than one race 	All enrolled caregivers	Collect at enrollment
8. Child Ethnicity	<ul style="list-style-type: none"> - Hispanic or Latino - Not Hispanic or Latino 	All enrolled children	Collect at enrollment or after birth of the child (if enrolled prenatally)
9. Child Race	<ul style="list-style-type: none"> - American Indian or Alaska Native - Asian - Black or African American - Native Hawaiian or Pacific Islander - White - More than one race 	All enrolled children	Collect at enrollment or after birth of the child (if enrolled prenatally)
10. Caregiver Marital Status	<ul style="list-style-type: none"> - Never married (excluding not married but living together) - Married - Not married but living together - Separated/divorced/widowed 	All enrolled caregivers	Collect enrollment, and annually thereafter
11. Caregiver Education	<ul style="list-style-type: none"> -Enrolled in middle school -Enrolled in high school -High school diploma -GED -Less than high school diploma not enrolled -Training certificate program -Associates degree -Some college -Bachelor's degree or higher -Other 	All enrolled caregivers	Collect at enrollment and annually thereafter
12. Caregiver Employment	<ul style="list-style-type: none"> -Employed >=30 hours a week -Employed <30 hours a week -Unemployed 	All enrolled caregivers	Collect at enrollment and annually thereafter

Table 3: Demographic Information			
Measure	Definition	Eligibility	Timing of Data Collection
13. Caregiver Housing Status	-Not homeless: Owns or shares own home, condominium or apartment -Not homeless: Rents or shares own home or apartment -Not homeless: Lives in public housing -Not homeless: Lives with parent or family member -Not homeless: Some other arrangement -Homeless: Sharing housing -Homeless: Living in an emergency or transitional shelter -Homeless: Some other arrangement	All enrolled caregivers	Collect at enrollment and annually thereafter
14. Primary language in household	-English -Spanish -Other (specify)	All enrolled caregivers	Collect at enrollment
15. Household Income	Total income from all household members from all sources, including TANF benefits	All enrolled households	Collect at enrollment and annually thereafter
16. Number of Household Members Dependent on Income	Total number of residents within the household that rely on reported household income. May include enrolled participants and other household members.	All enrolled households	Collect at enrollment and annually thereafter
17. Pregnant	Enrolled guardian is pregnant during the report period (Yes/No)	All enrolled caregivers	Collect due date and DOB for all children
18. Caregiver Health Insurance Status	- Medicaid or CHIP - No insurance coverage - Private or other - Tri-Care	All enrolled caregivers	Collect at enrollment and at minimum every six months thereafter
19. Child Health Insurance Status	- Medicaid or CHIP - No insurance coverage - Private or other - Tri-Care	All enrolled children	Collect at enrollment or after birth of the child (if enrolled prenatally) and every six months thereafter
20. Child's Usual Source of Medical Care	-Doctor's/Nurse Practitioner's Office -Hospital Emergency Room -Hospital Outpatient -Federally Qualified Health Center -Retail Store or Minute Clinic -Other	All enrolled children	Collect at enrollment or after birth of the child (if enrolled prenatally) and annually thereafter
21. Child's Usual Source of Dental Care	-Yes: Has a usual source of dental care -No: Does not have a usual source of dental care	All enrolled children	Collect at enrollment or after birth of the child (if enrolled prenatally) and annually thereafter
22. Residential Zip Code	Zip code for family residence	All enrolled families	Collect at enrollment and when family moves

Table 3: Demographic Information			
Measure	Definition	Eligibility	Timing of Data Collection
23. Additional Confidential Demographics required for consenting participants	Parent Full Name Parent Date of Birth Parent Address Child Full Name Child Provider One Number	All enrolled children	Collect at enrollment or after birth of the child (if enrolled prenatally)

Table 4: Performance Payment Awards Performance Payment Measures

Measure	Definition	Award Criteria
Enrollment (Active Enrollment*)	Percent of Maximum Service Capacity filled during the quarter, as measured by the average of the number of participants 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)	Performance Milestone: Active Enrollment* is at least 90% of Maximum Service Capacity for the reporting quarter, with the calculation limited to prenatal families and families with children up to and including 60 months of age.
Family Retention – 12 months	Number of participants who are engaged* in the program for 12 months after enrollment	Per Client Award: Number of participants who remain engaged* in the program for 12 months after enrollment, as indicated by receiving a visit on a date between 30 days before and 30 days after the 12-month anniversary of their enrollment date and not exited prior to 12 months. Per Client Award is increased for each participant meeting the retention criteria and reporting 2 demographic characteristics related to early exits described in Table 5 below.
Family Retention – 18 months	Number of participants who are engaged* in the program for 18 months after enrollment	Per Client Award: Number of participants who remain engaged* in the program for 18 months after enrollment, as indicated by receiving a visit on a date between 30 days before and 30 days after the 18-month anniversary date of their enrollment date and not exited prior to 18 months. Per Client Award is increased for each participant meeting the retention criteria and reporting 2 demographic characteristics related to early exits described in Table 5 below.
Depression Screening	Number of participating primary caregivers who are screened for depression using an approved, validated tool within 3 months postpartum (if enrolled prenatally) or 3 months after enrollment (if enrolled postnatally)	Per Client Award: Number of eligible caregivers who receive a depression screening during the contract year according to this definition
Depression Referral	Number of participating primary caregivers who screened positive for depression and were referred to or connected with appropriate services. A Contractor can receive this award only once per participant over the years.	Per Client Award: Number of primary caregivers who screen positive for depression who were referred or connected to appropriate services during the contract year
Healthy Birthweight - Participant Outcomes	Number of participants who give birth to an infant of healthy birthweight during the contract year using the definition below in Table 5.	Per Client Award: Number of participants who give birth to an infant of healthy birthweight during the contract year using the definition below in Table 5. An additional award will be given for each participant with at least one identified HBW criteria for additional support detailed in Table 5 who gives birth to an infant of healthy birthweight during the year.

* Designation of “active enrollment” and “engaged” may shift depending on extenuating circumstances (e.g., covid-19 pandemic). Upon formal announcement by DCYF, active enrollment or engagement may be limited to documentation of a received visit (in-person, virtual or phone of at least 30

minutes) or the definition of active and engaged may expand to include encounters (bi-directional engagement with family via in-person, email, text or phone).

Table 5 HVSA Definitions Impacting Performance Payment Awards		
Model Model Expected Dosage	Visit Definition	Demographic Characteristics Related to Early Exit
<ul style="list-style-type: none"> • 1x week for the first four weeks • 2x month until baby is born • 1x week 6 weeks postpartum • 2x month until the child is 21 months • 1x month until 24 months or graduation. • The alternate visit schedule is determined at client's preference of visit frequency 	<p>Any visit or any alternative visit >30 minutes and incorporating model content</p>	<p>The characteristics listed below have been identified as related to early exits in research and among the FY18 HVSA participants. This list is not all-inclusive and subject to change during the contract year.</p> <ul style="list-style-type: none"> • Teenage (<20) at enrollment • Less than high school education (among non-teens) at enrollment • Homelessness (on the street or living in a group home or shelter or some other arrangement), reported any time during service • Participating on TANF, reported any time during service • Not residing with a romantic partner (single, divorced, widowed), reported any time during service
Healthy Birthweight (HBW)	HBW Criteria for Additional Support (Characteristics of Mother*)	
<p>Infant birthweight is:</p> <ul style="list-style-type: none"> • greater than or equal 2500g and • less than 4500g 	<ul style="list-style-type: none"> • Black/African American • American Indian or Alaska Native • 35 years or older at enrollment • Used alcohol anytime while pregnant • Used drugs anytime while pregnant (marijuana, cocaine, or other drugs) • Smoked at enrollment • Homelessness (on the street or living in a group home or shelter or some other arrangement), reported any time during service <p>*The characteristics listed above were identified as correlated with birthweights below 2500g or above 4500g based on analysis of birthweights of infants born to HVSA participants in 2017 and 2018.</p>	