

## Grants & Contracts - Transmittal Memo

DATE: January 10, 2018

FROM: Purchasing Division, Contracts

TO: Cathie Whitney, Tom Tonkavich

CONTRACT #: 10781

VENDOR: Healthy Start of North Central Florida, Inc.

DESCRIPTION: #10781 Healthy Start of North Central Florida, Inc. RFP for Healthy Baby Home Visit Program

APPROVED BY: Board of County Commissioners

APPROVAL DATE: 1/9/2018

RECEIVED ON: January 10, 2018

TERM START: 1/9/2018

TERM END: 9/30/2018

AMOUNT: \$400,000.00

ACCOUNT:

ENCUMBRANCE #:

RFP/BID #:

ACTIONS REQUIRED: Please forward a copy to the vendor & retain a copy for your files.

COPY TO: Finance and Accounting  
Risk Division  
File

**CHILDREN'S SERVICES ADVISORY BOARD PROGRAM  
AGREEMENT BETWEEN ALACHUA COUNTY AND  
HEALTHY START OF NORTH CENTRAL FLORIDA, INC.**

THIS AGREEMENT made and entered into this 9<sup>th</sup> day of January, A.D., 2018  
by and between Alachua County, a charter county and political subdivision of the State of Florida, by  
and through its Board of County Commissioners, hereinafter referred to as the "County," and Healthy  
Start of North Central Florida, Inc. a not-for-profit corporation organized under the laws of the State of  
Florida hereinafter called "Agency"

**WITNESSETH:**

**WHEREAS**, the County has issued an RFP on March 31, 2017 for the Healthy Baby Home  
Visit Program for the benefit of the Alachua County Children's Advisory Board; and,

**WHEREAS**, The Agency provides infant and child well-being programs and services for  
expectant and post-partum mothers residing in Alachua County, Florida in accordance with the RFP  
; and,

**WHEREAS**, the County has deemed that the Agency's program, Newborn Home Visiting  
beneficial to Alachua County residents; and

**WHEREAS**, the County is desirous of contributing to the Healthy Start of North Central  
Florida, Inc. Program and its services provided by the Agency;

**NOW THEREFORE**, in consideration of the mutual promises and covenants contained  
herein, and other good and valuable consideration the receipt and sufficiency of is acknowledged by  
the Parties, the Parties hereto do mutually agree as follows:

**Section 1. Term:**

This agreement shall commence on January 1, 2018 and continue through and including September 30,  
2018, unless earlier terminated, as provided herein. This Agreement may be renewed for five (5)  
additional one (1) year periods under the terms and specifications contained herein.

A. The County's performance and obligation to pay under this agreement is contingent upon a specific annual appropriation by the Board of County Commissioners. The parties hereto understand that this Agreement is not a commitment of future appropriations.

**Section 2. Scope of Services:**

A. The County agrees to provide funding to the Agency for the program outlined in **Attachment A** attached hereto and incorporated herein by reference.

B. The Agency agrees to provide, operate, and fully perform the program described in **Attachment A**.

**Section 3. Billing and Compensation:**

A. For the performance of the services detailed in Section 2 of this agreement, the County shall pay the Agency an amount not to exceed \$400,000.00 as specified below and in accordance with the proposed project budget outlined in **Attachment B**.

B. As a condition precedent for any payment, the Agency shall submit monthly, unless otherwise agreed in writing by the County, a Children's Services Advisory Board (CSAB) Invoice (Attachment C) to the County requesting payment for services properly rendered and expenses due. No payment shall exceed fifteen percent (15%) of the total amount awarded. The Agency invoice shall be accompanied by such documentation, or data, in support of expenses for which payment is sought as the County may require in accordance with the NewboRN Home Visiting Program Budget" (Attachment B).

C. Submission of Agency's invoice for final payment shall further constitute Agency's representation to the County that, upon receipt by the Agency of the amount invoiced, all obligations of the Agency to others, including its consultants, incurred in connection with the Program, will be paid in full, that the services or expenses have not been reimbursed by another agency, and that the services provided served a public purpose. The Agency shall submit invoices to the County at the following address:

Assistant Director  
Alachua County Department of Community Support Services  
218 SE 24<sup>th</sup> Street  
Gainesville, Florida 32641

D. In the event that the County becomes credibly informed that any representations relating to payment are wholly or partially inaccurate, the County may withhold payment of sums

then or in the future otherwise due to the Agency until the inaccuracy, and the cause thereof, is corrected to the County's reasonable satisfaction.

E. Payments for all sums properly invoiced shall be made in accordance with the provisions of Chapter 218, Part VII Florida Statutes (Local Government Prompt Payment Act).

F. Invoice payments shall be sent to:

Healthy Start of North Central Florida, Inc.  
1785 NW 80th Blvd  
Gainesville, FL 32606

**Section 4. Audit, Records, and Reporting:**

A. The Agency agrees to:

1) Maintain financial records and reports relating to utilization of the funds;  
2) Maintain books, records, document, invoices, and other evidence and accounting procedures and practices such as will permit the Agency to sufficiently and properly reflect all direct costs of any nature associated with the program;

3) Permit all such records described in 1) and 2) above to be subject to inspection, review, and audit by the Alachua County Finance and Accounting Department;

B. Reports shall be submitted on the forms and in the formats as described in the proposal (Pages 14-17 of attachment A). The Agency shall also work with the Children's Services Advisory Board and other funded projects to evaluate the longer term outcomes of the NewboRN Home Visit Program. C. Reports shall be sent to:

Assistant Director  
Alachua County Department of Community Support Services  
218 SE 24th Street  
Gainesville, FL 32641

C. The County may defer payment to the Agency for noncompliance with contract deliverables or program requirements.

**Section 5. Default and Termination:**

A. The failure of the Agency to comply with any provision of this agreement will place the Agency in default. Prior to terminating the agreement, the County will notify the Agency in writing. This notification will make specific reference to the provision which gave rise to the default. The County will give the Agency seven (7) days to submit a plan for curing the default. The CSAB Assistant Director is authorized to provide written notice of default on behalf of the County, and if the default situation is not corrected within the allotted time, the Director of

Community Support Services is authorized to provide final termination notice on behalf of the County to the Agency.

B. The County may terminate the agreement without cause by first providing at least twenty-four (24) hours written notice to the Agency prior to the termination date. The County Manager is authorized to provide written notice of termination on behalf of the County.

C. If funds to finance this agreement become unavailable, the County may terminate the agreement with no less than twenty-four (24) hours' notice in writing to the Agency. The County will be the final authority as to the availability of funds. The County will pay the Agency for all work completed prior to any notice of termination.

**Section 6. Monitoring:**

A. To the extent law, statute or ordinance does not limit a grant of access solely by the authority of the Agency, the Agency, by accepting public funds, agrees to permit persons duly authorized by the County to inspect all records, papers, documents, facilities, goods, and services of the Agency and interview any employees and clients of the Agency to be assured of satisfactory performance of the terms and conditions of this Agreement. When applicable, the County will identify any deficiencies to the Agency in writing and prepare a corrective action plan to rectify all deficiencies noted. The Agency failure to correct the deficiencies within the agreed upon time period may result in the County withholding payments or the Agency being deemed in breach or default resulting in termination of this Agreement.

**Section 7. Modifications:**

A. This agreement may be modified and amended by mutual agreement of the parties. However, any modification shall only become effective upon incorporation of a written amendment to this agreement, duly executed by both parties. The parties further agree to renegotiate this agreement if federal and/or state revision of any applicable laws or regulations makes changes in this agreement necessary.

**Section 8. Notices:**

A. Except as otherwise provided in this Agreement any notice of default or termination from either party to the other party must be in writing and sent by certified mail, return receipt requested, or by personal delivery with receipt. All notices shall be deemed delivered two (2) business days after mailing, unless deliver is by personal delivery in which case delivery shall be deemed to occur upon actual receipt by the other party. For purposes of all notices, Contractor's and County representative are:

Alachua County: Director  
Dept. of Community Support Services  
218 SE 24<sup>th</sup> Street  
Gainesville, Florida 32641

AGENCY: Julie Moderie, MPH  
Healthy Start of North Central Florida, Inc.  
1785 NW 80th Blvd  
Gainesville, FL 32606

A copy of any notice shall also be sent to:

Alachua County: Jesse K. Irby II  
Clerk of the Circuit Court  
12 SE 1<sup>st</sup> Street  
Gainesville, Florida 32602  
Attn: Finance and Accounting

And to  
Procurement Division  
12 SE 1<sup>st</sup> Street  
Gainesville, Florida 32601  
Attn: Contracts

**Section 9. Assignment of Interest:**

A. Neither party will assign or transfer any interest in this agreement without prior written consent of the other party.

**Section 10. Independent Contractor:**

A. In the performance of this agreement, the Agency will be acting in the capacity of an independent contractor and not as an agent, employee, partner, joint venture, or associate of the County. The Agency is solely responsible for the means, method, techniques, sequence, and procedure utilized by the Agency in the full performance of this agreement. Neither the Agency nor any of its employees, officers, agents or any other individual directed to act on behalf of the Agency for any act related to this Agreement shall represent, act, or purport to act or be deemed to be the agent, representative, employee or servant of the County.

B. For Independent Contractors outside the construction industry with fewer than four (4) employees choosing not to secure workers' compensation coverage under the Florida Workers' Compensation Act, the Independent Contractor outside the construction industry verifies that it has posted clear written notice in a conspicuous location accessible to all employees, telling employees and others of their lack of entitlement to workers' compensation benefits.



C. Policies and decisions of the Agency, which may be represented by the Agency in performance of this Agreement, shall not be construed to be the policies or decision of the County.

**Section 11. Indemnification:**

A. The Agency agrees to protect, defend, indemnify, and hold the County and director and their officers, employees and agents free and harmless from and against any and all losses, penalties, damages, settlements, costs, charges, professional fees or other expenses or liabilities of every kind and character arising out of or directly or indirectly relating to any and all claims, liens, demands, obligations, actions, proceedings or causes of action of every kind and character in connection with or arising directly or indirectly out of this agreement and/or the performance hereof. Without limiting the generality of the foregoing, any and all such claims, etc., including but not limited to: personal injury, death, damage to property (including destruction), defects in materials or workmanship, actual or alleged infringement of any patent, trademark, copyright (or application for any thereof) or of any other tangible or intangible personal or property right, or any actual or alleged violation of any applicable statute, ordinance, administrative order, rule, or regulation or decree of any court, shall be included in the indemnity hereunder. The Agency further agrees to investigate, handle, respond to, provide defense (including payment of attorney fees, court costs, and expert witness fees and expenses up to and including any appeal) for and defend any such claim at its sole cost and expense through counsel chosen by the County, and agrees to bear all other costs and expenses related thereto, even if they (claims, etc.) are groundless, false, or fraudulent. Agency agrees that indemnification of the County shall extend to any and all work performed by the Agency, its subcontractors, employees, agents, servants or assigns. This obligation shall in no way be limited in any nature whatsoever by any limitation on the amount or type of Agency's insurance coverage. This indemnification provision shall survive the termination of the Agreement between the County and the Agency. Nothing contained herein shall constitute a waiver by the County of its sovereign immunity, the limits of liability or the provisions of §768.28, Florida Statutes.

**Section 12. Laws & Regulations:**

A. The Agency will comply with all laws, ordinances, regulations, and building code requirements applicable to the work required by this agreement. The Agency is presumed to be familiar with all state and local laws, ordinances, code rules and regulations that may in any way affect the work outlined in this agreement. If the Agency is not familiar with state and local laws, ordinances, code rules and regulations, the Agency remains liable for any violation and all subsequent damages or fines.

**Section 13. Non-Waiver:**

A. The failure of either party to exercise any right shall not be considered a waiver of such right in the event of any further default or non-compliance.

**Section 14. Severability:**

A. If any provisions of this agreement shall be declared illegal, void or unenforceable, the other provisions shall not be affected but shall remain in full force and effect.

**Section 15. Entire Agreement:**

A. This agreement contains all the terms and conditions agreed upon by the parties.

**Section 16. Collusion:**

A. By signing this agreement, the Agency declares that this agreement is made without any previous understanding, agreement, or connections with any persons, contractors or corporations and that this agreement is fair, and made in good faith without any outside control, collusion, or fraud.

**Section 17. Conflict of Interest:**

A. The Agency warrants that neither it nor any of its employees have any financial or personal interest that conflicts with the execution of this agreement. The Agency shall notify the County of any conflict of interest due to any other clients, contracts, or property interests.

**Section 18. Third Party Beneficiaries:**

A. This agreement does not create any relationship with, or any rights in favor of, any third party.

**Section 19. Governing Law and Venue:**

A. This agreement is governed in accordance with the laws of the State of Florida. Venue is in Alachua County.

**Section 20. Construction:**

A. This agreement shall not be construed more strictly against one party than against the other merely by virtue of the fact that it may have been prepared by one of the parties. It is recognized that both parties have substantially contributed to the preparation of this agreement.

**Section 21. Project Records:**



**A. General Provisions:**

1) Any document submitted to the County may be a public record and is open for inspection or copying by any person or entity. "Public records" are defined as all documents, papers, letters, maps, books, tapes, photographs, films, sound recordings, data processing software, or other material, regardless of the physical form, characteristics, or means of transmission, made or received pursuant to law or ordinance or in connection with the transaction of official business by any agency per Section 119.011(11), Florida Statutes. Any document is subject to inspection and copying unless exempted under Chapter 119, Florida Statutes, or as otherwise provided by law.

2) In accordance with Section 119.0701, Florida Statutes, the Agency, *when acting on behalf of the County*, as provided under 119.011(2), F.S., shall keep and maintain public records as required by law and retain them as provided by the General Record Schedule established by the Department of State. Upon request from the County's custodian of public records, provide the County with a copy of the requested records or allow the records to be inspected or copied within a reasonable time unless exempted under Chapter 119, Florida Statutes, or as otherwise provided by law. Additionally, the Agency shall provide the public records at a cost that does not exceed the cost provided in this chapter or as otherwise provided by law.

3) Contractor shall ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of this Agreement and following completion of this Agreement if the Professional does not transfer the records to the County.

**B. Confidential Information**

1) During the term of this Agreement or license, the Agency may claim that some or all of Agency's information, including, but not limited to, software documentation, manuals, written methodologies and processes, pricing, discounts, or other considerations (hereafter collectively referred to as "Confidential Information"), is, or has been treated as confidential and proprietary by Agency in accordance with Section 812.081, Florida Statutes, or other law, and is exempt from disclosure under the Public Record Act. The Agency shall clearly identify and mark Confidential Information as "Confidential Information" or "CI" and the County shall use its best efforts to maintain the confidentiality of the information properly identified by the Agency as "Confidential Information" or "CI."

2) The County shall promptly notify the Agency in writing of any request received by the County for disclosure of Agency's Confidential Information and the Agency may assert any

exemption from disclosure available under applicable law or seek a protective order against disclosure from a court of competent jurisdiction. Agency shall protect, defend, indemnify, and hold the County, its officers, employees and agents free and harmless from and against any claims or judgments arising out of a request for disclosure of Confidential Information. Agency shall investigate, handle, respond to, and defend, using counsel chosen by the County, at Agency's sole cost and expense, any such claim, even if any such claim is groundless, false, or fraudulent. Agency shall pay for all costs and expenses related to such claim, including, but not limited to, payment of attorney fees, court costs, and expert witness fees and expenses. Upon completion of this Agreement or license, the provisions of this paragraph shall continue to survive. Agency releases County from claims or damages related to disclosure by County.

**C. Project Completion:** Upon completion of, or in the event this Agreement is terminated, the Agency, *when acting on behalf of the County* as provided under 119.011(2), F.S., shall transfer, at no cost, to the County all public records in possession of the Agency or keep and maintain public records required by the County to perform the service. If the Agency transfers all public records to the County upon completion or termination of the agreement, it must destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the Agency keeps and maintains public records upon the completion or termination of the agreement all applicable requirements for retaining public records shall be met. All records stored electronically shall be provided to the County, upon request from the County's custodian of public records, in a format that is compatible with the information technology systems of the County.

**D. Compliance**

1) If the Agency does not comply with the County's request for records, the County shall enforce the contract provisions in accordance with the contract.

2) An Agency who fails to provide the public records to the County within a reasonable time may be subject to penalties under s. 119.10.

**IF THE PROFESSIONAL OR CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE COUNTY REPRESENTATIVE AT [ttonkavich@alachuacounty.us](mailto:ttonkavich@alachuacounty.us), 352-264-6738, or 218 SE 24th Ave., Gainesville, FL**

**Section 22. Communications:**

CHILDREN'S SERVICES ADVISORY BOARD PROGRAM AGREEMENT BETWEEN ALACHUA COUNTY AND HEALTHY START OF NORTH CENTRAL FLORIDA, INC. 20171109

A. The Agency shall maintain a working e-mail address and shall respond to e-mail communications from the Assistant Director or other representative within 24 (twenty-four) business hours from the time the e-mail was received electronically. the Agency agrees to notify the Assistant Director of any changes in e-mail, staff, Board of Directors, postal mailing address, etc. within 24 (twenty-four) hours of the change. The Agency agrees to add the e-mail and postal mailing addresses of the Assistant Director to any mailing lists utilized for the purpose of announcements, status reports, and the like.

**Section 23. No Religious or Sectarian Requirement:**

A. In accordance with Article I, Section 3, Florida Constitution, and other applicable law, the funding provided under this Agreement may not be used in aid of any church, sect, or religious denomination or in aid of any sectarian institution. The program shall not promote the religion of the provider, be significantly sectarian in nature, involve religious indoctrination, require participation in religious ritual, or encourage the preference of one religion over another.

**Section 24. Award Acknowledgement of Support:**

A. The Agency agrees to acknowledge the Alachua County Board of County Commission's support in all materials and announcements regarding this award, according to directives issued by the County. The phrase, "Supported by the Alachua County Board of County Commission's Children's Services Advisory Board", is to be added to all published material, announcements and websites related to this funding. Any use by Agency of any County Logo or other identifying design must be approved in advance by the County's Communications Office.

**Section 25. Counterparts:**

A. This agreement may be executed in any number of and by the different parties hereto on separate counterparts, each of which when so executed shall be deemed to be an original, and such counterparts shall together constitute but one and the same instrument.

**Section 26. Attachments:**

A. All attachments to this agreement are incorporated into and made part of this agreement by reference.

**REMAINDER OF THIS PAGE LEFT INTENTIONALLY BLANK**

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed for the uses and purposes therein expressed on the day and year first above-written.

ALACHUA COUNTY, FLORIDA

By: [Signature]  
Lee Pinkoson, Chair  
Board of County Commissioners  
Date: 1/08/2018

ATTEST:

[Signature]  
Jesse K. Irby II, Clerk

(SEAL)

APPROVED AS TO FORM

[Signature]  
Alachua County Attorney's Office

PROFESSIONAL

ATTEST (By Corporate Officer)  
By: [Signature]  
Print: Jeanette Pekala  
Title: Contract Manager

By: [Signature]  
Print: Julie Mederice  
Title: COO  
Date: 12/15/17

ATTACHMENTS:

1. Attachment A - Project Narrative Pages 1-18 inclusive
2. Attachment B - NewboRN Home Visiting Program Budget
3. Attachment C - Invoice

## Attachment A

**Project Narrative (20 page limit)-describe in detail how you will meet each of the essential program requirements listed in Attachment A (Section 2, Scope of Services)**

### **1. Resources/Organizational Capacity (10 points)**

*a. Describe the personnel resources you have available to commit to the HBHVP initiative including roles and responsibilities, education, experience, credentials, etc. For new positions, provide a job description including educational experience requirements. Describe the organizational structure including supervisor and subordinate chains of command, necessary to implement the project.*

There will be a team of registered nurses (RN) available through UF Health Shands HomeCare (UFHC) and North Florida Regional Medical Center (NFRMC) to conduct the Newborn Home Visits. In addition, the licensed midwives conducting home births will also be part of the home visiting team and will provide the home visits to their patients. There will be one full time Family Partner (FP) at each of the two hospitals and the FP will be responsible for meeting with each mother who delivers at UF Health Shands (Shands) or NFRMC to introduce the Newborn Home Visiting Program (NHVP) and obtain their consent for participation. In addition, the FP will work with the RN's and licensed midwives to provide short-term case management to all families that need additional supports or services after the home visit is completed. The organizational structure that has been created for this project is similar to what has been implemented by the Healthy Start of North Central Florida Coalition (HSNCF). HSNCF will subcontract with UFHC and NFRMC to hire and supervise the RN's who will conduct the home visits. At UFHC the nurses will be supervised by the Director of Nursing at UFHC, Christine Knowles. At NFRMC the nurses will be supervised by the Nurse Manager at the Mom/Baby Unit, Tracy Lewis and the Nursing Supervisor Melissa Wiles. The licensed midwives are self-employed, however, HSNCF will subcontract with the Florida School of Traditional Midwifery (FSTM) to provide a stipend to the licensed midwives for each home visit they conduct. The two Family Partners will be employed by HSNCF and will be supervised by the Coordinated Intake and Referral Program Manager who will be hired prior to the implementation of the program. The NHVP project will be managed by Dr. Mona Gil de Gibaja, who is a consultant with HSNCF. The Director of HSNCF, Julie Moderle will be responsible for contract management and overall project outcomes, in coordination with the subcontractors and HSNCF staff and consultants. The chart below provides a summary of the key personnel for this project. Job descriptions for new personnel that will be paid for through this grant are included in the appendix.



Personnel	Position	Roles and Responsibilities	Education/Credentials	Experience
Christine Knowles	Director of Nursing-UF Health Shands HomeCare	Will train and supervise the team of RN's providing home visits to mothers who deliver at Shands	RN	More than 10 years experience in nursing and/or nurse management
Tracy Lewis	Nurse Manager-Mom/Baby Unit-NRMC	Will train and supervise the team of RN's providing home visits to mothers who deliver at NRMC	RN	More than 25 years experience in nursing and/or nurse management
Melissa Wiles	Director of Labor and Delivery/Postpartum/Interm NICU	Will train and supervise the team of RN's providing home visits to mothers who deliver at Shands	RN, MSN, RNC-OB	More than 20 years experience in nursing and/or nurse management
Home Visiting RN's	Home Visiting RN's	Meet with mothers to complete the home visit and enters required data into excel spreadsheet or database.	RN	Varying levels of experience in nursing
Licensed Midwives	Licensed Midwives	Directly communicate with mothers to schedule and complete the home visit and enter required data into excel spreadsheet or database.	Licensure by the State of Florida/DOH	Clinical experience commensurate with requirements for graduation and licensure
C&R Manager (will be hired by HSNCF)	Coordinated Intake and Referral Manager	Supervises the two Family Partners and works with community partners to develop interagency agreements.	Bachelors degree in social services	At least 5 years of experience in social services
Family Partners (will be hired by HSNCF)	Family Partner	Responsible for meeting with mothers in hospital to educate them about NHTV and get consent to participate in program link families with supports and services needed and provide short term case management	Bachelors degree in social services	At least 3 years experience in social services
Mona Gil de Gibaja	Program Coordinator-Consultant	Coordinate all partners' activities and ensure successful implementation of the program.	BSW, MSW, Ph.D.	More than 30 years of program development and management experience
Julie Moderie	Director of HSNCF	Supervise C&R Manager and other HSNCF staff responsible for implementation of the program; provide oversight and support to consultant; subcontract with hospitals and Florida School of Midwifery	BS MPH	More than 15 years of experience with maternal, infant and child health; Director of HSNCF for 10 years

During the first few months of the project, weekly team meetings or conference calls will be held with all collaborative partners to ensure processes are in place to effectively implement the program with fidelity across all sites and with all staff. In addition, throughout the implementation of this project continuous quality improvement (CQI) techniques will be used to implement "small tests of change" that will provide staff with opportunities to try innovative ways of engaging families in this program and providing them with the supports and services they need to help them thrive as parents.

b. Describe others available or needed to support the HBHVP which are not directly funded.

After the Newborn Home Visit is completed the RN or licensed midwife will contact the Family Partner (FP) so he/she can help facilitate the linkage of families to the supports, services and resources they may want and need. The FP will develop and maintain partnerships with all the agencies in Alachua County that provide supports and services to families with young children, however the agencies that will most likely receive the majority of the referrals and will have an ongoing collaborative relationship with the FP include:

- Healthy Start provides home visiting services to pregnant women and families with children up to age 3. Services include: care coordination, breastfeeding support, parent education, child development education, tobacco cessation, birth spacing, mental health counseling and referrals to other community supports and services.
- Healthy Families provides home visiting services to pregnant women and families with young children. Services include: parent education, child development education, child abuse prevention, mental health counseling, referrals to other community supports and services.
- MIECHV (Maternal, Infant, Early Childhood, Home Visiting) Parents as Teachers program provides home visiting services to families with young children. Services include: parent education, child development education and assessment using the ASQ and the ASQ-SE, assessment of intimate partner violence, assessment of post-partum depression and life skills, mental health counseling for post-partum depression and referrals to other community supports and services.
- WIC (Woman Infants and Children) provides breastfeeding support, nutrition information and infant/toddler nutritional resources until the child turns five years of age.
- Early Steps provides home visiting, assessments, education and ongoing support for infants and toddlers with developmental delays and special needs.
- Early Learning Coalition provides resources and referrals for child care and early learning programs.

c. Describe your organizations experience providing similar services.

Healthy Start of North Central Florida (HSNCF): The Florida Healthy Start program provides voluntary, universal screening of pregnant women and newborns to identify those at risk of poor birth, health and developmental outcomes. Based on the risks and needs identified,

voluntary services are available for the family. Services include home visiting, care coordination, childbirth education, tobacco cessation, breastfeeding education and support, parenting education and support, mental health counseling, and prenatal care. For more than 25 years, HSNCF has been subcontracting with various agencies throughout the area to provide these services. Agencies that HSNCF has experience contracting with include the University of Florida, county health departments, community based care lead agencies, federally qualified health centers, and not-for-profit agencies.

**UF-Health Shands:** Nearly 900 expert UF College of Medicine and community physicians along with more than 9,000 skilled Shands nursing and support staff provide comprehensive high-quality patient care, from primary care and family medicine to subspecialty tertiary and quaternary services for patients with highly complex medical conditions. The faculty from the UF College of Medicine includes nationally and internationally recognized physicians whose expertise is supported by intensive research activities. UF Health Shands Hospital's specialty programs are consistently ranked among the nation's best in U.S. News and World Report Hospital ranking. In addition, UF Health Shands Hospital is one of just seven hospitals in the state of Florida to receive the Baby-Friendly designation, an international initiative that aims to improve breastfeeding support for new mothers sponsored by UNICEF. Lastly, UF Health is now offering a model of group prenatal care at its women's centers to help reduce the risk of premature birth. Both UF Health Women's Center Medical Plaza and UF Health Women's Center - Springhill offer the group prenatal care model. The UF Health Women's Center - Medical Plaza will be designated as the first Centering Pregnancy site in North Florida by the Centering Healthcare Institute over the next year. Pregnant women who wish to participate in the Centering Pregnancy model are grouped by their due dates. After a standard visit to their provider, the women join a group during their fourth month of pregnancy and meet monthly for 1.5-hour sessions. During these sessions, the women receive all the components of individual prenatal care. The women and their provider also discuss birth and newborn care as well as overall health and stress management. HSNCF is partnering with UF-Health and March of Dimes on the CenteringPregnancy and CenteringParenting Programs.

**UF-Health Shands HomeCare (UFHC)** provides home care services twenty-four (24) hours per day, seven (7) days per week including weekends and holidays. UFHC is a private, not-for-profit affiliated with the University of Florida. The agency provides nurses, medical social workers, physical, speech and occupational therapists, home health aides, personal care aides and infusion therapy.

**North Florida Regional Medical Center (NFRMC)** is committed to enriching the community through extraordinary healthcare with unmatched dedication and compassion. Their core values are: **Quality**-Pursuing the highest standards of clinical and service excellence; **Innovation**-Developing new ways to enhance patient care through best practices and advanced technologies; **Trust**-Inspiring confidence in the healthcare and support teams through competence, integrity and accountability; believing that the best from each of us inspires the best in all of us; and **Empowerment**-Strengthening patient participation in their healthcare decisions and encouraging employee voice by recognizing their contributions.

**Florida School of Traditional Midwifery-** For 23 years, the Florida School of Traditional Midwifery has been committed to providing quality educational programs for those who share their desire to provide the best care for childbearing women and their families. Graduates of the midwifery program are eligible to become Florida Licensed Midwives (LM) and Certified Professional Midwives (CPM). FSTM offers direct-entry midwifery educational programs, which are based on combining the art of traditional midwifery with current knowledge of medical science and evidence-based practice. Their students' clinical experiences take place in a variety of settings: home birth practices, community-based birth centers, clinics, and hospitals, located throughout Florida. Their goal is to educate and prepare students to become skilled, caring midwives who will be available to serve women and families in their communities. Upon graduation, midwifery students are eligible to practice as Licensed Midwives (LM) in Florida. Licensed Midwives are trained professionals with the skills and expertise to provide care to low-risk, healthy individuals during the childbearing cycle. Licensed midwives monitor the physical, psychological, and social well-being of their patients, providing individualized education, counseling, prenatal care, continuous hands-on assistance during labor and delivery, and postpartum care to mother and newborn. This care includes preventative measures, the promotion of normal birth, and the detection of complications in mother and newborn. They are trained to identify when the care required is outside the midwife's scope of practice or expertise, and refer to other health care providers when needed for additional consultation or care. In Florida, licensed midwives typically work in the home or birth center setting.

Through this grant student assistance will be available through preceptorships. During the spring semester (January -- April), fifteen (15) to twenty (20) first year midwifery students will be available to accompany the RN's on a home visit and assist as needed. Each student will be available for 60-70 hours each semester. In addition, there will be ancillary support by FSTM staff in the management of the Licensed Midwife home visits.

d. List and describe any required licensures, certifications, accreditations, or other achievements of the organization related to the successful implementation of the HBHVP program.

See the chart under item 1a that provides this information.

## **2. Population to be served (5 points)**

a. Estimate the number of births expected in calendar year 2017, 2018.

In 2016 there were 2,885 Alachua County resident births and 2,753 Alachua County resident births in the County. Therefore, we estimate there will be 2,700 births to Alachua County residents in calendar years 2017 and 2018. There were 2,681 hospital births (UF Health Shands-1,158 and North Florida Regional Medical Center-1,523), 52 home births and 20 births at the birthing center. The population to be served through this program will include all women who are Alachua County residents and give birth at UF-Health Shands, NFRMC, a birthing center in Alachua County or at their home in Alachua County.

b. Estimate the number of women to be invited to participate in the program

Our goal is to invite all women who are Alachua County residents and deliver their baby in Alachua to participate in this program. However, we know that issues may arise that will be out of our control, prior to a mother being discharged from the hospitals, therefore, we anticipate that 95% of Alachua County residents who deliver in Alachua County will be offered this program.

c. Estimate the number of women consenting to participate.

We estimate that during the first year of the program 70% of the women invited to participate will consent and be scheduled for a home visit and 60% will complete the home visit. We hope to see the consent rate and completed home visit rate increase by approximately 5% each year thereafter, as community outreach and education increases about the benefits and value of this universal countywide program.

**3. Program Approach (10 points)**

a. Describe how expectant mothers will be informed of the program, how consent to participate will be obtained, and scheduling of the initial home visit. Describe the criteria used to determine if subsequent visits are needed.

Expectant mothers will be informed of the program through their OB/GYN, licensed midwife, and during childbirth education classes and hospital tours, as program brochures and information will be shared at each of these locations. In addition, a countywide marketing plan has been developed and additional details about the ways in which outreach and community education will be implemented is provided in Section 4 of this proposal.

Before each newborn is discharged, the NHVP Family Partner (FP) will meet with and talk to each mother who delivers a baby at UF-Health Shands or North Florida Regional Medical Center and is an Alachua County resident and provide detailed information about the program. A full-time FP will be available Monday through Friday at each hospital and they will be responsible for educating each family about the NHVP and obtaining their consent for an RN to visit them in their home within one week of discharge. When a mother is discharged on the weekend or in the evening, the RN preparing the mother's discharge paperwork or another designated staff person at the Mom/Baby Unit at each hospital will have the responsibility for getting the mother's consent to participate in the program. The licensed midwives presently provide a post-partum home visit to their patients, so they will include additional assessments during the postpartum visit for both the mother and newborn and will provide additional educational information to ensure that all visits are congruent with the visit conducted by the RN's.

Monday through Friday the FP will review the hospital census and establish a list of potential participants. The goal will be to offer the NHVP to every Alachua County mother. Once the list

of potential participants has been created, the FP will contact each mother and establish rapport before she is discharged from the hospital. To develop rapport the FP will provide each mother with information about the benefits of the NHVP, the estimated length of the home visit, the educational information that will be provided, the assessments that will be conducted, the incentives to participate that will be available and the overall value of the visit to the mother, other caregivers and the newborn. The FP will also provide information on the short term case management that will be available if needed to link the family to any additional supports or services they might want or need. In addition, the nurse's business card will be provided and the card will include a picture of the nurses on the NHVP team and their contact information, so that each mother will know which nurse will be visiting her home so that she can feel safe about someone coming out to visit her and her newborn.

When written consent to participate in the program is obtained, the FP will schedule an appointment for the home visit. For home births and births at the birthing center the Family Partners job will be implemented by the licensed midwife who will also be conducting the Newborn Home Visit.

Each visit will be scheduled within one week of discharge from the hospital. With a birth at a birthing center or at home, the home visit will be scheduled within one week of the baby's birth. For those babies that are in the NICU, the FP will meet with the family in the hospital within 3 days after the baby's birth and schedule a telephone call with the RN within 3-5 days after that meeting with the family. In addition, the RN will conduct a home visit within 7 days after the newborn is discharged from the NICU.

During the visit, the RN or licensed midwife conducts a post-partum and newborn assessment, including an evaluation of the mother's and baby's physical, mental and social health history and service needs. In addition, education and referrals regarding post-partum and infant care are provided as indicated including understanding and knowledge of self-care, infant health, immunizations, infant sleep position, infant dietary intake, home safety, fire safety, and the importance of follow-up appointments with primary care providers. If additional medical care is needed for either the mother or the newborn the RN can assist the mother with making those arrangements with her physician or the newborn's pediatrician, if needed. However, if the family needs any additional services or resources including; parent education, ongoing breastfeeding education and support, nutritional support and information, child development education, or assistance with basic needs, diapers or formula the RN or licensed midwife will follow-up with the FP and she will make all referrals needed and provide short-term case management until the family is enrolled in the needed programs or receives the requested items.

*b. List all items included in the physical assessments of mother and baby, and how your project will promote healthy infant care, parent-baby bonding, breast feeding support, healthy sleeping and infant growth and development. Describe how infant safety including pool safety is assessed. Identify any environmental concerns assessed, i.e., lead paint, tobacco use, etc. Include a copy of assessment tools as an attachment.*



During the physical assessment of the infant the following will be assessed: temperature, heart, respiration, head circumference, dermal icterus index, cord, circumcision, breast feeding and/or bottle feeding, elimination, weight, alertness, responsiveness and muscle tone.

During the home visit the following will be assessed for the mother: temperature, pulse, respirations, blood pressure, breasts, fundus, bowel movements, voiding, activities of daily living (including hygiene and sleep). In addition, psychosocial issues will be discussed and assessed and general education will be provided to address the following: history of depression, symptoms of post-partum depression, lack of support systems, history of perinatal loss, as well as intimate partner violence and "adverse childhood experiences". If the mother consents to a physical exam her perineum, incision or wound will also be assessed.

In addition, the RN will model and provide coaching for the mother and other caregivers on healthy infant care, parent-baby bonding, child development, and child safety, as well as provide breastfeeding education and support. Educational materials will be provided on these topics, as well as a list of community resources and links to various on-line videos that can provide additional information and education. If additional support is needed, the parents or caregivers will be offered ongoing home visiting services through Healthy Start, Healthy Families or MIECHV (Maternal, Infant, Early Childhood Home Visiting)-Parents as Teachers.

c. Describe the process to assess the caregivers mental and social health, history and service needs.

During the home visit the RN or licensed midwife will have an opportunity to develop rapport with the mother by discussing the baby's feeding and sleeping patterns, as well as child development issues. Once rapport has been developed at the home visit, various assessments will be conducted. The caregiver's mental health will be assessed using the Edinburgh Postnatal Depression Scale (see attached). In addition several questions will be asked on the initial intake form to determine if the mother may need information on community resources available to address intimate partner violence and to determine if any "adverse childhood experiences" exist that may impact emotional or physical health. In addition, the Life Skills Progression tool (see attached) will be used to determine relationships with family and friends, children, and supportive resources; education and employment; health and medical care, mental health and substance abuse/use, basic essentials available and needed, infant/child development s, as well as overall family strengths and opportunities for improvement or needs. Lastly, based on the results of the health assessment and these additional assessment tools, the RN will work with the family to determine what additional supports or services they may want and/or need. If additional services or supports are needed, the RN or licensed midwife will contact the FP at the respective hospital and she will work with the family to provide short-term case management until the family's needs have been addressed.

d. Describe how home visits will be scheduled and what sequence of events will occur once at the home. Describe safety plans for the home visit staff including staff training, policies and procedures.

After receiving the mother's consent to participate in the program, the Family Partner at each hospital will schedule the date and time for the Newborn Home Visit and provide the mother with the business card for the nurse who will be visiting. During each home visit the following sequence of events will occur:

- The nurse will show the mother her photo id from the hospital which will match the picture and information on the business card that was provided to the mother at the hospital.
- At the beginning of the visit the nurse will discuss the baby's feeding and sleeping patterns and issues related to child development, including brain development and the importance of serve and return.
- The RN or licensed midwife will conduct the infant exam which includes: temperature, heart, respiration, head circumference, dermal icterus index, cord, circumcision, breast feeding and/or bottle feeding, elimination, weight, alertness, responsiveness and muscle tone.
- During the visit the RN will administer the assessments below:
  - Edinburgh Postnatal Depression Scale
  - Life Skills Progression Tool
- The RN or licensed midwife will check the mother's health including: temperature, pulse, respirations, blood pressure, breasts, fundus, bowel movements, voiding, activities of daily living (including hygiene and sleep).
- If the mother consents to a physical exam the following will also be checked: her perineum, incision or wound.
- Educational information, modeling and/or coaching will be provided on the following: infant nutrition, safe sleep practice, tummy time, choking prevention, immunizations, illness prevention, infant abduction, SIDS education, and birth spacing and family planning.
- Lastly, a safety check will be conducted with the caregiver to provide information and education on safe sleeping, home safety, fire safety, auto safety, pool/water safety, environmental hazards (i.e.: lead paint) etc.
- At the end of each visit the RN or licensed midwife will provide the mother/caregivers with a brief overview of what was discussed, a list of community resources that are available, the incentive for participation in the program (i.e.: pack-n-play) and, if needed a copy of the referrals that the Family Partner will be assisting the family with accessing will also be provided.

The RN's will receive training on mom/baby care from experienced RN's who have at least 5 years of experience providing care to mothers and newborns. In addition, UFHC will provide training on safety while traveling to the homes and while at the home visit. In addition, see attached policies for patient assessment, education for infant care, follow-up care criteria and staff safety.

*g. How will the project identify unmet needs and make referrals for appropriate services? How will your project assure referrals are accepted and acted upon? Describe how your project will connect families to community resources.*

After the RN or licensed midwife conducts the Newborn Home Visits and meets with the caregivers to assess the family's needs a referral form will be completed which includes information on all the community resources available to address the family's unmet needs. The caregivers will have the option to contact the community resources themselves or to get assistance from the Family Partner (FP). If the FP will be linking the family to services and supports she will provide short term case management until the family's needs are met. The FP will be responsible for contacting the community agencies that can assist the family to make a referral for services. Within 14 days after the referrals are made the FP will follow-up with the family to ensure that services or supports were provided or if necessary that they were placed on a waiting list for services. If additional assistance is needed, the FP will continue to work with the family and the community agencies to facilitate linkage and service provision.

#### **4. Marketing and Outreach/Community Education (10 points)**

*a. Explain how your project will be marketed including a description of any planned publications, special events, how social media will be used, and the key elements of any message or community education campaign.*

Family Partners will meet with new moms in hospitals, explain the Newborn Home Visiting program, encourage patients to sign the consent to participate form for the home visit and leave behind the RN's business card. The card will include a photo of the RN (for recognition at home and to alleviate concerns) and contact information. This stage of the marketing plan requires the following materials:

- Business cards with photos
- Permission form with program logo

Family Partners will promote the program at area hospitals, birth centers and in childbirth education classes at the hospitals by meeting with staff, explaining how the program works and leaving behind brochures or rack cards for this audience. Materials needed:

- Brochures or rack cards

Educating the public about the program to encourage participation will include information on the information, support and resources that will be available through the program. Suggested strategies and materials include the following:

- Press releases and articles to Alachua County media announcing the program and its benefits
- Pitch story about the new program to local TV and radio shows
- Create a page about the program within the Healthy Start website
- Add a brief program description on the WellFlorida website

- Use Healthy Start of North Central Florida and WellFlorida's social media to announce and promote the program
- Create a blog post about the program on the WellFlorida website and an announcement in the WellFlorida E-Newsletter and the Healthy Start of North Central Florida E-Newsletter
- Design interior bus graphics that promote the program for bus lines en route to area hospitals
- Create posters about the program to be posted in places pregnant women and families visit
- Create a radio ad to play on popular Alachua County radio stations to build public awareness of the program
- Obtain an email database and reach out to OBGYNs, hospitals, birth centers, etc. via e-newsletters educating them about the program and other programs relevant to this audience that are offered through Healthy Start of North Central Florida
- Create buttons for hospital staff to wear on the labor and delivery and mom/baby unit that says "Ask Me About NewboRN Home Visiting"

We will also work with the prenatal care providers to promote the NHVP by providing information to their patients about the program and letting them know they should expect a Family Partner to meet with them in the hospital to get their consent for an RN nurse to visit them within a week of discharge from the hospital.

All materials created for this program will include a statement that funding for the NHVP is provided by the Alachua County Board of County Commission, Children's Services Advisory Board.

*b. How will you reach out to those mothers that may be reluctant to participate?*

Marketing materials will be created and will be distributed at places that pregnant women and families with young children may go including: child care centers, schools, OB/GYN offices, pediatricians offices, hospitals, Health Department clinics, parks, libraries, nail salons, hair salons, laundromats, fast food restaurants, toy stores, children's clothes stores, department stores, grocery stores, gas stations. The marketing materials developed will be branded and will include a logo and slogan for the program. The materials will be similar to the marketing materials and program resources that have been developed for the Coordinated Intake and Referral Program that is being implemented by HSNCF at UF-Shands and UF-Children's Medical Services to link families with young children to the community services and resources they need.

Lastly, HSNCF will schedule a community meeting for social service agencies, faith based organizations and others who serve pregnant women or families with young children so they can learn more about the NHVP and get materials that they can share with the pregnant women and families who are interested in starting a family in the near future with whom they work.

##### **5. Collaboration and Partnerships (15 points)**

**a. Identify and describe the essential collaborators and partners of your project. What activities are each expected to complete. Are the collaborations/partnerships formal or informal, new or existing and related to other similar projects?**

The key collaborators and partners for this project include the following: Healthy Start of North Central Florida (HSNCF), North Florida Regional Medical Center (NFRMC), UF-Health Shands, UF-Health Shands HomeCare, birthing centers, licensed midwives conducting home births and the Florida School of Traditional Midwifery. All of the collaborations are new and will be formal through either a subcontract or an MOU.

HSNCF will be the lead contractor for this program and will subcontract with NFRMC, UF-Health Shands HomeCare and the licensed midwives through the Florida School of Traditional Midwifery to implement the home visiting services. In addition, HSNCF will hire the two Family Partners that will be working at each of the hospitals.

NFRMC will hire, train and supervise the RN's who will be conducting the Newborn Home Visits with mothers who deliver at NFRMC and to ensure that the NHVP Family Partner can meet with and talk to mothers who reside in Alachua County and deliver at this hospital to get their consent to participate in this program.

UF Health Shands HomeCare will hire, train and supervise the RN's who will be conducting the Newborn Home Visits with mothers who deliver at UF-Health Shands.

UF Health Shands will have an MOU with HSNCF so that the NHVP Family Partner can meet with and talk to mothers who reside in Alachua County and deliver at this hospital to get their consent to participate in the NHVP.

Licensed Midwives will be conducting the home visits with the mothers for which they are providing prenatal care and childbirth delivery services.

Florida School of Traditional Midwifery will train and supervise the licensed midwives who will be conducting the Newborn Home Visits with mothers for whom they are already providing prenatal care and childbirth delivery services and FSTM will have an agreement with the licensed midwives to pay them the stipend for the home visit and the information they collect for the NHVP.

**b. Describe how you will collaborate with others providing early childhood services to close current service gaps and reduce duplication of effort.**

HSNCF has been implementing the Coordinated Intake and Referral Program in Alachua County since January 2017. This is a pilot program that is funded through September 2017 by a federal MIECHV (Maternal, Infant Early Childhood Home Visiting) grant. Prior to implementation of this

grant a planning team was formed which included all the key providers of early childhood services, as well as other agencies that provide ancillary services and resources to families who may need additional assistance (i.e. Catholic Charities, Peaceful Paths, Arbor House).

Each provider has agreed to receive referrals from the CI&R Program Family Partner and to provide services to all eligible families. The team of partners has also agreed to accept referrals and provide services to any family referred by the Family Partner through the NHVP and to provide follow-up information on whether or not the family engaged in services. The partners include: Healthy Start Alachua, Healthy Families-ACUB, MIECHV-Parents as Teachers Alachua, Early Steps of North Central Florida, Early Learning Coalition of Alachua County, WIC, Department of Health-Alachua County, Children's Home Society, Meridian Behavioral Healthcare, Child Advocacy Center, United Way of North Central Florida, Partnership for Strong Families, and the Department of Children and Families.

If needed, MOU's or interagency agreements will be executed with some or all of these partners to help close service gaps and link families to the supports and services they need to help reduce duplication of efforts.

#### **6. Timeline(5 points)**

*a. Briefly, describe the key milestones in the proposed project and how many days following grant/contract approval each will occur.*

<b>Key Milestones</b>	<b>Timeframe</b>	<b>Person(s) Responsible</b>
Purchase equipment needed for RN's and Family Partners	30 days	HSNCF, UFHC, NFRMC
Get HIPAA approval for Family Partners to work at both hospitals	45 days	HSNCF, Shands, NFRMC
Create MOU's or Business/Interagency Agreements with other partners as needed	45 days	HSNCF
Hire Family Partners	45 days	HSNCF
Train Family Partners	60 days	HSNCF
Finalize contract with all service providers	60 days	HSNCF (Julie Moderie and Mona Gil de Gibaja)
Hire RN's	60 days	UFHC, NFRMC
Train RN's	90 days	UFHC, NFRMC, Shands
Finalize outcomes	60 days	HSNCF
Finalize data collection process	60 days	UFHC, NFRMC, Shands, HSNCF
Develop database/excel spreadsheet to track participant information	60 days	HSNCF
Develop program policies	60 days	HSNCF
Develop marketing materials	60 days	HSNCF
Begin community outreach and distribute	90 days	HSNCF



marketing materials		
Conduct presentations to key stakeholders groups and others to request sponsorships or donations for incentives for participants	90 days	HSNCF
Purchase incentives for participants	90 days and ongoing	HSNCF
Facilitate weekly meetings or conference calls for the first few months of program implementation and then change to monthly thereafter	Ongoing	HSNCF

#### **7. Data Collection, Data Analysis, and Data Sharing (10 points)**

*a. Identify the key data elements collected, how these support the proposed outcome measures, and the source of information.*

We plan to be careful stewards of County funds and plan a two-pronged approach to data collection and analysis. One group of data will evaluate the processes of providing home visitation and another series of data will be measure short and long term health outcomes.

The key data elements include the following, as well as all the information included on the postpartum visit checklist for mom and baby which are provided in the appendix.

- Demographic data from the birth certificate
- # of mothers visited in the hospital and educated about the program
- # of mothers who consent to participate
- # of scheduled home visits
- # of home visits completed
- # of referrals to each community agency

In addition, , we will work with our partners to be able to evaluate if there are any unintentional disparities that occur from this process and will prospectively be able to measure the impact of the intervention.

*b. Identify who will complete the data analysis, the frequency and type of analysis completed. Explain the types of data reports created.*

During the first few months of program implementation each RN will track all program data in an Excel spreadsheet, however our goal is to use the RedCap survey entry tool that is used at UF Health and develop a specialized database for this program that will enable all providers to input patient-level data in a HIPAA secured interface via iPad or computer. This tool will have all patient information and screening measures implemented. It is this interfacing tool that each RN, licensed midwife or Family Partner will access and will allow the process of data in real time. For example, we will be able to measure how many patients were offered a home visit,

how many accepted a home visit, and how many filled in all the proposed measurement and screening tools. Specifically, we will be able to provide ongoing feedback on the outcomes that the CSAB and BoCC need to measure the impact of this program. In addition, we will be able to provide quality improvement through provider-level and institutional-level feedback.

HSNCF will compile monthly/quarterly reports to share with all the partners and the CSAB and BoCC. These reports will be used to measure progress, program strengths, areas of improvement and opportunities for ongoing continuous quality improvement.

Because RedCap is based at the University of Florida, future collaborations can link these RedCap results to health outcomes data for all infants born in Alachua County. Although not included in this budget, additional grants will be able to monitor how the Newborn Home Visit predicts health outcomes and health utilization using claims and electronic health records data available through the Institute of Child Health Policy at the University of Florida.

c. Propose how you will share outcome data with others including other Healthy Baby Home Visit program providers, the CSAB, and County staff, to coordinate services and to reduce duplication.

The Excel spreadsheets and RedCap data will be available in real time to all providers in the Newborn Home Visiting program, allowing collaboration between all of the contributing parties (UF Health Shands, UF-Health Shands HomeCare, NFRMC and licensed midwives). Data can be generated by provider and by place of birth quarterly to allow for reflection, feedback and quality improvement and all reports will be provided to all the program partners, the CSAB, the BoCC and county staff.

#### **8. Outcomes to be Addressed and Measures to be Used (15 points)**

a. List each desired outcome and the data measures used to determine the level of attainment. Where applicable, relate outcomes and measures to assuring children are ready for kindergarten, or how it supports that overarching goal.

- 95% of new mothers that reside and deliver in Alachua County will be offered the NHVP
- 70% of new mothers that reside and deliver in Alachua County will agree to participate in the NHVP
- 60% of new mothers that reside and deliver in Alachua County will have a completed Newborn Home Visit
- 75% of NHVP participants identified as wanting home visiting services will be enrolled in a home visiting program if eligible for these services.
- 80% of all new mothers participating in the NHVP will voice understanding and knowledge of self-care, dietary intake referral sources and follow up appointment with primary care provider and newborn's pediatrician.

- 80% of all parents/caregivers participating in the NHVP will voice understanding and knowledge of infant physical and nutritional needs, options immunization, safe sleeping practices and infant sleep position value of tummy time, choking prevention, illness prevention, infant abduction, SIDS, home safety, water/pool safety, auto safety, fire safety, birth spacing and family planning.

**9. Overall Impact on Health and Well-being of Alachua County Children and Families (10 points)**

*a. The CSAB has adopted the Results Based Accountability Framework as its evaluation model. The CSAB overarching goal is to assure all children are ready for kindergarten by age 5. Describe how the proposed project will impact the health and wellbeing of the children and families served and how it is related to readiness for kindergarten.*

Using the Results Based Accountability (RBA) Framework to guide the performance measures chosen for the NHVP, the partners will work together to measure the following four components that are critical in the RBA Framework:

- 1) How much did we do?
  - How many mothers were contacted by the Family Partner or another hospital staff person prior to discharge and received information about the NHVP?
  - How many mothers consented to participate in the NHVP at each hospital or through the licensed midwives?
  - How many Newborn Home Visits were scheduled at each hospital or by licensed midwives?
  - How many Newborn Home Visits were completed by the RN's at each hospital or licensed midwives?
  - How many families at each hospital or working with a licensed midwife received incentives and which incentive was provided?
  - How many families were referred to other resources and programs?
  - How many families were successfully enrolled in a home visiting program?
- 2) How well did we do it?
  - We will develop a satisfaction survey with input from the program partners and parents to evaluate how well the program is implemented.
- 3) How hard did we try?
  - We will work with our partners to develop measures for this area of focus.
- 4) What change did we produce?
  - We will be working with the UF Center for Child Health Policy to determine what outcomes will help us measure this component of the program.

Through the NHVP the mothers and other caregivers of newborns will have an opportunity ensure their child has a safe place to sleep, that the newborn has a medical home, that information on child development is provided to the caregivers and that the social, emotional and physical health and safety of the family is assessed and that if additional supports, education or information are needed they will be provided through referrals and linkage to other community supports and services.

b. What measures will demonstrate the desired impact? What intervals do you plan to measure and evaluate progress?

We will work with our partners and the CSAB to develop measures that demonstrate impact, however, because most families will receive only one home visit and will not be receiving ongoing supports and services process measures may be the main source for measuring impact, rather than long term outcome measures. Some of the measures that may be used as the program move forward are provided below:

- Parents/caregivers will be introduced to the "system of care" that exists in Alachua County for families with young children.
- All parents/caregivers will be offered this universal Newborn Home Visiting Program
- Those parents/caregivers who agree to receive ongoing home visiting services will be part of the "continuum of care" that is currently offered through the Coordinated Intake and Referral Program being implemented through the Healthy Start of North Central Florida in collaboration with more than 15 community partners.
- Reduced hospitalizations and use of emergency care
- Provides the sense that the community (Alachua County residents) care for their families
  - Friends in other communities or states do not have this program so this shows how much the community cares about families with young children
  - Saves babies and mothers lives
  - Gives more confidence to parents and can ease their stress
  - Provides answers to parents, because every child is different
  - Everyone in the community supports "making sure that every baby is a healthy baby"

**Project Budget and Budget Narrative**

**10. Project Budget**

*a. Provide a narrative description of all key budget items and briefly explain how each is utilized in providing services, i.e. personnel, fringe benefits, travel, operating supplies, etc. Provide a detailed explanation of any items listed in the "Other" budget category. Describe the scope of services for any contractual items.*

See Attachment B

*b. Identify the amount of funding requested and any other resources included in the budget, i.e., other outside funding, in-kind contributions, etc.*  
\$400,000

*c. Complete and attach a detailed line item budget using the Budget Template or a similar document.*

See Attachment B

**11. Insurance Requirements**

*a. Applicants responding to this RFP must indicate compliance with TYPE "C" INSURANCE REQUIREMENTS "Professional or Consulting Services" (Attachment D).*



**Attachment B**  
**NewboRN Home Visiting Program Budget**

Personnel	Narrative	Hours Per Week	Annual Cost
Family Partner	To be hired	40	\$ 31,200.00
Family Partner	To be hired	40	\$ 31,200.00
CI&R Manager	To be hired	2.0	\$ 2,184.00
Contract Manager	Jeanette Pekala	1.0	\$ 984.97
Art Director	Jill Dygert	0.5	\$ 797.51
HSNCF Program Director	Julie Moderie	0.5	\$ 1,125.30
CEO	Jeff Feller	0.5	\$ 1,491.38
Sr. Accountant	Tiffany Pyles	0.5	\$ 696.82
Sr. Administrative Assistant	Judith Brissette	0.5	\$ 478.02
<b>Total Personnel</b>		<b>85.5</b>	<b>\$ 70,158.00</b>

Fringe Benefits	Narrative	Monthly Cost	Annual Cost
Family Partner	To be hired	\$ 728.00	\$ 8,736.00
Family Partner	To be hired	\$ 728.00	\$ 8,736.00
CI&R Manager	To be hired	\$ 50.96	\$ 611.52
Contract Manager	Jeanette Pekala	\$ 22.98	\$ 275.79
Art Director	Jill Dygert	\$ 18.61	\$ 223.26
HSNCF Program Director	Julie Moderie	\$ 26.26	\$ 315.08
CEO	Jeff Feller	\$ 34.79	\$ 417.49
Sr. Accountant	Tiffany Pyles	\$ 16.26	\$ 195.11
Sr. Administrative Assistant	Judith Brissette	\$ 11.15	\$ 133.75
<b>Total Personnel</b>		<b>\$ 1,637.00</b>	<b>\$ 19,644.00</b>

Operating Expenses	Narrative	Monthly Cost	Annual Cost
Supplies	Pens, paper, folders, clips, cleaning supplies, computer supplies, etc.	\$ 362.25	\$ 4,347.00
Travel	Family Partners' travel for meetings	\$ 41.67	\$ 500.00
Equipment	Postage machine, copier, fax machine	\$ 8.50	\$ 102.00
Printing	Assessment forms, surveys, documents, data collection tools, business cards, etc.	\$ 50.50	\$ 1,806.00
Training	Edinburgh, ACES, Perceived Stress	\$ 41.67	\$ 500.00
Insurance	Type "C" Insurance; cost is allocated by FTE	\$ 80.00	\$ 960.00



Contractual		\$ 3,870.83	\$ 286,450.00
UF Health Shands	\$130 per visit for 1,000 visits	\$ 10,833.33	\$ 130,000.00
North Florida Regional Medical Center	\$130 per visit for 1,000 visits	\$ 10,833.33	\$ 130,000.00
Florida School of Traditional Midwifery	\$50 per visit for 100 visits	\$ 416.67	\$ 5,000.00
Mona Gil de Gibaja	\$27.50 hr @ 15 hours per week	\$ 1,787.50	\$ 21,450.00
Other		\$ 1,294.42	\$ 15,533.00
Utilities	Gas, electricity, and water	\$ 6.92	\$ 83.00
Maintenance & Repair	Cleaning services, pest control, lawn maintenance	\$ 10.83	\$ 130.00
Communications	Cell phones for family partners, office phones, audio conferencing, web hosting	\$ 114.75	\$ 1,377.00
Postage	Mailing documents and contracts	\$ 4.08	\$ 49.00
Audit	Annual audit; cost is allocated by FTE	\$ 89.33	\$ 1,072.00
Public Awareness	Outreach and marketing items as described in the marketing plan to raise awareness of the NHVP and increase participation	\$ 416.67	\$ 5,000.00
Educational Materials	\$3 per family for 2,100 families	\$ 525.00	\$ 6,300.00
Professional Fees	Attorney to review contracts	\$ 44.58	\$ 535.00
Recruiting	Indeed to recruit Family Partners	\$ 41.67	\$ 500.00
Occupancy	Office space; cost is allocated by FTE	\$ 40.58	\$ 487.00
Total Operating Expenses		\$ 49,727.58	\$ 310,198.00

Total Project Expenses		\$ 51,015.08	\$ 400,000.00
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Project Revenues	Annual Total
Amount Requested from the CSAB	\$ 400,000
Other Funds	\$ 29,680
HSNCF In-Kind	\$ 16,896
UF Health Shands In-Kind	\$ 6,791
NFRMC In-Kind	\$ 5,993
Total Revenues	\$ 429,680

Attachment C

Children's Services Advisory Board Newborn  
Home Visiting Program Invoice

Month:

Line Item	Budget	Monthly Actual	Year to Date	Remaining Budget
Personnel	\$ 70,158.00			
Fringe Benefits	\$ 19,644.00			
Operating Expenses	\$ 310,198.00			
<b>Total Project Expenses</b>	<b>\$ 400,000.00</b>			

Amount Requested for the Month:

\_\_\_\_\_

Total Amount of Award: \$ 400,000.00

\_\_\_\_\_

Percentage of Award Expended: %

\_\_\_\_\_

Please attach supporting documentation for all claimed expenses.

Prepared by: //

Approved by: //





# Agenda

**ALACHUA COUNTY  
BOARD OF COUNTY COMMISSIONERS**

**Jack Durrance Auditorium  
Second Floor  
12 SE 1st Street**

**January 9, 2018 BoCC Regular Meeting 9:00AM**

**Agenda Item #24.**

**Agenda Item Name:**

Children's Services Advisory Board Program Agreement with Healthy Start of North Central Florida for the NewboRN Home Visits

**Presenter:**

Claudia Tuck, Tom Tonkavich

**Item Description:**

Children's Services Advisory Board Program Agreement with Healthy Start of North Central Florida for the NewboRN Home Visits

**Recommended Action:**

Approve the agreement and authorize the Chair to sign.

**Prior Board Motions**

n/a

**Fiscal Consideration:**

Funds are budgeted for FY18

001.29.2910.569.82.00 \$400,000

**Background:**

The BoCC created the Children's Services Advisory Board (CSAB) in part to recommend funding for innovative programs to address the early developmental needs of children ages birth to 5 and their families. Previously, the CSAB presented its strategic approach to assure all children are ready for success in kindergarten that includes a nurse home visit for each newborn child, transforming professional development for those working with young children, and addressing social and emotional development needs. The BoCC concurred with the Advisory Boards recommendations. An RFP (Request for Proposals) was developed for the nurse home visit program and one response was received. The CSAB evaluated the proposal and found it met the RFP criteria. The CSAB recommended entering into an agreement with the vendor, Healthy Start of North Central Florida, Inc.

