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October 5, 2018

**ADDENDUM NUMBER 2
TO
REQUEST FOR APPLICATIONS (RFA)
FOR
HEALTHY FAMILIES AMERICA AND PARENTS AS TEACHERS HOME VISITATION
PROGRAM RFA 2018-011**

On September 12, 2018, the County of Los Angeles (County) Department of Public Health (DPH) released a Request for Applications (RFA) for Healthy Families America and Parents As Teachers Home Visitation Program.

The addendum consists of two (2) parts as outlined below:

- PART 1 – Modifications and Revisions to RFA
- PART 2 – Responses to Applicants' Questions

PART 1 – MODIFICATIONS TO RFA

As indicated in the RFA, Section 1.8, County Rights and Responsibilities, the County has the right to amend the RFA by written addendum. This Addendum Number 2 amends the RFA as indicated below (new or revised language in **highlight** or ~~striketrough~~ for easy reference).

1. RFA, Section 1.0, INTRODUCTION, Subsection 1.1, Purpose, the last paragraph, shall be amended as follows:

“Note: Applicants may not use subcontractors for the services solicited under this RFA and any resulting Contract. However, Applicants may use consultants for trainings required by the respective home visitation model.”

2. RFA, Section 1.0, INTRODUCTION, Subsection 1.5, Applicant's Minimum Mandatory Requirements, Subsection 1.5.1.2 and Subsection 1.5.2.2 shall be amended as follows:

1.5 Applicant's Minimum Mandatory Requirements

1.5.1 Healthy Families America (HFA) Applicants:

- 1.5.1.2 Applicant must have a current contract in good standing with First 5 LA providing home visitation services ~~using the HFA model that is linked to the Stronger Families database application at NetChemistry.~~

1.5.2 Parents As Teachers (PAT) Applicants:

- 1.5.2.2 Applicant must have a current contract in good standing with First 5 LA providing home visitation services ~~using the PAT model that is linked to the Stronger Families database application at NetChemistry.~~

3. RFA, Appendix A, Required Forms, Exhibit 2, Vendor's Organization Questionnaire/Affidavit and CBE Information, has been revised and replaced in its entirety with Exhibit 2 (Revised), Vendor's Organization Questionnaire/Affidavit and CBE Information, and is attached hereto.
4. RFA, Appendix A, Required Forms, Exhibit 14, Proposed Service Planning Area (SPA) for Home Visitation Program, has been revised and replaced in its entirety with Exhibit 14 (Revised), Proposed Service Planning Area (SPA) for Home Visitation Program, and is attached hereto.
5. RFA, Appendix B-1, Healthy Families America (HFA) Scope of Work, has been revised and replaced in its entirety with Appendix B-1 (Revised), Healthy Families America (HFA) Scope of Work, and is attached hereto.
6. RFA, Appendix B-2, Parents As Teachers (PAT) Scope of Work, has been revised and replaced in its entirety with Appendix B-2 (Revised), Parents As Teachers (PAT) Scope of Work, and is attached hereto.
7. RFA, Appendix C, Budget Preparation Instructions, Appendix C-1, Budget Forms, and Appendix C-2, Budget Forms, have been revised and replaced in their entirety with Appendix C (Revised), Budget Preparation Instructions, Appendix C-1 (Revised), Budget Forms, and Appendix C-2 (Revised), Budget Forms, and are attached hereto.
8. RFA, Appendix N, Application Packet, has been revised and replaced in its entirety with Appendix N (Revised), Application Packet, and is attached hereto.

PART 2 – RESPONSE TO APPLICANT QUESTIONS

As indicated in RFA, Section 2.0, INSTRUCTIONS TO APPLICANTS, Subsection 2.6, Applicants' Questions, questions received by the date and time specified in Section 2.4, RFA Timetable, will be compiled with the appropriate answers and issued as an addendum to the RFA and that County reserves the right to group similar questions when providing answers. This Addendum Number 2, Part 2 provides the response to the questions received.

GENERAL QUESTIONS:

- Q1. HFA has two approved pathways for eligibility assessment for enrollment (Standard 1.2):**
- a. One Step-** which uses a screening process to determine eligibility. This screening process/tool must be approved by HFA in writing. Has HFA approved screening for the eligibility criteria listed in the RFA as sufficient for enrollment? [Note: for current sites eligibility is determined by a score on a standardized assessment tool give in the hospital. This process was approved by HFA National.]
 - b. Two Step-** referred clients are preliminarily screened by risk factors, then eligibility is confirmed through a home visit assessment using the Parent Survey Tool and receiving an appropriate score on this tool.

Which pathway are sites expected to use for determining eligibility?

- A1.** Applicants awarded a contract under this RFA for the DPH Home Visitation Program (HVP) would utilize both pathways. Clients served under the contract can include, but are not limited to, those identified in the current agencies' referral process with hospitals.
- Q2. We are currently an Affiliate PAT provider operating 2 teams at capacity in SA1, demonstrating continued need for PAT services in that area. Will DPH consider accepting applications for PAT in SA1 to leverage existing PAT services already being provided and to remain consistent across all SPAs?**
- A2.** Yes. DPH will accept applications for PAT in SPA 1; however, the County retains the right to negotiate SPAs to be served to address geographical need and the type of home visitation model selected. See Part 1 – Modifications to RFA, item 4, of this Addendum.
- Q3. How does DPH view the interaction between the current First 5 SHV contracts (through 2020) and the program/funds that are the subject of the RFA? For example, client eligibility requirements overlap, but are not the same. SHV referrals all come through First 5's Welcome Baby and involve families living in the designated Best Start communities. SPA's and listed priority geographic areas are broader.**
- A3.** The DPH HVP is intended to expand existing home visitation services. Agencies awarded a contract under this RFA shall provide home visitation services that are separate from services currently provided under their contract with First 5 LA. Agencies shall follow standard accounting principles to ensure funding sources are managed and accounted for separately including staffing.

SECTION 1.0 – INTRODUCTION

Subsection 1.1, Purpose

- Q4. This grant is to hire a whole new team, and not to supplement the program we already have, correct?**

A4. Yes, Agencies awarded a contract under this RFA shall maintain the necessary staffing to provide the required services and shall be responsible for administering the Home Visitation Program (HVP) with fidelity to the respective home visitation model(s) for which they are accredited, as well as to the requirements stated in Appendix B-1, Healthy Families America (HFA) Scope of Work, and/or Appendix B-2, Parents As Teachers (PAT) Scope of Work. Agencies shall follow standard accounting principles to ensure funding sources are managed and accounted for separately including staffing under the contract.

Q5. The RFA states “No subcontracts” and “No consultants”;
a. How are sites supposed to acquire the recommended additional training, as outlined in SOW Attachment B without establishing training consultants or subcontracts with training providers.
b. What agency is responsible for providing training, user agreements, and technical support for the Stronger Families Database?

A5. Applicants awarded a contract under this RFA for DPH HVP may use consultants for trainings required by the respective home visitation model.

Applicants should utilize existing sources of training and technical assistance for the Stronger Families database.

See Part 1 – Modifications to RFA, items 1 and 7, of this Addendum.

Subsection 1.4, Terms and Definitions

Q6. Is program funded by Federal Grant Funding?

A6. No. As indicated in RFA, Subsection 1.4, Terms and Definitions, item number 3, Home Visitation Program (HVP), the initiative between DPH and the Department of Mental Health uses Mental Health Services Act Prevention and Early Intervention. These are funds received from the State of California.

Subsection 1.5, Applicant’s Minimum Mandatory Requirements

Q7. Our hospital offers the Welcome Baby Program and does home visitation. One of our staff members in the Welcome Baby Program is certified in PAT-Parents as Teachers. *Would we qualify for this grant or does our hospital need to be certified?*

A7. Under this RFA, DPH is soliciting applications from qualified agencies actively accredited by the Parents As Teachers (PAT) National Center.

Q8 through Q11 have been grouped and answer is provided at A7-A11

Q8 We are currently not accredited by PAT. We have not been selected to go through the process yet. Does this mean that we do not quality and are unable to apply?

Q9. Under general information/instructions, page 5, section: 1.5.2.1

“Applicant must be actively accredited by the PAT National Center as an affiliate program”:

What if we are not accredited now, but are eligible for accreditation and can be a pending affiliate by the start of the contract date, if awarded?

Q10. Under general information/instructions, page 5, section: 1.5.2.2

“Applicant must have a current contract in good standing with First 5 LA providing home visitation services using the PAT model that is linked to the to the Stronger Families database application at NetChemistry”

Our program has a current contract in good standing with First 5 LA providing home visitation, and we utilize the Stronger Families Database, but will not utilizing the PAT model in the database be an impediment?

Q11. Under general information/instructions, page 5, section: 1.5.2.3

“Applicant must have a minimum of one (1) year experience in the last three (3) years providing home visitation services using the PAT model.”

Our program has been providing home visitation for 5 years, will not utilizing the PAT model be an impediment?

A8 – A11

As indicated in RFA, Section 1.5, Applicant's Minimum Mandatory Requirements, interested and qualified Applicants must meet the minimum mandatory requirements by the date on which applications are due, as described in Section 2.4 of the RFA. See Part 1 – Modifications to RFA, item 2, of this Addendum.

Q12. RFA Section 1.5.1.4, “applicant must be located and maintain a business office in LAC.”

a. We have a business office in the identified SPA of target service. Are we required to maintain business offices in other SPAs to serve other families residing in those SPAs?

b. We are choosing other high need cities in adjacent SPAs, are we required to maintain business offices in those SPAs as well?

A12. a. No, Applicant is not required to maintain business offices in each SPA where the Applicant is able to provide HVP services.

b. As indicated in RFA, Section 1.5, Applicant's Minimum Mandatory Requirements, Applicant must be located and maintain a business office in Los Angeles County. When completing Appendix N (Revised), Application Packet, Applicant must provide their

business office address in Los Angeles County to demonstrate they meet this requirement. See Part 1 – Modifications to RFA, item 8, of this Addendum.

Q13. RFA section 1.5.2.1 states the requirement that “Applicant is actively accredited by the PAT National Center as an affiliate program” and proof is required. According to PAT, they only consider “Affiliate” status as there is no “Accredited” status. Can DPH confirm that proven Affiliate status meets the minimum requirement for this RFA?

A13. Yes, for PAT affiliate status meets the minimum mandatory requirement.

Subsection 1.6, Anticipated Contract Term

Q14. In Page 2 it describes Healthy families America as a family being able to stay in the program for up to 5 years, but this grant is for less than 2 years. Will there be an extension in the future to keep services as the model prescribes it?

A14. As indicated in RFA, Subsection 1.6, Anticipated Contract Term, extensions to the Contract term would be subject to availability of funding and Contractor performance.

Subsection 1.7, Funding

Q15. Per the RFA, Para. 1.7 Funding: The County anticipates awarding approximately 21 contracts each at an estimated amount of \$1,089,777 with \$425,000 for the period effective upon Board approval through June 30, 2019 and \$664,777 for July 1, 2019 through May 31, 2020. The following provides the breakdown of the estimated number of contracts to be awarded per home visitation evidence-based model.

We are currently contracted under First 5 LA to provide SHV services through June 30, 2019. Potentially, there might be an overlap in funding should an agency be awarded a grant from DPH. Is the intent to transition all SHV and HFA contractors currently funded by First 5 to DPH administered funding circa December 2018/January 2019?

A15. Any resulting contract from this RFA shall be separate and independent from any contract with First 5 LA.

SECTION 2.0, INSTRUCTIONS TO APPLICANTS

Subsection 2.8, Preparation and Format of the Application

Q16. Applicant must submit budgets and budget justifications for the two (2) terms not to exceed \$425,000 for the period effective upon Board approval through June 30, 2019, and not to exceed \$664,777 for the period of July 1, 2019 through May 31, 2020. Applicant shall refer to Appendix C, Budget Preparation Instructions and Budget Forms, to prepare budgets and budget justifications.

In preparing the budget for the initial period through June 2019, should we budget for 7, 8, or 9 months?

- A16. DPH anticipates a recommendation to award contracts to the Board of Supervisors in November 2018. As such, DPH anticipates the first term to be effective in November 2018 through June 30, 2019.

APPENDIX A, Required Forms, Exhibit 14, Proposed Service Planning Area (SPA) for Home Visitation Program

Q17 through Q18 have been grouped and answer is provided at A17-A18

- Q17. The instructions indicate: Check up to three (3) Service Planning Area (SPAs). Are we required to check three (3) SPAs, or is it optional? and we can check only one 1?**

- Q18. Appendix A Exhibit 14- Are applicants to check off the SPA's they currently have an HFA program in? Are the other SPA's open even if they do not currently provide HFA in them?**

A17-A18

Applicant may check only one (1) SPA on Appendix A, Exhibit 14 (Revised), Proposed Service Planning Area (SPA) for Home Visitation Program; however, it is recommended to check up to three (3) SPAs where Applicant is able to provide HVP services, and to indicate the order of preference. Identifying more than one (1) SPA will be utilized for contract negotiations to determine the area where services will be provided.

Applicant that are able to provide HVP services as described in this RFA in SPAs they are currently not providing HVP may check those SPAs as indicated above.

See Part 1 – Modifications to RFA, item 4, of this Addendum.

- Q19. Exhibit 14 requests applicants indicate in which SPA they would like to provide HV services. Appendix L lists High Priority Cities. Are applications required to indicate which cities providers would target or is the assumption made that providers granted contracts in any service area would be providing services to those priority cities by definition?**

- A19. Applicants are not required to identify specific cities or zip codes in the response. However, Applicants will need to focus their efforts in high priority cities identified in Appendix L, List of High Priority Cities By Service Planning Areas (SPAs) for Home Visitation Program, in their assigned SPA.

See Part 1 – Modifications to RFA, item 4, of this Addendum.

APPENDIX B – Scopes of Work

Q20. What is the proposed staffing structure for HFA and PAT?

A20. Per RFA, Appendix B-1 (Revised), Healthy Families America (HFA) Scope of Work, and Appendix B-2 (Revised), Parents As Teachers (PAT) Scope of Work, Applicants must ensure personnel needed are hired in accordance to the respective home visitation models.

Q21 through Q23 have been grouped and answer is provided at A21-A23

Q21. Appendix B1, HFA Scope of Work (Page 54): The HFA Scope of Work, Objective 3 indicates “Agency will hire, train and retain staff in compliance with the HFA Model.” First 5 LA has required HFA Home Visitors to be trained in both the HFA Core Training and HFA Assessment Core Training, given eligibility is assessed via a referral source. As the entry referral points will vary for this contract, is the expectation that sites will adhere to the HFA national model and include a Family Assessment Specialist in their Personnel?

Q22. Appendix B-1, HFA Scope of Work (Page 54) and Appendix B-2, PAT Scope of Work (Page 66): The Scopes of Work indicate “Agency will hire, train and retain staff in compliance with the HFA/PAT model.” While the national models do not require a Program Manager, the Home Visitor Required Training List (Page 62 and 74, respectively) references a Program Manager position. Do sites have the option of including or not including a Program Manager?

Q23. Appendix B-1 Scope of Work pg. 3 #4 4.2 “Provide Outreach to the Community” At this moment, our current HFA program does not do the outreach, our referring hospital has one staff person dedicated to the outreaching of the clients and partner providers. Is the expectation to hire an Outreach Specialist? If so this would require an additional position and funds to maintain.

A21-A23

Agency shall ensure personnel needed are hired in accordance to HFA and/or PAT model as applicable. Please refer to Appendix B-1 (Revised), Healthy Families America (HFA) Scope of Work, and Appendix B-2 (Revised), Parents As Teachers (PAT) Scope of Work. Applicants will work with DPH to develop an outreach plan.

Q24 through Q28 have been grouped and answer is provided at A24-A28

Q24. Appendix B-1 Scope of Work pg. 1 #3 3.1 “Ensure home visiting staff receives core training on the HFA model. Within 1 month of HVP participation.” In our experience it takes 3-6 months to fully train a Family Support Specialist. The lag in time usually is related to when the HFA Core trainings are being offered by the National Office. Is there flexibility with the timeline?

Q25. Appendix B1, HFA Scope of Work, Objective 1 (Page 54) and Appendix B2, PAT Scope of Work, Objective 1 (Page 66): The HFA and PAT Scopes of Work, Objective 1, reference agencies will hire, train and retrain staff in accordance with national

model requirements. Existing HFA and PAT sites have utilized two options for staff to receive national model training: utilizing funding to have individual staff attend week-long national model trainings offered in the USA or sites have collaborated to host a training led by national trainers locally in Los Angeles.

Sites are dependent on the availability of model trainings at the national level for staff to attend. The current HFA National Training Calendar (see link to HFA Training Calendar) has a Core Training listed in November that is closed for registration; no other available trainings are identified for this calendar year in November or December. As such, it would not be possible for new HFA staff to meet the training timeline outlined in the Scopes of Work. The PAT national model does include a multitude of training options for November and December of 2018. Sites have also utilized F5LA funding in the past to organize local model trainings, which can take up to two months to schedule and organize per the national models. Will sites have flexibility in the timeline to work with the County and National Model Offices to either attend and/or host a local training for new staff?

- Q26. Appendix B-1, HFA Scope of Work, Objective 3 (3.1) Agency will hire, train and retain staff in compliance with the HFA model, as well as in compliance with HVP training requirements and implementation of the screening tools that are required by the HVP. It also states under Timeline, that it will be completed Within 1st month of HVP participation.**

We believe this would be a difficult timeline to accomplish, as the two Core Trainings that is a requirement of HFA and provided by its training staff is a combined 2 weeks on its own. It would be nearly impossible to provide the rest of the trainings, including gap and curriculum training in the 2 weeks left within the first month. To be compliant with the standard of training that HFA requires, home visitors usually need a minimum of 2 to 3 months of intensive training, prior receiving their first client. This gives time for gap training and/or in-person core training along with shadowing of existing home visitors and other mandatory trainings to meet the 10. Intensive Role Specific Training standard and 11. Training to fulfill job functions standard.

- Q27. Appendix B2 – Scope of Work: Page 66, Item 3 and Page 3, Item 4: We have serious concerns about the proposed timeline for hiring and training staff and reaching an active caseload of 180 in the time allotted. In our experience, it takes some time to recruit and hire qualified home visitor candidates and the training they must go through before they can have a client load also takes some months. Is your thought that we would move our current cohort of trained Parents As Teachers staff over to this program? If no, and we need to hire and train new staff, are you willing to revisit the timelines?**

- Q28. Appendix B1, HFA Home Visiting Program Required Training List (Page 62) and Appendix B2, PAT Home Visiting Program Required Training List (Page 74): The required trainings identified are currently coordinated by Los Angeles Best Babies Network (LABBN). A) Is the expectation that sites will coordinate with LABBN to organize and receive these trainings? B) The HFA and PAT Scopes of Work indicate all staff must participate and complete these trainings within three months of HVP**

participation. If so, given the time it takes to schedule locations/trainers and the impact of the holiday season on scheduling, what flexibility will be allowed in adhering to the proposed timeline of three months?

A24-A28

DPH has made revisions to the Scopes of Work to address and clarify timeframes including that staff shall be trained or scheduled for training within the first three (3) months of hire. Please refer to Appendix B-1 (Revised), Healthy Families America (HFA) Scope of Work, and Appendix B-2 (Revised), Parents As Teachers (PAT) Scope of Work.

See Part 1 – Modifications to RFA, items 5 and 6, of this Addendum.

Q29. Appendix B-1, HFA Scope of Work (pdf-Page 54) and Appendix B-2, PAT SOW (page 7) Objective 1, Activity 1.1. “HFA model will be used as the sole model for delivery of services and curriculum under this funding and not in combination with another model.

Please clarify this Activity. The HFA “model” requires the site to select a “Curriculum” to be implemented through the HFA Model. It may be confusing to sites, as written “not in combination with another model” since PAT is both a Model and a Curriculum. HFA can choose to use the PAT curriculum and many of the current sites do this.

A29. DPH prefers that Agencies using the HFA evidence-based model use a curriculum other than PAT to ensure a clear distinction of the home visitation model used. DPH will review and approve the final curriculum to be implemented. Please refer to Appendix B-1 (Revised), Healthy Families America (HFA) Scope of Work.

Q30. Will the trainings be offered through DPH or will the awarded sites be responsible for paying for the required trainings?

A30. DPH will provide the Mental Health Trainings at no cost to Agencies awarded a contract. For the other required trainings, Agencies shall be responsible for costs associated to meet the training requirements. Applicants shall ensure to reflect travel and training cost in accordance to RFA, Appendix C (Revised), Budget Preparation Instructions.

Q31 through Q33 have been grouped and answer is provided at A31-A33

Q31. Appendix B1, HFA Scope of Work (Page 55) and Appendix B2, PAT Scope of Work, (Page 66): The HFA Scope of Work, Activity 3.2 (Page 55) and the PAT Scope of Work, Activity 3.2 (Page 66) indicate staff are to be hired within the first month of HVP participation. Best practices and past hiring experience of many of the sites indicate that hiring management positions (program manager, supervisor) and multiple home visitors within 1 month of contract start is neither feasible nor ideal, as it includes posting positions, interviewing and final hiring processes. Will sites have flexibility in the timeline to work with the County as they implement hiring processes for new staff?

Q32. Appendix B-1 Scope of Work pg. 2 #3 3.2 “Ensure personnel needed are hired in accordance to the HFA model.” Is this in reference to how long the program is to hire needed staff? Experience has shown that it takes 3-5 months to hire a qualified Family Support Specialist. IS there flexibility to the time line?

Q33. Appendix B-1 SOW Objective 3.2, “Ensure personnel needed are hired in accordance to the HFA model – within the first month of participation.”

a. Is the expectation that all staff needed for the full program design are hired, or can we design the program and budget to reflect a ramp up of hiring based on client capacity growth?

A31-A33

DPH has made revisions to the Scopes of Work to address and clarify timeframes. Please refer to Appendix B-1 (Revised), Healthy Families America (HFA) Scope of Work, and Appendix B-2 (Revised), Parents As Teachers (PAT) Scope of Work which includes that staff is hired within three (3) months of the effective date of the Contract.

Applicant’s budget should consider staffing, training, and all other requirements described in the RFA. Please refer to Appendix C (Revised), Budget Preparation Instructions and Budget Forms, of the RFA.

See Part 1 – Modifications to RFA, items 5, 6, and 7 of this Addendum.

Q34 through Q49 have been grouped and answer is provided at A34-A49

Q34. Appendix B-1, HFA Scope of Work, Objective 3 (3.5) Under Activities and Subtasks, it states; Hire and Maintain sufficient staff to serve 120 participants per year and adhere to the specific evidence-based model guidelines.

This is contradictory to Objective 4, where it states; “Agency will reach active caseload of 150 participants (25 clients to one home visitor) within six (6) months of initial HVP implementation and maintain the caseload throughout the duration of the program.”

Q35. Appendix B-1, HFA Scope of Work (Page 55 and 56): The HFA Scope of Work Activities and Subtask column, Activity 3.5 indicates on page 55 that agencies will “Hire and maintain sufficient staff to serve 120 participants per year” while on page 56, Objective 4 indicates “agency will reach active caseload of 150 participants.” Can you please clarify the discrepancy anticipated number of participants per year?

Q36. Appendix B-1 Scope of Work pg. 2 #3 3.5 “Hire and maintain sufficient staff to serve 120 participants per year...” Is the expectation of this contract to hire one full HFA team (which is 1 Program Supervisor to 6 Family Support Specialist)? If so, a concern for meeting the 120 served maybe impacted by first the HFA National Office Standards which states that all families are to receive at least 6 months of weekly home visits before being considered to level down to twice a month. Historically, our families tend to stay at a level one for longer than 6 months. This is a decision guided by the standards and by what the family dictates is needed by them. We do not automatically level them down. This may impact meeting the 120 served.

Another factor is the rate of referrals coming in and whether or not we have the fully trained staff to meet the need. Historically referral flow has been unpredictable and staff turnover/training impacts program caseload capacity. Is the 120 a flexible number taking into account the factors mentioned?

Q37. Appendix B-1, HFA Scope of Work (Page 56): Objective 4 indicates in part that “Agency will reach active caseload of 150 participants (25 clients to one home visitor).” As the HFA model utilizes a weighted caseload approach with criteria that determines visit frequency, it is likely that home visitors will not reach 25 clients each, in accordance with the national model. Can the Scope of Work be modified to reflect national model requirements in regards to caseloads?

Q38. Appendix B-1 Scope of Work pg. 3 #4 “Agency will reach active caseload of 150 participants (25 clients to one home visitor) within six (6) months ...” To my knowledge, this number does not meet the Nation HFA Model standard requirements of seeing families weekly for the first 6 months of services. At a full caseload for a full HFA team (6 Home Visitors), that would be 72 participants seen within 6 months. Would the expectation be that the program not meet this standard to meet the Scope of Work?

Q39. Appendix B-1, HFA Scope of Work (Page 56): Objective 4 Agency will reach active caseload of 150 participants (25 clients to one home visitor) within six (6) months of initial HVP implementation and maintain the caseload throughout the duration of the program.

Hiring, integrating and retaining new staff within this timeline in addition to a caseload expectation of 150 (120 minimum) cases active is not possible, if as an agency we are abiding by the Best Practice Standards and service to our families and community. Staff will be burned out quickly, quality of work will not meet expectations and staff turnover rate will be high. Meeting additional program components, agency and collaborative meetings, and trainings will be a burden, vs. embraced as professional development, and support.

We would be unable to meet the expectation of staff to be at caseload within 6 months of HVP implementation- 1- for stated reasons above; and secondly, because HFA As cited throughout Standards 10 and 11 in the 2018 -2021 HFA Best Practices, it is expected staff do not have any cases assigned or contact with families until all of their intensive training topics are completed, which is done within a duration of time to allow for HV model practice, integration and specialized skill building, to be completed throughout the first 6 months of hire. Caseload assignment is allowable once core training and additional required topics are then completed; caseloads are to be built with a steady rhythm, not slammed, to allow for competencies and cultural sensitivity.

HFA BP Standard 8.1- Cites ethical practice.....services are provided by staff with LIMITED caseloads to ENSURE staff have an adequate amount of time to spend

with each family to meet their needs and plan for future activities. Necessary to building protective factors. To have a caseload of “25 families to one home visitor” by the 6th month of implementation is inconsistent with the Best Practice Standards, and could potentially place AVPH’s program at risk of losing or not being re-accredited, as well as being placed on probationary status. HFA BP Standard 8.1.A sites “no more than 15 families at highest weighted caseload of 30, and no more than 25 families with a variance of service levels”. Families enrolled and served during implementation, (the first 6-9 months) would be assigned a Level-1 and weighted caseload of 2-3 each, depending on intensity; multiple births; and additionally added would be a .5 to each if they are served living in rural areas, per HFA.

Standard 8.2 discusses the need to slowly build caseloads for staff who are new to HFA and needing to integrate the essential components of HFA and its evidenced based model approach to home visitation.

Q40. What is the expectation for the number of participants served per year?

On page 2 of the Scope of Work it is stated “Hire and maintain sufficient staff to serve 120 participants per year and adhere to the specific evidence-based model guidelines.” On page 3 of the Scope of Work it states “Agency will reach active caseload of 150 participants (25 clients to one home visitor) within six (6) months of initial HVP implementation and maintain the caseload throughout the duration of the program.”

Q41. What is the caseload expectation per Home Visitor?

According to the Healthy Families Best Practice Standards, sites must offer weekly home visits for a minimum of six months after the birth of the baby when enrolled prenatally or six months after enrollment when enrolled postnatally. As a family –centered model, Healthy Families America requires the use of a “level system” for managing the intensity of services. The leveling system begins with weekly visits which are two points and movement to another less intensive visitors can have a maximum caseload of 24 points. Therefore, when assigned new referrals they can only serve 12 clients during a six-month period.

Q42. Appendix B-1 SOW Objective 4 and Objective 5.

a. Objective 4 in the Scope of Work mandates a “25 clients to 1 home visitor case ratio.” Objective 5 states that programs need to ensure fidelity to the HFA model. However, in the HFA Best Practices Standards, Critical Element 8.1, states that Home Visitor caseloads are based on a point system, which is based on the intensity of need. Please help us to understand how HFA's caseload--per-point

system fits into the RFA's standard of a set 25 caseload per Home Visitor expectation.

- Q43. Under the scope of work Appendix B page 3 Objective 4; it says that the “Agency will reach active caseload of 150 participants (25 clients to one home visitor) within six (6) months of initial HVP implementation and maintain the caseload throughout the duration of the program” but this goes against the Healthy Families America Model. The model is about a point value assigned to participants and each Home Visitor not having more than 24 points. New families are 2 points (Level 1, weekly visits) and they stay in level 1 for the first 6 months. That means that we would not be able to meet the scope of work and be in compliance with the model. Since Objective 5 talks about abiding the model, is Objective 4 a mistake? – In addition the model highly recommends 5 Home visitor per one supervisor instead of 6 Home Visitors.**
- Q44. Appendix B-1, HFA Scope of Work, Attachment D (pdf-Page 64) and Appendix B-2, PAT SOW, Attachment D (page 75), Performance Target 3. “85% of home visiting services are provided in the home of clients.”**

Please clarify how this is to be calculated. Is the expectation that 85% of visits aggregated for each Family Support Worker/Parent Educator are conducted in the home? Or that for each client 85% of the visits will be conducted in the home?

The later definition, may be challenging to meet. HFA and PAT acknowledge the intent to complete visits in the home (place of residence) and the standards allow for flexibility. HFA Standard 4.2.B Defines the “intent” (excerpted from 2018-2021 HFA Best Practice Standards, page 74)”

“Home visits (taking place where the family resides) provide the opportunity to experience the family’s living environment, to develop first-hand knowledge of the strengths and stresses of the home environment, to implement home safety assessments with the family, and to engage the family on “their turf”. It is acknowledged not all visits will occur in the home. When the home environment is overly chaotic or unstable, or when social isolation impedes the family’s interaction with the larger community, or when visits happen in conjunction with transporting to medical appointments, etc., these visits occurring outside the home can be beneficial and are permissible (at Supervisors discretion). These visits can count as a home visit, but only when the content of the visit matches the goal of a home visit...”

We would add that visits may need to occur outside of the residence when the dwelling is deemed unsafe for the home visitor, due to family violence, neighborhood violence, and/or vermin infestations.

HFA tracks the percent of expected home visits that were completed; the goal to maintain adherence to the Standard 4-2.B (page 75), level 2, is “75% of families receive at least 75% of the appropriate number of home visits based upon the individual level of service to which they are assigned.”

Would you consider modifying this Performance Target for HFA to meet the HFA standard, shown above?

PAT also allows flexibility, acknowledging (page 24, Quality Assurance Guidelines-2017): “Visits are designed to last approximately 1 hour (or up to 90 minutes when visiting families with multiple enrolled children) and take place in the home in order to build on and maximize the primary learning environment of the family. Personal visits can be delivered in a mutually agreed upon site outside the home when individual circumstances preclude having visits in the home. For example, visits may take place temporarily at a safe location for families dealing with domestic violence issues or visits might take place in a hospital when a child is in the NICU. Ultimately, the majority of personal visits should take place in the home setting.”

PAT recommends that clients with one or less high-risk criteria receive 12 monthly visits annually; and clients with two or more, 24 visits annually. Essential Requirement #11 States “60% of clients with 1 or less high-risk criteria get 75% of their recommended visits for the program year; and 60% of clients with 2 or more high risk criteria get 75% of their required visits.”

Would you consider modifying the Performance Target for PAT such that it is in alignment with the PAT target listed above?

- Q45. Appendix B-2, PAT Scope of Work, Page 67: In the PAT Scope of Work, Objective 4 states in part that “agency will reach active caseload of 180 participants (30 clients to one home visitor).” The PAT Essential Requirements indicate that full-time, first year Parent Educators are not allowed to exceed more than 48 visits per month (up to 24 families a month), and Parent Educators in the second year or beyond can complete no more than 60 visits per month (up to 30 families a month). Can the Scope of Work be modified to reflect national model requirements in regards to caseloads?**
- Q46. Appendix B2 – Scope of Work: Page 67: Item 4 – specifies a caseload of 30 clients per home visitor but Attachment C (Performance Based Criteria) specifies 25 clients per home visitor. Please confirm the expected caseload number. Note: In our experience, either of these numbers is too high.**

Q47. Appendix B-2, PAT Scope of Work, Page 68: The PAT Scope of Work, Activities and Subtasks column, Activity 5.1, indicates agencies must “Complete, receive approval, and implement the PAT Affiliate Plan and the PAT model in accordance to the 17 fidelity requirements, called Essential Requirements.” Effective July 2018, PAT updated their Essential Requirements to 20 items. Can the PAT Scope of Work be modified to reflect the revised national model requirements to 20 Essential Requirements?

Q48. Appendix B-2, PAT Scope of Work, Page 75 (Attachment C): It states, Required client-to-home visitor ratio not to exceed 25:1. On Exhibit B-2 it states, Agency will reach active caseload of 180 participants (30 clients to one home visitor) within six (6) months of initial HVP implementation and maintain the caseload throughout the duration of the program.

Is the ratio 25:1 or 30:1 for SHV?

Q49. There is a discrepancy on stated PAT caseloads in the RFA. Appendix B-2, page 3, objective 4 indicates “Agency will receive an active caseload of 180 participants (30 clients to one home visitor).” The Scope of Work, Attachment C, Performance-Based Criteria #15 indicates “Client-to-Home Visitor ratio not to exceed 25:1.” Please clarify.

A34-A49

DPH has revised the Scopes of Work to address and clarify participant and staffing requirements. Please refer to Appendix B-1 (Revised), Healthy Families America (HFA) Scope of Work, and Appendix B-2 (Revised), Parents As Teachers (PAT) Scope of Work.

Caseload numbers may be adjusted in consultation with DPH and the evidence-based model.

Q50. Under the scope of work for Healthy Families America Appendix B page 2 -3.5 it says that we will hire sufficient staff to serve 120 participants per year. Is there the possibility of only hiring a half of a team and only serving 60 participants?

A50. No. Applicants awarded a contract under this RFA for HFA HVP services shall reach an active caseload of 150 clients per year. DPH has revised the Scope of Work to address and clarify caseload requirements. Please refer to Appendix B-1 (Revised), Healthy Families America (HFA) Scope of Work.

Q51. Appendix B-1, Objective 8. For both HFA and PAT: States: “Develop a tracking tool and documentation process that will capture the screenings completed, referrals, ...”

If sites are required to use the Stronger Families Database, these assessment tool results are entered into the database. Will this be sufficient for tracking the information requested?

A51. Yes, as indicated in RFA, Appendix B-1 (Revised), Healthy Families America (HFA) Scope of Work, and Appendix B-2 (Revised), Parents As Teachers (PAT) Scope of Work, the Stronger Families Database will be used to track the information requested.

Q52. Appendix B-1, HFA Scope of Work (Page 58) and Appendix B-2, PAT Scope of Work (Page 69): The Scopes of Work includes the objective of “Conduct a Continued Quality Improvement (CQI) process which is aligned with HVP goals.” Can you please define or provide examples of CQI activities for this contract?

A52. Quality improvement examples could be participant satisfaction as well as fidelity to the model review. Applicants awarded a contract under this RFA will work with DPH on a Continued Quality Improvement plan. Please refer to Appendix B-1 (Revised), Healthy Families America (HFA) Scope of Work, and Appendix B-2 (Revised), Parents As Teachers (PAT) Scope of Work

Q53 through Q54 have been grouped and answer is provided at A53-A54

Q53. Appendix B-1, HFA Scope of Work, Page 58: The HFA Scope of Work, Activities and Subtasks column, Activity 9.2 indicates “Communicate quality improvement activities with the Community Advisory Board (CAB) or other community collaborative designated to address quality improvement.” Sites already have existing CABs as a part of the national model requirements and F5LA grant. Can sites utilize their existing CAB from their existing home visiting model or other community collaborative designated to address quality improvement to meet this requirement?

Q54. Appendix B-2, PAT Scope of Work Page 69: The PAT Scope of Work, Activities and Subtasks column, Activity 9.2 indicates “Communicate quality improvement activities with the Community Advisory Board (CAB) or other community collaborative designated to address quality improvement.” Sites already have existing CABs as a part of the national model requirements and F5LA grant. Can sites utilize their existing CAB for their home visiting model or other community collaborative designated to address quality improvement to meet this requirement?

A53-A54

Yes. There are no restrictions using existing CAB or community collaboratives. Please refer to Appendix B-1 (Revised), Healthy Families America (HFA) Scope of Work, and Appendix B-2 (Revised), Parents As Teachers (PAT) Scope of Work.

Q55 through Q57 have been grouped and answer is provided at A55-A57

Q55. Appendix B-1, HFA Scope of Work, Objective 11.1 In SOW Appendix B-1 page 5 of 7 States: “Use model-identified and issued forms, assessment tools, and processes as defined in the model-issued data collection manual...” and Objective 11.2. “Appropriate staff will collect and enter the data defined in the Data User Manual into the Stronger Families database system within 72 working hours of data collection and as required by HFA”

Please clarify if sites are expected to enter data into the HFA forms and database or the Stronger Families Database.

Q56. Appendix B – Scope of Work, Performance Based Criteria (Attachment D) #7. Collection of DMH outcomes, GAD-7 etc. When during the program and how frequently are these assessments to be completed?

Q57. Appendix B – Scope of Work, Performance Based Criteria (Attachment D) #11. “Increase of protective factors” How is this being measured?

A55-A57

Data collection will be done through the Stronger Families Database. Additional data may include forms as applicable. Trainings and schedule will be provided by DPH.

Q58. Appendix B-1, HFA Scope of Work (pdf-Page 58) Objective 11., Activity 11.5. “Data staff will collaborate with the DPH Data personnel to ensure accuracy and timely reporting of data requirements.” Please clarify who these “Data Staff” are? Are they at the sites, or DPH?

A58. Data staff are agency staff entering information into Stronger Families Database DPH data personnel refers to County staff dedicated to ensuring data accuracy and timely reporting.

Q59. Appendix B-1, HFA Scope of Work (pdf-Page 58) and Appendix B-2, PAT SOW (page 71) Objective 12., Activity 12.2. “Ensure timely collection of data from all subcontractors and timely submission of raw data to MCHA Data Manager.” Who are the “subcontractors”? The RFA and Budget sections state (on page 79) that “Subcontracting is not allowed under this contract”.

A59. DPH has revised the Scopes of Work to correct this oversight. Please refer to Appendix B-1 (Revised), Healthy Families America (HFA) Scope of Work, and Appendix B-2 (Revised), Parents As Teachers (PAT) Scope of Work.

Q60. Appendix B - Scope of Work - Attachment B: It indicates that Administrative staff participate in 11 trainings and 3 encouraged trainings; however, they will not be providing direct service nor will they carry a caseload, so what is the purpose of these trainings and are they mandatory for Administrative Staff? Are you willing to revisit the required training list and omit curriculum training as one of the requirements in addition to a few others?

A60. DPH has revised the Scopes of Work to clarify training requirements including that trainings for administrative staff is optional. Please refer to Appendix B-1 (Revised), Healthy Families America (HFA) Scope of Work, and Appendix B-2 (Revised), Parents As Teachers (PAT) Scope of Work.

A61. Appendix B – Scope of Work - Attachment B: At the bottom of the page noted by two asterisks, it is indicated that the 21 trainings must be completed prior to seeing clients. What will occur when a training is unavailable or missed and training time exceeds the 3-month mark for when staff should be fully trained?

A61. The eight (8) trainings indicated with two (2) asterisks are required before clients are seen. Per Appendix B-1 (Revised), Healthy Families America (HFA) Scope of Work, and Appendix B-2 (Revised), Parents As Teachers (PAT) Scope of Work, the training timeline has been revised to allow staff to be trained or scheduled for training within three months of hire. If the training is unavailable, Applicants will not be penalized as long as the staff is scheduled for training and/or registered.

Q62. Appendix B – Scope of Work – Attachment D: Regarding the data collected, where will this data be entered? Will we continue to have access and use the Stronger Families Database created by Net Chemistry and overseen by LABBN? Or will we be expected to use the PAT database Penelope or some other database?

A62. Per Appendix B-1 (Revised), Healthy Families America (HFA) Scope of Work, and Appendix B-2 (Revised), Parents As Teachers (PAT) Scope of Work, Applicants will collect and enter the data in the Stronger Families database system.

Q63. HFA SOW, Attachment D (pdf-Page 64) Performance Target 4 and Appendix B-2, PAT SOW, Attachment D (page 75), Performance Target 15. “100% compliance with MOU” –[Client to Home Visitor ratio not to exceed 25:1]

Sites acknowledge that when clients are receiving less frequent visits, it is acceptable to exceed the 25:1 ratio. Also, when staff are on leave, vacation etc., clients may temporarily be assigned to other staff causing the newly assigned staff to exceed 25 clients.

Would you consider modifying the need for 100% compliance. So that sites will not be placed into non-compliance if they need to increase caseloads to provide services to families.

A63. DPH has revised the Scopes of Work to clarify that caseload may be adjusted in consultation with DPH to ensure fidelity to the evidence-based model and for compliance with County contract requirements. Please refer to Appendix B-1 (Revised), Healthy Families America (HFA) Scope of Work, and Appendix B-2 (Revised), Parents As Teachers (PAT) Scope of Work.

Q64 through Q65 have been grouped and answer is provided at A64-A65

Q64. HFA SOW, Attachment D (pdf-Page 64) Performance Target 7; and Appendix B-2, PAT SOW, Attachment D (page 75), Performance Target 18. “100% compliance with completion of screening tools including client refusals”

Would you consider modifying the need for 100% compliance, such as 100% compliance with completion of indicated or appropriate screening tools? Or a percentage less than 100%? This would allow for sites to maintain compliance with the contract when ASQ-3 or SE2 screening is not appropriate as for with children that already have a developmental delay diagnosis and who are receiving services for the delay.

- Q65. Appendix B-2, PAT Scope of Work, Page 75 (Attachment C): The following language appears under Performance Targets: “DPH and its contractors will demonstrate improvement from baseline measure by increasing protective factors for mothers and their children.”**

How does DPH anticipate that improvement in protective factors will be measured? Will DPH provide tools/instruments to be administered, and collect and analyze the raw data (to be entered by contractor's data entry staff) from those, or is the contractor responsible for all those tasks?

We have developed, with an evaluation consulting firm, pre and post surveys to assess improvement in protective factors. If we will be responsible for demonstrating improvement from baseline, the assistance of our evaluator will be required. Page 79, Budget Preparation Instructions, specifies that "Consulting services are not allowed under this contract."

A64-A65

Agency must complete screening for all eligible clients. Agency shall maintain documentation for all screenings and of refusal and non-applicable screenings. DPH will provide instructions to Agency during the required data collection training.

Additionally, DPH will provide Agency data collection instruments, trainings, and instructions.

Q66 through Q68 have been grouped and answer is provided at A66-A68

- Q66. HFA SOW, Attachment D (pdf-Page 64) Performance Target 8; and Appendix B-2, PAT SOW, Attachment D (page 75), Performance Target 19. “maintain records of 100% of referrals made and the referral outcome.”**

Would you consider modifying the need for tracking “100% of referral outcome”. If clients are lost for follow-up sites may not be able to record the referral outcome.

- Q67. HFA SOW, Attachment D (pdf-Page 64) Performance Target 10; and Appendix B-2, PAT SOW, Attachment D (page 75), Performance Target 21. “80% or more of the recipients served through HVP will provide a satisfaction rating of the services received.”**

Please clarify when client satisfaction is to be evaluated during the program. Also, the literature reports retention rates of 70% at six months and 50% to 12 months. How will you handle obtaining client satisfaction for clients who are lost to follow-up or decline further participations? It is unlikely that sites will be able to survey all clients served.

- Q68. HFA SOW, Attachment D (pdf-Page 64) Performance Target 11; and Appendix B-2, PAT SOW, Attachment D (page 75), Performance Target 22.**

Please clarify how DPH is defining “demonstrate improvement” and the timeframe for achieving this improvement.

A66-A68

DPH will provide Agencies with the framework and surveys to be used to evaluate client satisfaction. Agencies shall account for clients who are lost to follow-up or decline participation. DPH will provide instructions to Agencies during the required data collection and performance training.

APPENDIX C, Budget Preparation Instructions and Budget Forms

Q69 through Q70 have been grouped and answer is provided at A69-A70

Q69. Appendix C, Budget Preparation Instructions, Page 79: The RFA indicates “subcontracting is not allowed under this contract.” The RFA also identifies a list of required training for HFA and PAT (Page 62 and 74). As many of these training are not available within the implementing organizations themselves, in what section of the Budget should the needed funding for external trainers and/or training coordination be included in the Budget (e.g., in the “Other” section)?

Q70. Appendix C, Budget Preparation Instructions, Page 79: The RFA indicates “subcontracting is not allowed under this contract.” The HFA and PAT national models require sites to send staff to trainings in the USA or allows sites to host a local training if there are sufficient participants. Is the cost for a local training expected to be shared across individual sites? In what section of the Budget should the needed funding for external trainers and/or training coordination be included in the Budget (e.g., in the “Other” section)?

A69-A70

Applicants may not use subcontractors for the services solicited under this RFA and any resulting Contract. However, Applicants may use consultants for trainings required by the respective home visitation model. See Part 1 – Modifications to RFA, item 1, of this Addendum.

Q71. Appendix C pg. 2 #3 Travel “All travel must be directly related to the accomplishing the objective of the program.” Does this category include travel out of state for the HFA Core trainings and related expenses? Are HFA National Conferences applicable in this section as well? For the county required trainings, is there a location we can use to calculate the travel costs?

A71. Please refer to Appendix C (Revised), Budget Preparation Instructions. Travel and Training expenses should include training cost, travel to trainings in/out of state, and mileage for agency staff. County-required trainings are tentatively scheduled to be held at 600 South Commonwealth Avenue, Los Angeles, CA 90005.

Q72. Appendix C pg. 2 #4 Supplies “A direct correlation between direct client-related supply costs and the proposed number of units of service” Is the proposed number of units the 150 or 120 families referred in the Scope of Work?

- A72. DPH has revised the Scopes of Work to clarify the number of participants to be served. Please refer to Appendix B-1 (Revised), Healthy Families America (HFA) Scope of Work.

APPENDIX K, Sample Contract

Q73 through Q74 have been grouped and answer is provided at A73-A74.

- Q73. Appendix K pg.5 E “The primary objective of the annual cost report shall be to provide the County with actual expenditure data for the contract period that shall serve as the basis for determining final amounts due to/from the Contractor.” To clarify, is this contract fee for service? If so what will be the reimbursement rate? Is this cost reimbursement?**

- Q74. Appendix K, Sample Contract. Page 4, 6.A – Invoices and Payment, “the Contractor shall invoice the County only for providing the tasks, deliverables, goods, services, and other work specified in Exhibit A and/or B...”**

a. What is the required billing structure? How will grantees be paid for the services delivered? Will the contract be reimbursed based on a set case rate or based on service delivery, or cost reimbursement e.g., the CalWORKs Case Management contract? This information would be helpful as we create our budget.

A73-A74

Payment for all work performed under the resultant contract shall be on Cost Reimbursement basis. Please refer to Appendix K, Sample Contract, Paragraph 6, INVOICES AND PAYMENT, for additional information.

APPENDIX L, List of Priority Cities by Service Planning Areas (SPAs) for Home Visitation Program

Q75 through Q76 have been grouped and answer is provided at A75-A76.

- Q75. Appendix L pg.1 SPA 3 cities listed- Can other cities in SPA 3 qualify other than the ones noted? We currently serve a Best Start area that has been identified as high need and does not cover the entirety of the 2 cities in the Best Start Area. It would catch those families that are interested, qualify under the current guideline, but they don't live in the Best Start catchment area.**

- Q76. Appendix L: List of High Priority Cities by Service Planning Areas for Home Visitation Program, Page 1: Can we only serve participants from the listed zip codes? For example, North Hills (91343, 91393) and Panorama City (91402, 91412) are not listed, yet they are very high need areas.**

A75-A76

Applicants will need to focus their efforts in high priority cities listed in RFA, Appendix L, but may provide services to all eligible clients in their assigned SPA.

**Q77. Appendix L – List of High Priority Cities by SPA for Home Visitation Program.
a. Is there a limit on how many high priority cities we can apply to serve?**

A77. Under the RFA, Applicant is not required to identify the high priority cities it wishes to serve. Appendix L, List of High Priority Cities by Service Planning Areas (SPAs) for Home Visitation Program, is provided as a reference to identify the high priority cities within the SPA. However, Applicant is required to complete and submit with their Application Exhibit 14 (Revised), Proposed Service Planning Area (SPA) for Home Visitation Program, and identify the SPA(s) where Agency is able to provide Home Visitation Program services.

Pursuant to RFA, Section 1.8, County Rights and Responsibilities, Addendum Number 2 has been made available on the Los Angeles County Department of Public Health Contracts and Grants website at <http://publichealth.lacounty.gov/cg/index.htm> and on the Los Angeles County – Doing Business With Us website at <http://camisvr.co.la.ca.us/lacobids/BidLookUp/BidOpenStart.asp>.

Thank you for your interest in contracting with the County of Los Angeles. Except for the revisions contained in Addendum Number 1 and Addendum Number 2, there are no other revisions to the RFA. All other terms and conditions of the RFA remain in full force and effect.

Attachments

#04376

**COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH
REQUIRED FORMS - EXHIBIT 2 (REVISED)**

VENDOR'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT AND CBE INFORMATION

Please complete, sign and date this form. The person signing the form must be authorized to sign on behalf of the Vendor and to bind the applicant in a Contract.

1. Is your firm a corporation or limited liability company (LLC)*? Yes No
If yes, complete:
Legal Name (found in Articles of Incorporation) _____
State _____ Year Inc. _____
2. If your firm is a limited partnership or a sole proprietorship, state the name of the proprietor or managing partner*:

3. Is your firm doing business under one or more DBA's? Yes No
If yes, complete:
- | Name | County of Registration | Year became DBA |
|-------|------------------------|-----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
4. Is your firm wholly/majority owned by, or a subsidiary of another firm? Yes No
If yes, complete:
Name of parent firm: _____
State of incorporation or registration of parent firm: _____
5. Has your firm done business as other names within last five (5) years? Yes No
If yes, complete:
- | | | | | |
|------------|-------|-------|-------|--------|
| Name _____ | Year | of | Name | Change |
| _____ | _____ | _____ | _____ | _____ |
| Name _____ | Year | of | Name | Change |
| _____ | _____ | _____ | _____ | _____ |
6. Is your firm involved in any pending acquisition or mergers, including the associated company name?
 Yes No If yes, provide information:

Vendor acknowledges and certifies that firm meets and will comply with the Vendor's Minimum Qualifications as stated in Section 1.5, of this Request for Applications, as listed below.

Check the appropriate boxes:

Healthy Families America (HFA) Applicant (leave blank if not applicable):

Yes No Vendor must be actively accredited by the HFA National Office.

Yes No Vendor must have a current contract in good standing with First 5 LA providing home visitation services ~~using the HFA evidence-based model that is linked to Stronger Families database application at NetChemistry.~~

**COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH
REQUIRED FORMS - EXHIBIT 2 (REVISED)**

VENDOR'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT AND CBE INFORMATION

- Yes** **No** Vendor must have a minimum of one (1) year experience in the last three (3) years providing home visitation services using the HFA model.
- Yes** **No** Vendor must be located and maintain a business office in Los Angeles County.

Unresolved Disallowed Costs

If Vendor has any County contract that has been reviewed by the Department of the Auditor-Controller within the last 10 years, Vendor does not have unresolved questioned costs identified by the Auditor-Controller in an amount over \$100,000.00 that are confirmed to be disallowed costs by the contracting County department and remain unpaid for a period of six months or more from the date of disallowance, unless such disallowed costs are the subject of current good faith negotiations to resolve the disallowed costs, in the opinion of the County.

- Vendor does not have unresolved disallowed costs as described above.
- Vendor has unresolved disallowed costs as described above.

Parents As Teachers (PAT) Applicant (leave blank if not applicable):

- Yes** **No** Vendor must be actively accredited by the PAT National Center.
- Yes** **No** Vendor must have a current contract in good standing with First 5 LA providing home visitation services ~~using the PAT evidence-based model that is linked to Stronger Families database application at NetChemistry.~~
- Yes** **No** Vendor must have a minimum of one (1) year experience in the last three (3) years providing home visitation services using the PAT model.
- Yes** **No** Vendor must be located and maintain a business office in Los Angeles County.

Unresolved Disallowed Costs

If Vendor has any County contract that has been reviewed by the Department of the Auditor-Controller within the last 10 years, Vendor does not have unresolved questioned costs identified by the Auditor-Controller in an amount over \$100,000.00 that are confirmed to be disallowed costs by the contracting County department and remain unpaid for a period of six months or more from the date of disallowance, unless such disallowed costs are the subject of current good faith negotiations to resolve the disallowed costs, in the opinion of the County.

- Vendor does not have unresolved disallowed costs as described above.
- Vendor has unresolved disallowed costs as described above.

**COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH
REQUIRED FORMS - EXHIBIT 2 (REVISED)**

VENDOR’S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT AND CBE INFORMATION

I. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Specify)						
Total Number of Employees (including owners):						
Race/Ethnic Composition of Firm. Distribute the above total number of individuals into the following categories:						
Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino						
Asian or Pacific Islander						
American Indian						
Filipino						
White						

II. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	%	%	%	%	%

III. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Other

Vendor further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this bid are made, the application may be rejected. The evaluation and determination in this area shall be at the Director’s sole judgment and his/her judgment shall be final.

DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION IN EXHIBIT 2 IS TRUE AND ACCURATE.

VENDOR NAME:		COUNTY WEBVEN NUMBER:			
ADDRESS:			DUNS NUMBER:		
PHONE NUMBER:	E-MAIL:		CAGE NUMBER:		
INTERNAL REVENUE SERVICE EMPLOYER IDENTIFICATION NUMBER:			CALIFORNIA BUSINESS LICENSE NUMBER:		
VENDOR OFFICIAL NAME AND TITLE (PRINT):					
SIGNATURE				DATE	

REQUIRED FORMS - EXHIBIT 14 (REVISED)

PROPOSED SERVICE PLANNING AREA (SPA) FOR HOME VISITATION PROGRAM

Applicant/Agency's Legal Name:	
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SECTION A: APPLICANT'S AUTHORIZED PERSON AND SIGNATURE (Identify the person authorized to sign on behalf of the Applicant and to bind the applicant in the Contract.)

Name:	Title:
Email:	Phone #:
Mailing Address:	City, State, Zip Code:
Signature (blue ink):	Date of Signature:

INSTRUCTIONS:

Check up to three (3) Service Planning Areas (SPAs) where your agency is able to provide Home Visitation Program (HVP) services in Section B below, and indicate the order of preference. Please see Appendix L, List of High Priority Cities by Service Planning Areas (SPAs) for Home Visitation Program, for reference. Applicants recommended for a contract will provide services in only one (1) SPA. The information below will be utilized for contract negotiations to determine the area where services will be provided. The County retains the right to negotiate SPAs to be served to address geographical need **and the type of home visitation model selected.**

SECTION B: Applicant shall check up to three (3) SPAs where it is able to provide the required HVP services for HFA or PAT, and indicate the the order of preference.

Healthy Families America (HFA)	Parents As Teachers (PAT)
SPA 1* <input type="checkbox"/> Preference #:	SPA 1 <input type="checkbox"/> Preference #:
SPA 2 <input type="checkbox"/> Preference #:	SPA 2 <input type="checkbox"/> Preference #:
SPA 3 <input type="checkbox"/> Preference #:	SPA 3 <input type="checkbox"/> Preference #:
SPA 4 <input type="checkbox"/> Preference #:	SPA 4 <input type="checkbox"/> Preference #:
SPA 6 <input type="checkbox"/> Preference #:	SPA 6 <input type="checkbox"/> Preference #:
SPA 7 <input type="checkbox"/> Preference #:	SPA 7 <input type="checkbox"/> Preference #:
SPA 8** <input type="checkbox"/> Preference #:	SPA 8** <input type="checkbox"/> Preference #:
<p>* DPH recommends SPA 1 utilize the HFA model to leverage existing home visitation services and models in the area. ** DPH's assessment of home visitation services did not identify a substantial need for a designated HFA/PAT service provider in SPA 5. However, to ensure coverage for all individuals who may need and qualify for HFA/PAT services, bids applicants selected for SPA 8 will be required to provide services as needed in SPA 5.</p>	

**County of Los Angeles – Department of Public Health
Maternal, Child and Adolescent Health (MCAH) Programs
Home Visitation Program (HVP)
Healthy Families America (HFA)**

SCOPE OF WORK

TERM: Date of Board Approval – May 31, 2020

APPLICANT: _____

Project Goals:

- 1) The goal of the home visitation is to screen, identify, refer, advocate and coordinate successful mental health and family support linkages thereby preventing trauma risks for young children and strengthening all expectant and parenting families to have healthy, safe and ready to learn children in Los Angeles County.
- 2) Healthy Families America (HFA) agencies will:
 - a. Provide nationally accredited home visiting services to Prevention and Early Intervention priority populations, integrating mental health screening and referrals to support increase in protective factors, decrease in risk factors and promotion of maternal-child well-being.
 - b. Provide leadership and structure for the implementation of the County of Los Angeles DPH-led Home Visiting Program (HVP) at the agency.
 - c. Collect and submit required HVP data, and monitor outcome instrument measures and performance-based criteria to show reduction in risk factors and increase in protective factors.

Objectives	Activities and Subtasks	Timeline	Deliverables
1. Agency should maintain accreditation with the national office of HFA, has business in the service planning area (SPA) of targeted service, and have one year minimum of providing home visitation services.	1.1 HFA model will be used as the sole model for delivery of services and curriculum under this funding and not in combination with another model. To ensure a clear distinction of the home visitation model used, DPH prefers the Agency uses a curriculum other than PAT.	Ongoing through May 31, 2020	1.1 HFA curriculum will be submitted to DPH for implementation approval.
2. Agency will implement the LAC DPH lead HVP using culturally sensitive home visiting practices.	2.1 Staff will participate in and complete cultural sensitivity trainings via in person attendance and/or webinar.	Ongoing through May 31, 2020	2.1 Training schedules, materials, and attendance records on file. Copies of training certificate completions on file, as applicable.
	2.2 Use culturally sensitive materials and translation/interpreter services when necessary.	Ongoing through May 31, 2020	2.2 Maintain samples of materials and directory of translation/interpreter services.
	2.3 Develop and maintain tracking record of translation/interpreter services used.	Ongoing through May 31, 2020	2.3 Tracking system developed and maintained.

**County of Los Angeles – Department of Public Health
Maternal, Child and Adolescent Health (MCAH) Programs
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Healthy Families America (HFA)**

SCOPE OF WORK

Objectives	Activities and Subtasks	Timeline	Deliverables
<p>3. Agency will hire, train and retain staff in compliance with the HFA model, as well as in compliance with HVP training requirements and implementation of the screening tools that are required by the HVP.</p>	<p>3.1 Ensure personnel needed are hired in accordance to the HFA model.</p> <p>3.2 Ensure home visiting staff receives or is scheduled for core training on the HFA model.</p> <p>3.3 Ensure home visiting staff participate and complete or is scheduled for the following trainings:</p> <ul style="list-style-type: none"> a. Safety: Non-violent Crisis Intervention, Safe Driving, and Field Safety b. Capacity Building: Impact of ACEs across the Lifespan, Grief and Loss, and Family Violence c. HVP required Screening Tools: PHQ-9, GAD-7, PAPF, ASQ-SE 2, and ASQ-3 d. Administrative: HIPAA, Confidentiality, and Health Care Coverage e. DMH provided training: Mental health First Aid, Youth mental Health First Aid, Impact of Toxic Stress and Promoting Resilience f. Additional trainings that are deemed necessary to assist the home visitors in providing home visits. See Attachment B for list of required trainings. <p>3.4 Participate in HVP meetings, workgroups, and trainings as directed by the HVP.</p>	<p>Within 4th 3rd month of HVP participation</p> <p>Within 4th 3rd month of HVP participation hire</p> <p>Within 3 months of HVP participation hire</p> <p>Ongoing through May 31, 2020</p>	<p>3.1 Staffing requirement and qualification records on file.</p> <p>3.2 Training schedules, materials, and attendance records on file.</p> <p>3.3 Training schedules, materials, and attendance records on file.</p> <p>3.4 Training schedules, materials, and attendance records on file.</p>

**County of Los Angeles – Department of Public Health
Maternal, Child and Adolescent Health (MCAH) Programs
Home Visitation Program (HVP)
Healthy Families America (HFA)**

SCOPE OF WORK

Objectives	Activities and Subtasks	Timeline	Deliverables
	<p>3.5 Hire and maintain sufficient staff to serve 420 150 participants per year and adhere to the specific evidence-based model guidelines.</p> <p>3.6 Develop and maintain tracking mechanism for staff's training completion.</p>	<p>First month, thereafter ongoing through May 31, 2020</p> <p>Ongoing through May 31, 2020</p>	<p>3.5 Report staffing changes to HVP within 5 working days using a template recommended by HVP.</p> <p>3.6 Tracking system developed and maintained.</p>
<p>4. Agency will reach active caseload of 150 75 participants (25 clients to one home visitor) within six (6) months of initial HVP implementation and maintain the caseload throughout the duration of the program.</p> <p>* Caseload numbers may be adjusted in consultation with DPH and the national model.</p>	<p>4.1 Services will be provided to high risk and/or high need pregnant or parenting women with one or more of the criteria listed in Attachment A.</p> <p>4.2 Agency will work with DPH to develop an outreach plan.</p> <p>4.3 Provide outreach to the community.</p> <p>4.4 Receive referrals from appropriate agencies and triage as appropriate to meet the required number of enrolled participants.</p> <p>4.5 Maintain active caseload at capacity.</p> <p>4.6 Accountability for caseload should be maintained. Agency will be placed on Corrective Action if active caseload capacity is not met at 75% by the sixth month after</p>	<p>Ongoing through May 31, 2020</p> <p>Within 3 months of HVP participation</p> <p>Ongoing through May 31, 2020</p> <p>Ongoing through May 31, 2020</p> <p>6th month after implementation, and monthly thereafter</p> <p>6th month after implementation, and monthly thereafter</p>	<p>4.1 Maintain documentation of enrollment criteria in client chart.</p> <p>4.2 Maintain copy of outreach plan.</p> <p>4.3 Maintain an outreach log with program contacted, method, materials used and date of contact.</p> <p>4.4 Maintain a documented triage process.</p> <p>4.5 Monitor monthly caseload, including new enrollments and dismissals.</p> <p>4.6 Reach active caseload by 75% at the end of the 6th month and consistently maintain 85% of caseload capacity.</p>

**County of Los Angeles – Department of Public Health
Maternal, Child and Adolescent Health (MCAH) Programs
Home Visitation Program (HVP)
Healthy Families America (HFA)**

SCOPE OF WORK

Objectives	Activities and Subtasks	Timeline	Deliverables
	HFA Model Training and not consistently maintained above 85% of capacity.		
5. Agency will ensure fidelity to the HFA program national model, as well as the program-required quality assurance.	5.1 Abide by HFA model requirements and must be implemented in accordance with the HFA 12 Critical Elements and the HFA Best Practice Standards.	Ongoing through May 31, 2020	5.1 Maintain current accreditation with HFA Prevent Child Abuse America (PCAA) National Office.
6. Agency will implement the home visiting program using current policies and procedures.	6.1 Conduct an annual review of the HFA site policies and procedures, and recommend updates as needed. 6.2 Comply with applicable LAC DPH HVP Policies, Procedures, and Protocols.	Ongoing through May 31, 2020 Ongoing through May 31, 2020	6.1 Maintain copies of HFA policies and procedures. Must be available on site visit and upon request. 6.2 Implement applicable and related LAC DPH HVP Policies, Procedures, and Protocols.
7. Collect participant data using the HFA and HVP-required forms and maintain current and accurate documentation.	7.1 Develop chart documentation processes and procedures. 7.2 Supervisor will implement and oversee chart audit process including review of all current charts at minimum of 3 times per year.	Upon enrollment of participants, ongoing thereafter Every 3-4 months	7.1 Maintain up-to-date chart documentation procedures. 7.2 Maintain chart documentation and audit process.
8. Agency will use the HVP required screening tools mentioned in 3.2.c, perform outreaches and coordinated services, make referrals and linkages, and perform follow-up to ensure successful linkages.	8.1 Develop a tracking tool and documentation process that will capture the screenings completed, as well as referrals, linkages, and coordinated services that were done for the clients served.	Ongoing through May 31, 2020	8.1 Maintain a data tool log that will list the screenings completed and corresponding referrals and successful linkages, which shall include: a. PHQ-9 b. GAD-7 c. PAF

**County of Los Angeles – Department of Public Health
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SCOPE OF WORK

Objectives	Activities and Subtasks	Timeline	Deliverables
	<p>8.2 Agency shall utilize the key strategic approach in incorporating the five critical protective factors, namely:</p> <ul style="list-style-type: none"> a. Parental resilience b. Social connections c. Concrete support d. Knowledge of parenting and child development e. Social and emotional competence of child 	<p>Ongoing through May 31, 2020</p>	<ul style="list-style-type: none"> d. ASQ-SE2 e. ASQ-3 <p>Maintain log of tools utilized on file and subject to DPH's audit review</p>
<p>9. Conduct a Continued Quality Improvement (CQI) process which is aligned with HVP goals.</p>	<p>9.1 Agency will work with DPH to develop a CQI plan.</p> <p>9.2 Perform DPH HVP-directed CQI activities.</p> <p>9.3 Communicate quality improvement activities with the new or existing Community Advisory Board (CAB) or other community collaborative designated to address quality improvement.</p>	<p>Within 3 months of HVP participation</p> <p>Quarterly</p> <p>Quarterly</p>	<p>9.1 Maintain copy of CQI plan.</p> <p>9.2 Report action steps taken to achieve program improvement on selected priority areas.</p> <p>9.3 Maintain CAB as a resource for program improvement.</p>

**County of Los Angeles – Department of Public Health
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SCOPE OF WORK

Objectives	Activities and Subtasks	Timeline	Deliverables
10. Agency will use data to inform and improve program activities.	10.1 Supervisor will use HFA model-issued reports and HVP-created reports, as available in the approved data system for the purposes of data cleaning, CQI, and program management.	Quarterly	10.1 Supervisor will demonstrate understanding of the program quality measures. Site visits and CQI calls will be conducted.
11. Collect all information that contributes to the data elements and outcomes measure that are required by the HVP (See Attachment C)	<p>11.1 Use model-identified and issued forms, assessment tools, and processes as defined in the model-issued data collection manual. Further, the site will use HVP required data forms and processes to support the data collection and analyses.</p> <p>11.2 Appropriate staff will collect and enter the data defined in the Data User Manual into the Stronger Families database system within 72 working hours (three days) of data collection and as required by HFA.</p> <p>11.3 Staff will verify the accuracy and completeness of data input into the HFA data system adhering to data cleaning schedule.</p> <p>11.4 Staff will submit the required data to the HVP Data Collection and Analysis group.</p> <p>11.5 Data staff will collaborate with the DPH Data</p>	<p>Ongoing through May 31, 2020</p> <p>Ongoing through May 31, 2020</p> <p>Quarterly</p> <p>Quarterly</p> <p>Ongoing through May 31, 2020</p>	<p>11.1 Provide required data and reports as specified in Attachment C.</p> <p>11.2 Comply with the monthly and quarterly data cleaning schedule provided by HVP Program.</p> <p>11.3 Data entry personnel and supervisors will demonstrate reporting proficiency.</p> <p>11.4 Data system personnel compiles, summarizes, and prepares the site's quarterly reports and submit to DPH HVP data management team to comply with regular data review and analysis.</p> <p>11.5 All required raw data delivered to</p>

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Objectives	Activities and Subtasks	Timeline	Deliverables
	<p>personnel to ensure accuracy and timely reporting of data requirements.</p>		<p>HVP Data Manager by specified timelines in evaluation plan; Tracking sheets specifying raw data received, by which agency, date submitted, and any important notes regarding data/data submission kept on file.</p>
<p>12. Adhere to the Performance-Based Criteria and Targets as outlined in Attachment D.</p>	<p>12.1 Agency management and staff should read, understand, implement, and use the 11 performance-based criteria to meet the corresponding performance targets. (See Attachment D)</p> <p>12.2 Ensure timely collection of data from all subcontractors and timely submission of raw data to MCAH Data Manager.</p>	<p>Varied, depending on the criterion.</p> <p>Ongoing through May 31, 2020</p>	<p>12.1 Performance targets as listed in Attachment D are met.</p> <p>12.2 All required raw data delivered to HVP Data Manager by specified timelines in evaluation plan; Tracking sheets specifying raw data received, by which agency, date submitted, and any important notes regarding data/data submission kept on file.</p>
<p>13. Agency will participate in Targeted Case Management (TCM)</p>	<p>13.1 All home visitors, supervisors, program managers and support staff will attend trainings as needed.</p> <p>13.2 Designate an agency lead for TCM to support staff training, time survey participation and hold staff accountable to meeting goals for TCM.</p>	<p>Ongoing through May 31, 2020</p> <p>Ongoing through May 31, 2020</p>	<p>13.1 Maintain staff training log and training materials.</p> <p>13.2 Maintain staff log and relevant correspondences.</p>

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SCOPE OF WORK

Objectives	Activities and Subtasks	Timeline	Deliverables
	13.3 All home visiting staff funded by DPH to complete time surveys. Participating staff will be responsible for tracking their time.	Ongoing through May 31, 2020	13.3 Maintain copies of time surveys, timecards and other supporting documents.
	13.4 Participate in other TCM-related meetings and trainings as requested.	Ongoing through May 31, 2020	13.4 Maintain meeting agendas and materials on file.
	13.5 Relevant agency staff participate in technical assistance and quality improvement work as needed.	Ongoing through May 31, 2020	13.5 Maintain correspondences and other supporting documents.
	13.6 All home visitors and supervisors must obtain and maintain a National Provider Identifier (NPI) number.	Ongoing through May 31, 2020	13.6 Maintain log of home visitor and supervisor NPI numbers.
	13.7 Provide TCM updates as requested to DPH.	Ongoing through May 31, 2020	13.7 Maintain correspondences and other supporting documents.

**County of Los Angeles – Department of Public Health
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SCOPE OF WORK

ENROLLMENT CRITERIA

Services will be provided to high risk and/or high need pregnant or parenting women with one or more of the criteria listed below. The enrollment time frame will be based on program model requirements or as agreed upon between DMH and DPH. Once enrolled, mothers and their families can continue receiving services until the focus child's third birthday. Preferably, a family's services can be extended up to the focus child's fifth birthday as per model or funding allow.

1. Pregnant /parenting women who are at risk of developing maternal depression;
2. Pregnant/parenting women who exhibit early signs of a severe mental illness;
3. Pregnant/parenting women with a substance use issue;
4. Pregnant/parenting youth in or at risk of entry/re-entry into the juvenile justice system;
5. Pregnant/parenting women in or at risk of entry/re-entry into the criminal justice system;
6. Pregnant/parenting women with special needs such as deaf and hard of hearing, developmentally delay, physical disabilities, and other physical or developmental disabilities;
7. Pregnant/parenting women experiencing homelessness;
8. Pregnant/parenting women currently or previously in the foster care system;
9. Pregnant/parenting women who have been exposed to trauma;
10. Pregnant/parenting women involved or at risk of involvement with the Department of Children and Family Services (DCFS).

**County of Los Angeles – Department of Public Health
Maternal, Child and Adolescent Health (MCAH) Programs
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SCOPE OF WORK

Home Visiting Program Required Training List

Training	Program Manager	Supervisor	Home Visitor	Administrative Staff
1. Orientation and Framework**	X	X	X	✗ Optional
2. National Model & Curriculum training**	X	X	X	✗ Optional
3. Home Visitor Safety and Self Defense	X	X	X	Encouraged
4. Maternal Depression and PHQ-9**	Encouraged	X	X	Encouraged
5. Life Skills Progression**	Encouraged	X	X	
6. Motivational Interviewing & Follow-up	Encouraged	X	X	Encouraged
7. Empathetic and Parent and Child Communication	X	X	X	✗ Optional
8. Brain Development and Early Infant Development	X	X	X	✗ Optional
9. Bonding and Attachment	X	X	X	✗ Optional
10. Reflective Practice	X	X	X	✗ Optional
11. Family Planning		X	X	
12. Health Coverage	X	X	X	✗ Optional
13. Child Abuse and Mandatory Reporting**	X	X	X	✗ Optional
14. Milestones and Development: Expectations for Birth to 12 months	Encouraged	X	X	
15. Using the ASQ-3 to Communicate about Child Development**	Encouraged	X	X	
16. ASQ-SE2**		X	X	
17. Cultural Competency & Humility	X	X	X	✗ Optional
18. Family Violence	X	X	X	✗ Optional
19. Preventive Care: Prenatal, Postpartum, and Newborn Care	Encouraged	X	X	
20. Healthy Homes and Infant Toddler Safety		X	X	
21. HIPAA training**	X	X	X	✗ Optional

** Required before starting to see clients

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SCOPE OF WORK

DATA ELEMENT REQUIREMENT	
DESCRIPTIVE ELEMENTS	PERFORMANCE ELEMENTS
Maternal elements: DOB or age, race, ethnicity, primary language, sexual orientation, disability, veteran status, gender assigned at birth, gender identity, number of prior pregnancies, number of prior births, residential ZIP code, presence/ involvement of the father of baby (FOB) at onset of current pregnancy	Maternal elements: depression and anxiety screening, referral, and linkage; completion of postpartum visit; birthing interval; educational attainment; maternal substance use; breastfeeding
Child elements: DOB, full or pre-term birth, live birth, birth weight	Child elements: well-child examinations/visits; child developmental screening, referral, and linkage; child abuse report; child care; early childhood education
Service delivery elements: First successful completed home visit, enrollments, end of the client retention, number of home visits, number of program completions, termination date (early and scheduled), reason for early termination	Parenting capacity: protective factors

**County of Los Angeles – Department of Public Health
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SCOPE OF WORK

PERFORMANCE-BASED CRITERIA AND PERFORMANCE TARGETS		
PERFORMANCE-BASED CRITERIA	METHOD OF DATA COLLECTION	PERFORMANCE TARGETS
1. Language parity between staff and clients	Staff Roster with language capacity	Multi-lingual staff in direct proportion to the percentage of multi-lingual clients served
2. Enrollment of women and families that meet target population criteria	Raw data & Aggregate Summary via quarterly invoices	85% women and families referred that meet target population criteria will be enrolled into services
3. DPH and its contractors provide services in the home of client	Raw data & Aggregate Summary	85% of home visiting services are provided in the home of clients
4. Required client-to-home visitor ratio not to exceed 25:1	Staff Roster with client capacity	100% compliance with required staffing to provide services outlined in the MOU
5. Contractor will provide Program specific trainings to all their home visitors	Sign-in sheet or certificate of training completion	100% of home visitors will receive the HFA program specific trainings (refer to section 9.0 Trainings)
6. Home visitors will participate in DMH mental health trainings	Sign-in sheet or certificate of training completion	100% of home visitors will participate in all DMH mental health trainings provided specific to HVP (refer to section 9.0 Trainings)
7. Collect outcomes as directed by DMH	Home visitors will administer the GAD-7, PHQ-9, PAPP, and ASQ questionnaires to individuals served by HVP	100% compliance with completion of screening tools including tracking of client refusal(s)
8. Referral and Linkages to mental health services	Monthly Tracking of referrals and participation	DPH and its contractors will maintain records of 100% of referrals made and the referral outcomes
9. Referral and Linkages to additional supportive services	Monthly Tracking of referrals and participation	DPH and its contractors will maintain records of 100% of referrals made and the referral outcome
10. DPH obtains input from individuals served by the HVP that gauges effectiveness, satisfaction, and knowledge gained by the services and supports delivered	DMH will provide a participant satisfaction survey which will be disseminated to all individuals served by HVP	80% or more of the recipients served through HVP will provide a satisfaction rating of the services received
11. Increase of Protective Factors	Raw data & Aggregate Summary provided via quarterly invoices	DPH and its contractors will demonstrate improvement from baseline measure by increasing protective factors for mothers and their children

**County of Los Angeles – Department of Public Health
Maternal, Child and Adolescent Health Division (MCAH)
Home Visitation Program (HVP)
Parents as Teachers (PAT)**

SCOPE OF WORK

TERM: Date of Board Approval – May 31, 2020

APPLICANT: _____

Project Goals:

- 1) The goal of the home visitation program is to screen, identify, refer, advocate and coordinate successful mental health linkages thereby preventing trauma risks for young children and strengthening all expectant and parenting families to have healthy, safe and ready to learn children in Los Angeles County.
- 2) Parent As Teachers (PAT) agencies will:
 - a. Provide home visiting services to Prevention and Early Intervention (PEI) priority populations by integrating mental health screening and referrals to support increase in protective factors, decrease in risk factors and promote maternal-child well-being.
 - b. Provide leadership and structure for the implementation of the County of Los Angeles DPH-led Home Visiting Program (HVP) at the agency.
 - c. Collect and submit required-HVP data, then monitor outcome instrument measures and performance-based criteria to show reduction in risk factors and increase in protective factors.

Objectives	Activities and Subtasks	Timeline	Deliverables
1. Agency should maintain accreditation as an affiliate program of the PAT National Center, has business in the service planning area (SPA) of targeted service, and have one year minimum of providing home visitation services.	1.1 PAT model will be used as its sole model for delivery of services under this funding and not in combination with another model.	Ongoing through May 31, 2020	1.1 PAT curriculum will be submitted to DPH for implementation approval.
2. Agency will implement the LAC DPH-led HVP using culturally sensitive home visiting practices.	2.1 Staff will participate in and complete cultural sensitivity trainings via in-person attendance and/or webinar.	Ongoing through May 31, 2020	2.1 Training schedules, materials, and attendance records on file. Copies of training certificate completions on file, as applicable.
	2.2 Use culturally sensitive materials and translation/interpreter services when necessary.	Ongoing through May 31, 2020	2.2 Maintain samples of materials and directory of translation/interpreter services.
	2.3 Develop and maintain tracking record of translation/interpreter services used.	Ongoing through May 31, 2020	2.3 Tracking system developed and maintained.

**County of Los Angeles – Department of Public Health
Maternal, Child and Adolescent Health Division (MCAH)
Home Visitation Program (HVP)
Parents as Teachers (PAT)**

SCOPE OF WORK

Objectives	Activities and Subtasks	Timeline	Deliverables
<p>3. Agency will hire, train and retain staff in compliance with the PAT Model Essential Requirements, as well as to meet the HVP training requirements to successfully implement screening tools that are required by the HVP.</p>	<p>3.1 Ensure personnel needed are hired in accordance to the PAT model.</p> <p>3.2 Ensure home visiting staff receives or is scheduled for the Parents as Teachers Foundational and Model Implementation Training.</p> <p>3.3 Ensure home visiting staff participate and complete or is scheduled for the following trainings:</p> <ul style="list-style-type: none"> a. Safety: Non-violent Crisis Intervention, Safe Driving, and Field Safety b. Capacity Building: Impact of ACEs across the Lifespan, Grief and Loss, and Family Violence c. HVP required Screening Tools: PHQ-9, GAD-7, PAPP, ASQ-SE 2, and ASQ-3 d. Administrative: HIPAA, Confidentiality, and Health Care Coverage e. DMH provided training: Mental health First Aid, Youth mental Health First Aid, Impact of Toxic Stress and Promoting Resilience. f. Additional training that are deemed necessary to assist the home visitors in providing home visits. See Attachment B for list of required trainings. <p>3.4 Participate in HVP meetings, workgroups, and trainings as directed by the HVP.</p>	<p>Within 4th 3rd month of HVP participation</p> <p>Within 4th 3rd month of HVP participation hire</p> <p>Within 3 months of HVP participation hire</p> <p>Ongoing through May 31, 2020</p>	<p>3.1 Staffing requirement and qualification records on file.</p> <p>3.2 Training schedules, materials, and attendance records on file.</p> <p>3.3 Training schedules, materials, and attendance records on file.</p> <p>3.4 Training schedules, materials, and attendance records on file.</p>

**County of Los Angeles – Department of Public Health
Maternal, Child and Adolescent Health Division (MCAH)
Home Visitation Program (HVP)
Parents as Teachers (PAT)**

SCOPE OF WORK

Objectives	Activities and Subtasks	Timeline	Deliverables
	<p>3.5 Hire and maintain sufficient staff to serve minimum of 480 150 (30 25 per home visitor) participants and adhere to specific evidence-based model guidelines.</p> <p>3.6 Develop and maintain tracking mechanism for staff's training completion.</p>	<p>First month, thereafter ongoing through May 31, 2020</p> <p>Ongoing through May 31, 2020</p>	<p>3.5 Report staffing changes to HVP within 5 working days using a template recommended by HVP.</p> <p>3.6 Tracking system developed and maintained.</p>
<p>4. Agency will reach active caseload of 480 150 participants (30 25 clients to one home visitor) within six (6) months of initial HVP implementation and maintain the caseload throughout the duration of the program.</p> <p>* Caseload numbers may be adjusted in consultation with DPH and the national model.</p>	<p>4.1 Services will be provided to high risk and/or high need pregnant or parenting women with one or more of the criteria listed in Attachment A.</p> <p>4.2 Agency will work with DPH to develop an outreach plan.</p> <p>4.3 Provide outreach to the community.</p> <p>4.4 Receive referrals from appropriate agencies and triage as appropriate to meet the required number of enrolled participants.</p> <p>4.5 Maintain active caseload at capacity.</p> <p>4.6 Accountability for caseload should be maintained. Agency will be placed on Corrective Action if active caseload capacity is not met at 75% by the sixth month after PAT Model Training and not consistently</p>	<p>Ongoing through May 31, 2020</p> <p>Within 3 months of HVP participation</p> <p>Ongoing through May 31, 2020</p> <p>Ongoing through May 31, 2020</p> <p>6th month after implementation, and monthly thereafter</p> <p>6th month after implementation, and monthly thereafter</p>	<p>4.1 Maintain documentation of enrollment criteria in client chart.</p> <p>4.2 Maintain copy of outreach plan.</p> <p>4.3 Maintain an outreach log with program contacted, method, materials used and date of contact.</p> <p>4.4 Maintain a documented triage process.</p> <p>4.5 Monitor monthly caseload, including new enrollments and dismissals.</p> <p>4.6 Reach active caseload by 75% at the end of the 6th month and consistently maintain 85% of caseload capacity.</p>

**County of Los Angeles – Department of Public Health
Maternal, Child and Adolescent Health Division (MCAH)
Home Visitation Program (HVP)
Parents as Teachers (PAT)**

SCOPE OF WORK

Objectives	Activities and Subtasks	Timeline	Deliverables
	maintained above 85% of capacity.		
5. Agency will ensure completion of a PAT Affiliation Plan to fully implement the PAT Model and Quality Assurance Guidelines.	5.1 Complete, receive approval, and implement the PAT Affiliate Plan and the PAT model in accordance to the 17 fidelity requirements, called Essential Requirements, which cover affiliate leadership, staffing, services to families, and evaluation.	Ongoing through May 31, 2020	5.1 Maintain current affiliation with PAT National Center. Successful replication of the evidence-based PAT model requires that the PAT affiliate develops and maintains a current and comprehensive understanding of the community it serves, along with community relationships and collaborations that help the affiliate grow and sustain services for families.
6. Agency will implement the home visiting program using current policies and procedures.	6.1 Conduct an annual review of the agency policies and procedures, and recommend updates as needed. 6.2 Comply with applicable LAC DPH HVP Policies, Procedures, and Protocols.	Ongoing through May 31, 2020 Ongoing through May 31, 2020	6.1 Maintain copies of PAT policies and procedures. Must be available during site visit and upon request. 6.2 Implement applicable and related LAC DPH HVP Policies, Procedures, and Protocols.
7. Collect participant data using the PAT and HVP-required forms and maintain current and accurate documentation.	7.1 Develop chart documentation processes and procedures. 7.2 Supervisor will implement and oversee chart audit process including review of all current charts at minimum of 3 times per year.	Upon enrollment of participants, ongoing thereafter Every 3-4 months	7.1 Maintain up-to-date chart documentation procedures. 7.2 Maintain chart documentation and audit process.

**County of Los Angeles – Department of Public Health
Maternal, Child and Adolescent Health Division (MCAH)
Home Visitation Program (HVP)
Parents as Teachers (PAT)**

SCOPE OF WORK

Objectives	Activities and Subtasks	Timeline	Deliverables
<p>8. Agency will use the HVP required screening tools mentioned in 3.2.c, perform outreaches and coordinated services, make referrals and linkages, and perform follow-up to ensure successful linkages.</p>	<p>8.1 Develop a tracking tool and documentation process that will capture the screenings completed, as well as referrals, linkages, and coordinated services that were done for the clients served.</p> <p>8.2 Agency shall utilize the key strategic approach in incorporating the five critical protective factors, namely:</p> <ul style="list-style-type: none"> a. Parental resilience b. Social connections c. Concrete support d. Knowledge of parenting and child development e. Social and emotional competence of child 	<p>Ongoing through May 31, 2020</p> <p>Ongoing through May 31, 2020</p>	<p>8.1 Maintain a data tool log that will list the screenings completed, corresponding referrals and successful linkages, which shall include:</p> <ul style="list-style-type: none"> a. PHQ-9 b. GAD-7 c. PAPP d. ASQ-SE2 e. ASQ-3 <p>8.2 Maintain log of tools utilized on file and subject to DPH's audit review</p>
<p>9. Conduct a Continued Quality Improvement (CQI) process which is aligned with HVP goals.</p>	<p>9.1 Agency will work with DPH to develop a CQI plan.</p> <p>9.2 Perform DPH HVP-directed CQI activities.</p> <p>9.3 Communicate quality improvement activities with the new or existing Community Advisory Board (CAB) or other community collaborative designated to address quality improvement.</p>	<p>Within 3 months of HVP participation</p> <p>Quarterly</p> <p>Quarterly</p>	<p>9.1 Maintain copy of CQI plan.</p> <p>9.2 Report action steps taken to achieve program improvement on selected priority areas.</p> <p>9.3 Maintain CAB as a resource for program improvement.</p>

**County of Los Angeles – Department of Public Health
Maternal, Child and Adolescent Health Division (MCAH)
Home Visitation Program (HVP)
Parents as Teachers (PAT)**

SCOPE OF WORK

Objectives	Activities and Subtasks	Timeline	Deliverables
10. Agency will use data to inform and improve program activities.	10.1 Supervisor will use PAT model-issued reports and HVP-created reports, as available in the approved data system for the purposes of data cleaning, CQI, and program management.	Quarterly	10.1 Supervisor will demonstrate understanding of the program quality measures. Site visits and CQI calls will be conducted.
11. Collect all information that contributes to the data elements and outcomes measure that are required by the HVP. (See Attachment D)	<p>11.1 Use model-identified and issued forms, assessment tools, and processes as defined in the model-issued data collection manual. Further, the agency will use HVP required data forms and processes to support the data collection and analyses.</p> <p>11.2 Appropriate agency staff will collect and enter the data defined in the Data User Manual into the Stronger Families database system within 72 working hours (three days) of data collection and as required by PAT.</p> <p>11.3 Staff will verify the accuracy and completeness of data input into the PAT data system adhering to data cleaning schedule.</p> <p>11.4 Staff will submit to the HVP Data Collection and Analysis group the required data.</p> <p>11.5 Data staff will collaborate with the DPH Data personnel to ensure accuracy and timely reporting of data requirements.</p>	<p>Ongoing through May 31, 2020</p> <p>Ongoing through May 31, 2020</p> <p>Quarterly</p> <p>Quarterly</p> <p>Ongoing through May 31, 2020</p>	<p>11.1 Provide required data and reports as specified in Attachment D.</p> <p>11.2 Comply with the monthly and quarterly data cleaning schedule provided by HVP Program.</p> <p>11.3 Data entry personnel and supervisors will demonstrate reporting proficiency.</p> <p>11.4 Data system personnel compiles, summarizes, and prepares the agency's quarterly reports and submit to DPH HVP data management team to comply with regular data review and analysis.</p> <p>11.5 All required raw data delivered to HVP Data Manager by specified timelines in evaluation plan;</p>

**County of Los Angeles – Department of Public Health
Maternal, Child and Adolescent Health Division (MCAH)
Home Visitation Program (HVP)
Parents as Teachers (PAT)**

SCOPE OF WORK

Objectives	Activities and Subtasks	Timeline	Deliverables
			Tracking sheets specifying raw data received, by which agency, date submitted, and any important notes regarding data/data submission kept on file.
12. Adhere to the Performance-Based Criteria and Targets as outlined in Attachment C.	<p>12.1 Agency management and staff should read, understand, implement, and use the 11 performance-based criteria to meet the corresponding performance targets. (See Attachment C)</p> <p>12.2 Ensure timely collection of data from all subcontractors and timely submission of raw data to MCAH Data Manager.</p>	<p>Varied, depending on the criterion.</p> <p>Ongoing through May 31, 2020</p>	<p>12.1 Performance targets as listed in Attachment C are met.</p> <p>12.2 All required raw data delivered to HVP Data Manager by specified timelines in scope of work; tracking sheets specifying raw data received, by which agency, date submitted, and any important notes regarding data/data submission kept on file.</p>
13. Agency will participate in Targeted Case Management (TCM)	<p>13.1 All home visitors, supervisors, program managers and support staff will attend trainings as needed.</p> <p>13.2 Designate an agency lead for TCM to support staff training, time survey participation and hold staff accountable to meeting goals for TCM.</p> <p>13.3 All home visiting staff funded by DPH to complete time surveys. Participating staff will be responsible for tracking their time.</p> <p>13.4 Participate in other TCM-related meetings</p>	<p>Ongoing through May 31, 2020</p> <p>Ongoing through May 31, 2020</p> <p>Ongoing through May 31, 2020</p> <p>Ongoing through</p>	<p>13.1 Maintain staff training log and training materials.</p> <p>13.2 Maintain staff log and relevant correspondences.</p> <p>13.3 Maintain copies of time surveys, timecards and other supporting documents.</p> <p>13.4 Maintain meeting agendas and</p>

**County of Los Angeles – Department of Public Health
Maternal, Child and Adolescent Health Division (MCAH)
Home Visitation Program (HVP)
Parents as Teachers (PAT)**

SCOPE OF WORK

Objectives	Activities and Subtasks	Timeline	Deliverables
	<p>and trainings as requested.</p> <p>13.5 Relevant agency staff participate in technical assistance and quality improvement work as needed.</p> <p>13.6 All home visitors and supervisors must obtain and maintain a National Provider Identifier (NPI) number.</p> <p>13.7 Provide TCM updates as requested to DPH.</p>	<p>May 31, 2020</p> <p>Ongoing through May 31, 2020</p> <p>Ongoing through May 31, 2020</p> <p>Ongoing through May 31, 2020</p>	<p>materials on file.</p> <p>13.5 Maintain correspondences and other supporting documents.</p> <p>13.6 Maintain log of home visitor and supervisor NPI numbers.</p> <p>13.7 Maintain correspondences and other supporting documents.</p>

**County of Los Angeles – Department of Public Health
Maternal, Child and Adolescent Health Division (MCAH)
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SCOPE OF WORK

ENROLLMENT CRITERIA

Services will be provided to high risk and/or high need pregnant or parenting women with one or more of the criteria listed below. The enrollment time frame will be based on program model requirements or as agreed upon between DMH and DPH. Once enrolled, mothers and their families can continue receiving services until the focus child's third birthday. Preferably, a family's services can be extended up to the focus child's fifth birthday as per model or funding allow.

1. Pregnant /parenting women who are at risk of developing maternal depression;
2. Pregnant/parenting women who exhibit early signs of a severe mental illness;
3. Pregnant/parenting women with a substance use issue;
4. Pregnant/parenting youth in or at risk of entry/re-entry into the juvenile justice system;
5. Pregnant/parenting women in or at risk of entry/re-entry into the criminal justice system;
6. Pregnant/parenting women with special needs such as deaf and hard of hearing, developmentally delay, physical disabilities, and other physical or developmental disabilities;
7. Pregnant/parenting women experiencing homelessness;
8. Pregnant/parenting women currently or previously in the foster care system;
9. Pregnant/parenting women who have been exposed to trauma;
10. Pregnant/parenting women involved or at risk of involvement with the Department of Children and Family Services (DCFS).

**County of Los Angeles – Department of Public Health
Maternal, Child and Adolescent Health Division (MCAH)
Home Visitation Program (HVP)
Parents as Teachers (PAT)**

SCOPE OF WORK

Home Visiting Program Required Training List

Training	Program Manager	Supervisor	Home Visitor	Administrative Staff
1. Orientation and Framework**	X	X	X	✗ Optional
2. National Model & Curriculum training**	X	X	X	✗ Optional
3. Home Visitor Safety and Self Defense	X	X	X	Encouraged
4. Maternal Depression and PHQ-9**	Encouraged	X	X	Encouraged
5. Life Skills Progression**	Encouraged	X	X	
6. Motivational Interviewing & Follow-up	Encouraged	X	X	Encouraged
7. Empathetic and Parent and Child Communication	X	X	X	✗ Optional
8. Brain Development and Early Infant Development	X	X	X	✗ Optional
9. Bonding and Attachment	X	X	X	✗ Optional
10. Reflective Practice	X	X	X	✗ Optional
11. Family Planning		X	X	
12. Health Coverage	X	X	X	✗ Optional
13. Child Abuse and Mandatory Reporting**	X	X	X	✗ Optional
14. Milestones and Development: Expectations for Birth to 12 months	Encouraged	X	X	
15. Using the ASQ-3 to Communicate about Child Development**	Encouraged	X	X	
16. ASQ-SE2**		X	X	
17. Cultural Competency & Humility	X	X	X	✗ Optional
18. Family Violence	X	X	X	✗ Optional
19. Preventive Care: Prenatal, Postpartum, and Newborn Care	Encouraged	X	X	
20. Healthy Homes and Infant Toddler Safety		X	X	
21. HIPAA training**	X	X	X	✗ Optional

** Required before starting to see clients

**County of Los Angeles – Department of Public Health
Maternal, Child and Adolescent Health Division (MCAH)
Home Visitation Program (HVP)
Parents as Teachers (PAT)**

SCOPE OF WORK

PERFORMANCE-BASED CRITERIA AND PERFORMANCE TARGETS		
PERFORMANCE-BASED CRITERIA	METHOD OF DATA COLLECTION	PERFORMANCE TARGETS
1. Language parity between staff and clients	Staff Roster with language capacity	Multi-lingual staff in direct proportion to the percentage of multi-lingual clients served
2. Enrollment of women and families that meet target population criteria	Raw data & Aggregate Summary via quarterly invoices	85% women and families referred that meet target population criteria will be enrolled into services
3. DPH and its contractors provide services in the home of client	Raw data & Aggregate Summary	85% of home visiting services are provided in the home of clients
4. Required client-to-home visitor ratio not to exceed 25:1	Staff Roster with client capacity	100% compliance with required staffing to provide services outlined in the MOU
5. Contractor will provide Program specific trainings to all their home visitors	Sign-in sheet or certificate of training completion	100% of home visitors will receive the HFA program specific trainings (refer to section 9.0 Trainings)
6. Home visitors will participate in DMH mental health trainings	Sign-in sheet or certificate of training completion	100% of home visitors will participate in all DMH mental health trainings provided specific to HVP (refer to section 9.0 Trainings)
7. Collect outcomes as directed by DMH	Home visitors will administer the GAD-7, PHQ-9, PAPP, and ASQ questionnaires to individuals served by HVP	100% compliance with completion of screening tools including tracking of client refusal(s)
8. Referral and Linkages to mental health services	Monthly Tracking of referrals and participation	DPH and its contractors will maintain records of 100% of referrals made and the referral outcomes
9. Referral and Linkages to additional supportive services	Monthly Tracking of referrals and participation	DPH and its contractors will maintain records of 100% of referrals made and the referral outcome
10. DPH obtains input from individuals served by the HVP that gauges effectiveness, satisfaction, and knowledge gained by the services and supports delivered	DMH will provide a participant satisfaction survey which will be disseminated to all individuals served by HVP	80% or more of the recipients served through HVP will provide a satisfaction rating of the services received
11. Increase of Protective Factors	Raw data & Aggregate Summary provided via quarterly invoices	DPH and its contractors will demonstrate improvement from baseline measure by increasing protective factors for mothers and their children

**County of Los Angeles – Department of Public Health
Maternal, Child and Adolescent Health Division (MCAH)
Home Visitation Program (HVP)
Parents as Teachers (PAT)**

SCOPE OF WORK

DATA ELEMENT REQUIREMENT	
DESCRIPTIVE ELEMENTS	PERFORMANCE ELEMENTS
<p>Maternal elements: DOB or age, race, ethnicity, primary language, sexual orientation, disability, veteran status, gender assigned at birth, gender identity, number of prior pregnancies, number of prior births, residential ZIP code, presence/ involvement of the father of baby (FOB) at onset of current pregnancy</p>	<p>Maternal elements: depression and anxiety screening, referral, and linkage; completion of postpartum visit; birthing interval; educational attainment; maternal substance use; breastfeeding</p>
<p>Child elements: DOB, full or pre-term birth, live birth, birth weight</p>	<p>Child elements: well-child examinations/visits; child developmental screening, referral, and linkage; child abuse report; child care; early childhood education</p>
<p>Service delivery elements: First successful completed home visit, enrollments, end of the client retention, number of home visits, number of program completions, termination date (early and scheduled), reason for early termination</p>	<p>Parenting capacity: protective factors</p>

**LOS ANGELES COUNTY - DEPARTMENT OF PUBLIC HEALTH
BUDGET PREPARATION INSTRUCTIONS
LINE ITEM BUDGETS**

A. INTRODUCTION

The budget summary and justification forms must be completed carefully in accordance with the instructions provided below.

Please be aware that you must provide justification for all proposed costs at the level of detail requested in these instructions.

B. BUDGET JUSTIFICATION SECTION

In the budget justification section, provide a clear and complete description that explains:

- the purpose of each budget line item and how it is directly connected to the provision of a given service
- the dollar amount requested for the item and the methodology used to calculate the amount

Several forms have been provided that include sections for a short descriptive justification for each budget category. Your justification must include all of the proposed budget line items within that budget category. For example, the justification for "Salaries" must include a description of each position to be funded under the Contract.

Please round all annual salaries and line item amounts requested to the nearest dollar.

Specific instructions for each budget category are as follows:

1. **SALARIES**

If applicable, separate forms are provided for full time, part time and hourly staff. If your agency has multiple employee benefit rates, please group staff according to the rate received and prepare a separate salary form for each group.

On the form, briefly describe each position. The following must also be included on the budget form for each position:

- the exact title of each position
- the monthly salary of the individual (rounded to the nearest dollar).

NOTE: If a salary or rate increase is scheduled to go into effect during the period covered by the budget, indicate both salary/rate levels and the number of months for each; for example, \$2,000 (9 months) / \$2,106 (3 months).

- the full-time equivalent (FTE) of the position (the amount of time the individual will devote to the program) or the number of hours to be worked, if paid on an hourly basis

**LOS ANGELES COUNTY - DEPARTMENT OF PUBLIC HEALTH
BUDGET PREPARATION INSTRUCTIONS
LINE ITEM BUDGETS**

NOTE: The FTE value should be in decimals. Example: if a 40-hour workweek constitutes full-time employment in your agency, then a full-time employee who works all 40 hours on this program would be 1.00 FTE.

- number of months the employee is expected to work on the program (not applicable, if paid on an hourly basis)
- amount of funding requested (rounded to the nearest dollar)

NOTE: Generally, this should be the annual salary multiplied by the FTE, adjusted for number of months of work. If you utilize some other methodology to derive these costs, describe it and explain why it is used.

The employee benefits percentage should also be entered on this form. If multiple pages are needed for a group of staff receiving the same employee benefits package, please include the salary subtotal, the dollar amount for employee benefits and the total personnel costs on the last page only. Be sure to verify that these totals are then included on the budget summary page.

2. EMPLOYEE BENEFITS

A form for your employee benefits calculations is included in the budget. If your agency has multiple employee benefit rates, include a separate page for each rate.

On the form, itemize all components of the employee benefit rate. Applicable components must be detailed by percent of salary expense, not by dollars expended.

General Benefits

At a minimum, the benefit package must include: 1) FICA, 2) Health Insurance 3) Unemployment Insurance, 4) Disability Insurance, and 5) Worker's Compensation.

3. TRAVEL AND TRAINING

A form for the travel and training budget category is included in the budget. All travel and training must be directly related to accomplishing the objectives of the program.

The justification must include to the extent known:

- sufficient information to clearly show how the travel and training costs were determined or the methodology used; for example 50 training sessions @ 20 miles round trip @ \$0.515 (51.5 cents) per mile
- the destination (in or out of state) and purpose of the travel
- the amount requested for each line item (rounded to the nearest dollar)

**LOS ANGELES COUNTY - DEPARTMENT OF PUBLIC HEALTH
BUDGET PREPARATION INSTRUCTIONS
LINE ITEM BUDGETS**

Please note, the maximum allowable reimbursement rate for mileage is Los Angeles County's prevailing rate, currently 51.5 cents per mile.

4. **SUPPLIES**

Supplies should be grouped into two main categories: those that relate to the number of clients being served, such as educational supplies, and those that do not, such as computer software and office supplies. In this budget justification you will need to itemize the cost of all supplies.

The justification must include:

- Sufficient information to clearly show how the supply costs were determined
- A direct correlation between direct client-related supply costs and the proposed number of units of service
- The amount requested for each budget line item (rounded to the nearest dollar)

5. **CONSULTANTS**

Consulting services ~~are not allowed under this contract~~ are restricted to trainings required by the respective home visitation models.

6. **CONTRACTUAL**

Subcontracting is not allowed under this contract.

7. **OTHER**

Any anticipated direct costs under "Other" should provide clear definition/description of the cost and calculations as to how the total proposed cost was obtained. No administrative costs related to staff recruitment, advertising, or staff oversight are allowed under this line item and should be included in the Indirect Cost line item.

8. **INDIRECT COSTS**

Indirect costs must not exceed 15% of total direct costs.

The dollar amount of indirect costs to be included in your budget should be reported on the budget summary page.

9. **BUDGET SUMMARY**

Once you have completed the individual budget pages, transfer the totals to the budget summary page, complete the bottom of the page, and obtain Contractor's Authorized Official signature (**no E-signature accepted**). Include date of signature.

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
REQUEST FOR APPLICATIONS (RFA) FOR HEALTHY FAMILIES AMERICA AND
PARENTS AS TEACHERS HOME VISITATION PROGRAM – RFA 2018-011**

APPLICATION PACKET

HFA or
 PAT

APPLICANT: _____

INSTRUCTIONS: Please thoroughly complete this Application Packet form. This form will be scored on a “Pass” or “Fail” basis. Applicants must meet all of the Applicant’s Minimum Mandatory Requirements in order to be considered for a contract award. **Applications that do not meet all of the Minimum Mandatory Requirements shall be deemed unresponsive and shall not be considered for a contract award.**

Check the box to indicate the Applicant meets the requirement and the required form/document/information is included:

APPLICANT HAS COMPLETED AND SUBMITTED THE FOLLOWING:		YES	N/A
RFA, Section 1.5.1	For Healthy Families America (HFA) Applicants (if not applicable, check “N/A” and go to Section 1.5.2)	<input type="checkbox"/>	<input type="checkbox"/>
RFA, Section 1.5.1.1	Applicant is actively accredited by the HFA National Office.	<input type="checkbox"/>	
	Provide proof of accreditation from HFA National Office.	<input type="checkbox"/>	
RFA, Section 1.5.1.2	Applicant has a current contract in good standing with First 5 LA providing home visitation services using the HFA model that is linked to Stronger Families database application at NetChemistry.	<input type="checkbox"/>	
RFA, Section 1.5.1.3	Applicant has a minimum of one (1) year experience in the last three (3) years providing home visitation services using the HFA model.	<input type="checkbox"/>	
RFA, Section 1.5.1.4	Applicant must be located and maintain a business office in LAC.	<input type="checkbox"/>	
	Provide business office address in Los Angeles County:		
RFA, Section 1.5.1.5	If Applicant has any County contract that has been reviewed by the Department of the Auditor-Controller within the last 10 years, Applicant does not have		

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
REQUEST FOR APPLICATIONS (RFA) FOR HEALTHY FAMILIES AMERICA AND
PARENTS AS TEACHERS HOME VISITATION PROGRAM – RFA 2018-011**

APPLICANT HAS COMPLETED AND SUBMITTED THE FOLLOWING:		YES	N/A
	<p>unresolved questioned costs identified by the Auditor-Controller in an amount over \$100,000.00 that are confirmed to be disallowed costs by the contracting County department and remain unpaid for a period of six months or more from the date of disallowance, unless such disallowed costs are the subject of current good faith negotiations to resolve the disallowed costs, in the opinion of the County.</p> <p><input type="checkbox"/> Applicant <u>does not</u> have unresolved disallowed costs as described above.</p> <p><input type="checkbox"/> Applicant <u>has</u> unresolved disallowed costs as described above.</p>		
RFA, Section 1.5.2	For Parents As Teachers (PAT) Applicants (if not applicable, check "N/A" and go to Section 2.8.1)	<input type="checkbox"/>	<input type="checkbox"/>
RFA, Section 1.5.2.1	Applicant is actively accredited by the PAT National Center.	<input type="checkbox"/>	
	Provide proof of accreditation from PAT National Center.	<input type="checkbox"/>	
RFA, Section 1.5.2.2	Applicant has an current contract in good standing with First 5 LA providing home visitation services using the PAT model that is linked to Stronger Families database application at NetChemistry.	<input type="checkbox"/>	
RFA, Section 1.5.2.3	Applicant has a minimum of one (1) year experience in the last three (3) years providing home visitation services using the PAT model.	<input type="checkbox"/>	
RFA, Section 1.5.2.4	Applicant must be located and maintain a business office in LAC.	<input type="checkbox"/>	
	Provide business office address in Los Angeles County:		
RFA, Section 1.5.2.5	<p>If Applicant has any County contract that has been reviewed by the Department of the Auditor-Controller within the last 10 years, Applicant does not have unresolved questioned costs identified by the Auditor-Controller in an amount over \$100,000.00 that are confirmed to be disallowed costs by the contracting County department and remain unpaid for a period of six months or more from the date of disallowance, unless such disallowed costs are the subject of current good faith negotiations to resolve the disallowed costs, in the opinion of the County.</p> <p><input type="checkbox"/> Applicant <u>does not</u> have unresolved disallowed costs as described above.</p> <p><input type="checkbox"/> Applicant <u>has</u> unresolved disallowed costs as described above.</p>		

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
REQUEST FOR APPLICATIONS (RFA) FOR HEALTHY FAMILIES AMERICA AND
PARENTS AS TEACHERS HOME VISITATION PROGRAM – RFA 2018-011**

APPLICANT HAS COMPLETED AND SUBMITTED THE FOLLOWING:			
		YES	N/A
RFA, Section 2.8.1	Application Transmittal Form, Appendix M	<input type="checkbox"/>	
RFA, Section 2.8.2	Application Packet, Appendix N	<input type="checkbox"/>	
RFA, Section 2.8.2.1	Required Forms, Appendix A		
	Exhibit 1 – Application Checklist	<input type="checkbox"/>	
	Exhibit 2 – Vendor’s Organization Questionnaire/Affidavit and CBE Information	<input type="checkbox"/>	
	Exhibit 3 – Certification of No Conflict of Interest	<input type="checkbox"/>	
	Exhibit 4 – Vendor’s EEO Certification	<input type="checkbox"/>	
	Exhibit 5 – Familiarity with the County Lobbyist Ordinance Certification	<input type="checkbox"/>	
	Exhibit 6 – Attestation of Willingness to Consider GAIN/GROW Participants	<input type="checkbox"/>	
	Exhibit 7 – County of Los Angeles Contractor Employee Jury Service Program Certification Form and Application for Exception	<input type="checkbox"/>	
	Exhibit 8 – Charitable Contributions Certification	<input type="checkbox"/>	
	Exhibit 9 – Certification of Compliance with the County’s Defaulted Property Tax Reduction Program	<input type="checkbox"/>	
	Exhibit 10 – Zero Tolerance Policy on Human Trafficking Certification	<input type="checkbox"/>	
	Exhibit 11 – Vendor’s Compliance with Encryption Requirements	<input type="checkbox"/>	
	Exhibit 12 – Compliance with Fair Chance Employment Hiring Practices Certification	<input type="checkbox"/>	
	Exhibit 13 – Acceptance of Terms and Conditions Affirmation	<input type="checkbox"/>	
	Exhibit 14 - Proposed Service Planning Area (SPA) for Home Visitation Program	<input type="checkbox"/>	
RFA, Section 2.8.2.2	Proposed Budget and Budget Justification		

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
REQUEST FOR APPLICATIONS (RFA) FOR HEALTHY FAMILIES AMERICA AND
PARENTS AS TEACHERS HOME VISITATION PROGRAM – RFA 2018-011**

APPLICANT HAS COMPLETED AND SUBMITTED THE FOLLOWING:		YES	N/A
	Budget and Budget Justification, Appendix C-1, for the term effective Date of Board Approval through June 30, 2019, for a maximum obligation of \$425,000.	<input type="checkbox"/>	
	Budget and Budget Justification, Appendix C-2, for the term effective July 1, 2019 through May 31, 2020, for a maximum obligation of \$664,777.	<input type="checkbox"/>	
RFA, Section 2.8.2.3	Proof of Insurability		
	Commercial General Liability (Proof of insurability or letter from qualified insurance carrier indicating willingness to provide the required coverage)	<input type="checkbox"/>	
	General Aggregate: \$2 million	<input type="checkbox"/>	
	Products/Completed Operations Aggregate: \$1 million	<input type="checkbox"/>	
	Personal and Advertising Injury: \$1 million	<input type="checkbox"/>	
	Each Occurrence: \$1 million	<input type="checkbox"/>	
	Auto Liability (Proof of insurability or letter from qualified insurance carrier indicating willingness to provide the required coverage)	<input type="checkbox"/>	
	Auto Liability: \$1 million Liability	<input type="checkbox"/>	
	Workers' Compensation (Proof of insurability or letter from qualified insurance carrier indicating willingness to provide the required coverage)	<input type="checkbox"/>	
	Each Accident: \$1 million	<input type="checkbox"/>	
	Sexual Misconduct Liability (Proof of insurability or letter from qualified insurance carrier indicating willingness to provide the required coverage)	<input type="checkbox"/>	
	Not less than \$1 million per claim and \$2 million aggregate	<input type="checkbox"/>	
	Professional Liability (Proof of insurability or letter from qualified insurance carrier indicating willingness to provide the required coverage)	<input type="checkbox"/>	

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
REQUEST FOR APPLICATIONS (RFA) FOR HEALTHY FAMILIES AMERICA AND
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APPLICANT HAS COMPLETED AND SUBMITTED THE FOLLOWING:			
		YES	N/A
	Not less than \$1 million per claim and \$2 million aggregate	<input type="checkbox"/>	

Signature of Authorized Representative of Applicant:

Date:

Print Name:

Title: