

**FIRST AMENDMENT
TO AGREEMENT BETWEEN
FIRST 5 SANTA CLARA COUNTY
AND
COUNTY OF SANTA CLARA**

This is the First Amendment to the Agreement between FIRST 5 Santa Clara County (FIRST 5) and Santa Clara County dba Public Health Department, (GRANTEE) for the implementation of the Let's Go! Let's Grow! Public Health Nursing Home Visitation Program.

BACKGROUND

On April 23, 2008, the FIRST 5 Commission delegated authority to the Executive Director to negotiate, execute and amend a contract with Santa Clara County Public Health Department for home visitation services in Santa Clara County.

On October 10, 2008, FIRST 5 and GRANTEE executed a contract for an amount not to exceed \$415,532 for this purpose.

On November 12, 2008, the FIRST 5 Commission approved additional funding for the expansion of the Let's Go! Let's Grow! Public Health Nursing Home Visitation Program, under the Prenatal to Three Initiative. This First Amendment increases the grant award by \$78,972 for a total amount not to exceed \$494,504:

1. Exhibit A, Scope of Work, Program Description is modified to include the addition of 25 referrals from the Infant Neuro Developmental Clinic.
2. Exhibit A, Scope of Work, Task 4.1a is modified to include the addition of 1.0 FTE Public Health Nurse II.
3. Exhibit A, Scope of Work, Task 4.3a is modified to reflect services to 75 unduplicated infants and their families referred from NICU HRIF and IND.
4. Exhibit A, Scope of Work, Task 4.3l is added to account for the reporting of TCM leveraged revenue realized through the Let's Go! Let's Grow! program.
5. Exhibit B, Budget, and Exhibit B1, Budget Narrative, are modified to reflect the new total award amount not to exceed \$494,504.
6. Exhibit F1, Logic Model – Public Health Home Visitation for NICU/HRIF and IND, is modified to reflect the addition of 25 referrals from IND Clinic for a total of 75 unduplicated infants and their families served.

This First Amendment increases the contract award to the amount not to exceed \$494,504, which is within the maximum amount authorized by the FIRST 5 Santa Clara County Commission on November 12, 2008.

FIRST AMENDMENT

The Agreement between FIRST 5 Santa Clara County and Santa Clara County Public Health Department for the period July 1, 2008 through June 30, 2009 is hereby amended as follows:

1. GRANTEE name is amended from Santa Clara County Public Health Department to County of Santa Clara dba Public Health Department.
2. Section II.B, is revised to read: "The GRANTEE is awarded a grant not to exceed four hundred ninety-four thousand, five hundred four dollars (\$494,504)."
3. Replace Exhibit A, Scope of Work, with Exhibit A, Scope of Work (First Amendment).
4. Replace Exhibit B, Budget with Exhibit B, Budget (First Amendment).
5. Replace Exhibit B1, Budget Narrative, with Exhibit B1, Budget Narrative (First Amendment).
6. Replace Exhibit F1, Logic Model – Public Health Home Visitation for NICU/HRIF, with Exhibit F1, Logic Model – Public Health Home Visitation for NICU/HRIF and IND (First Amendment).

All other terms and conditions of the Agreement shall remain in full force and effect.

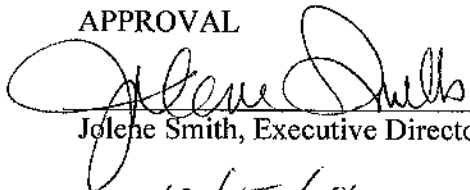
In Witness Whereof, FIRST 5 and GRANTEE have executed this First Amendment on the dates indicated.

GRANTEE APPROVAL

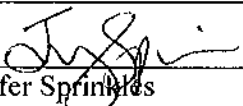
 Liz Kniss, Chair
 Board of Supervisors

 Date

FIRST 5 SANTA CLARA COUNTY APPROVAL


 Jolehe Smith, Executive Director

 Date 12/15/08

Approved as to Form and Legality	
	12/18/08
Jennifer Sprinkles Deputy County Counsel	Date

Signed and certified that a copy of this document has been delivered by electronic or other means to the Chair, Board of Supervisors.

Attest:

 Maria Marinos
 Clerk of the Board of Supervisors

 Date

Tax Identification No: 94-6000533

Exhibits to this First Amendment:

Exhibit A, Scope of Work (First Amendment)

Exhibit B, Budget (First Amendment)

Exhibit B1, Budget Narrative (First Amendment)

Exhibit F1, Logic Model – Public Health Home Visitation for NICU/HRIF and IND (First Amendment)

**Agreement Between FIRST 5 Santa Clara County and
County of Santa Clara dba Public Health Department
Contract #: 2009-130-009
Scope of Work**

FIRST 5 Program Service Area	4. Home Visitation
Program Description/Objective	
Through the Let's Grow! Public Health Nursing Home Visitation program, County of Santa Clara dba Public Health Department (PHD) provides Public Health Nursing Home Visitation services to:	
<ul style="list-style-type: none"> ▪ 50 medically fragile infants and their families referred from the Valley Medical Center Neo-Natal Intensive Care Unit (NICU), High Risk Infant Follow-up (HRIF) program; ▪ 25 medically fragile infants and their families referred from the Valley Medical Center Infant Neuro Developmental Clinic (IND) program; and ▪ 50 infants and their families referred from the Family Wellness Court (FWC) program. 	
Utilizing the Public Health Nursing Home Visitation Model, Public Health Nurses engage parents/caregivers and provide information on ages and stages of early child development; educate and refer parents/caregivers to pregnancy planning, prevention and/or prenatal care; coach and mentor to foster a positive parent/caregiver and child relationship that contribute to the child's healthy development. Public Health Nurses provide services in the child's natural environment, treatment center and/or wherever the mother/caregiver and child are able to interact together. Public Health Nurses also make referrals to therapeutic services as needed and may transition families to other FIRST 5 System of Care services upon closure, as appropriate.	

FIRST 5 Goal Area	2. Families provide safe, stable, nurturing, and stimulating homes.
Outcome(s)	
<ul style="list-style-type: none"> ○ Indicator(s) • 2.1 Families have the skills, comprehensive support, and resources they needed to promote their children's optimal development. <ul style="list-style-type: none"> ○ 2.1a <i>Percentage of parents who demonstrate improved parenting skills.</i> ○ 2.1b <i>Percentage of parents who are aware of support services available in their community.</i> ○ 2.1c <i>Number of families who receive intensive support services through Family Partner Services, Home Visitation and referrals to other services.</i> • 2.2 Children live in home environments supportive of cognitive development and school readiness. <ul style="list-style-type: none"> ○ 2.2a <i>Percentage of families who report reading or telling stories regularly to their children.</i> 	

M#	Milestone Description	Start Date	Target Date
4.1	Hire/Maintain culturally and linguistically appropriate and highly qualified staff required to provide Public Health Nursing Home Visitation services.	07/01/08	06/30/09

EXHIBIT A (First Amendment)

T#	Task Description	Deliverable(s) If Applicable	Staff Assigned	Data Source If Applicable	Target Qty	Start Date	Target Date
4.1a	2.0 FTE Public Health Nurse II and 0.25 FTE Public Health Nurse III for NICU HRIF and IND.	--	PHN Manager	--	A/NA ¹	07/01/08	06/30/09
4.1b	1.0 FTE Public Health Nurse and 0.25 FTE Public Health Nurse III for FWC.	--	PHN Manager	--	A/NA	07/01/08	06/30/09

M#	Milestone Description	Start Date	Target Date				
4.2	Public Health Nurses and supervisors shall participate in full sessions of all trainings deemed appropriate by the Public Health Nursing Department and FIRST 5 Community of Learning.	07/01/08	06/30/09				
T#	Task Description	Deliverable(s) If Applicable	Staff Assigned	Data Source If Applicable	Target Qty	Start Date	Target Date
4.2a	Ensure Public Health Nurses and supervisors are formally educated in the Public Health Nursing model.	--	PHN	--	A/NA	07/01/08	06/30/09
4.2b	Public Health Nurses and supervisors must successfully complete the Ages & Stages and Ages & Stages/Social Emotional training.	--	PHN	--	A/NA	07/01/08	06/30/09
4.2c	Public Health Nurses and supervisors assigned to Family Wellness Court must participate in full sessions of all trainings for Family Wellness Court, as appropriate.	--	PHN	--	A/NA	07/01/08	06/30/09

M#	Milestone Description	Start Date	Target Date				
4.3	Implement Public Health Nursing Home Visitation services utilizing best practice strategies under the Public Health Nursing model in compliance with the System of Care Program Manual and all Technical Assistance Guidelines issued by FIRST 5.	07/01/08	06/30/09				
T#	Task Description	Deliverable(s) If Applicable	Staff Assigned	Data Source If Applicable	Target Qty	Start Date	Target Date
4.3a	Provide Public Health Nursing Home Visitation services to 50 unduplicated infants and their families referred from NICU HRIF and 25 unduplicated infants and their families referred from IND.	--	PHN	--	75	07/01/08	06/30/09

¹ A/NA = Achieved/Not Achieved

EXHIBIT A (First Amendment)

4.3b	Provide Public Health Nursing Home Visitation services to 50 unduplicated infants and their families referred from the FWC.	--	PHN	--	50	07/01/08	06/30/09
4.3c	Maintain an active caseload of 25 per PHN FTE.	--	PHN	--	25	07/01/08	06/30/09
4.3d	Educate and refer parents/caregivers about pregnancy planning, prevention and/or prenatal care.	--	PHN	--	A/NA	07/01/08	06/30/09
4.3e	Deliver services in the child/family's natural environment including, but not limited to, home and school environments.	-	PHN	--	A/NA	07/01/08	06/30/09
4.3f	Conduct second level screenings and assessments to further identify strengths and concerns in Family Life Domains.	--	PHN	--	A/NA	07/01/08	06/30/09
4.3g	Provide mandatory Family Wellness Court service summary reports to FIRST 5 Program Specialist in a timely manner prior to scheduled court dates.	--	PHN	--	A/NA	07/01/08	06/30/09
4.3h	Attend Family Wellness implementation team meetings, as appropriate.	--	PHN III, PHN	--	A/NA	07/01/08	06/30/09
4.3i	Participate in KidConnections consultation meetings, as appropriate.	--	PHN III	--	A/NA	07/01/08	06/30/09
4.3j	Implement Logic Model and Evaluation Plan, and other data collection as appropriate, in collaboration with FIRST 5 staff and SRI (FIRST 5's evaluation contractor) as specified in Exhibit F1, Logic Model for NICU HRIF (First Amendment) and Exhibit F2, Evaluation Plan for FWC.	Logic Model Evaluation Plan	PHN III	--	A/NA	07/01/08	06/30/09
4.3k	Meet all contract reporting requirements as specified in Exhibit C, Reporting Requirements and Forms.	Reporting Forms	PHN III	--	A/NA	07/01/08	06/30/09
4.3l	Report on TCM leveraged revenue realized through the Let's Go! Let's Grow! program.	Report	HHS Fiscal	--	A/NA	07/01/08	06/30/09

Budget Summary



 Contractor **County of Santa Clara dba Public Health Department**


 Contract # **2009-130-009**

 Fiscal Yr **2008/2009**

I. Personnel	Total	Home Visitation
All Personnel Salaries	\$ 338,011.00	\$ 338,011.00
Payroll Taxes and Benefits	\$ 155,793.00	\$ 155,793.00
Total Personnel	\$ 493,804.00	\$ 493,804.00
II. Other Expenses		
Facilities	\$ -	\$ -
Program Supplies	\$ -	\$ -
Equipment (>\$5,000)	\$ -	\$ -
Equipment (<\$5,000) and Maintenance	\$ -	\$ -
Travel	\$ -	\$ -
Consulting / Professional Services	\$ -	\$ -
Subcontracts	\$ -	\$ -
Miscellaneous	\$ 700.00	\$ 700.00
Administrative Overhead	\$ -	\$ -
Total Other Expenses	\$ 700.00	\$ 700.00
Total Grant Expenses	\$ 494,504.00	\$ 494,504.00
Match	\$ 113,252.00	\$ 113,252.00
Medi-Cal/EPSTD Leverage	\$ -	\$ -
Grand Total	\$ 607,756.00	\$ 607,756.00


Contractor Budget Summary

	Total	Home Visitation
County of Santa Clara dba Public Health Dep	\$ 494,504.00	\$ 494,504.00
Grand Total	\$ 494,504.00	\$ 494,504.00

Budget Detail		
	Home	Contractor County of Santa Clara dba Public Health Department
	Print	Contract # 2009-130-009
		Fiscal Yr 2008/2009
I. Personnel	Total	Home Visitation
Public Health Nurse II (3 FTE)	\$ 278,181.00	\$ 278,181.00
Public Health Nurse III (.5 FTE)	\$ 59,830.00	\$ 59,830.00
Payroll Taxes and Benefits	\$ 155,793.00	\$ 155,793.00
Total Personnel	\$ 493,804.00	\$ 493,804.00
II. Other Expenses		
Facilities	\$ -	\$ -
Program Supplies	\$ -	\$ -
Equipment (>\$5,000)	\$ -	\$ -
Equipment (<\$5,000) and Maintenance	\$ -	\$ -
Travel	\$ -	\$ -
Consulting / Professional Services	\$ -	\$ -
Subcontracts (List)	-	-
N/A	\$ -	\$ -
Miscellaneous (List)	-	-
Training	\$ 700.00	\$ 700.00
Transportation	\$ -	\$ -
Administrative Overhead	\$ -	\$ -
Total Other Expenses	\$ 700.00	\$ 700.00
Total Grant Expenses	\$ 494,504.00	\$ 494,504.00
Match¹	\$ 113,252.00	\$ 113,252.00
Medi-Cal/EPSDT Leverage²	\$ -	\$ -
Grand Total	\$ 607,756.00	\$ 607,756.00

¹Please include in-kind - non-cash contributions (which directly benefit a project) by the grantee or another party other than the funder (volunteer services, equipment use, facilities use, staff time or other resources, as distinguishable from a monetary grant) - and cash - monetary grants from third party funders.

²Please include amounts to be leveraged for Medi-Cal/EPSDT (Early Periodic Screening Diagnosis and Treatment).

Budget Narrative		
 Home Print	Contractor	County of Santa Clara dba Public Health Department
	Contract #	2009-130-009
	Fiscal Yr	2008/2009
Line Item	Narrative	Budget
I. Personnel		Total
Public Health Nurse II (3 FTE)	Public Health Nurses(s) will provide home visitation services to 75 medically fragile children prenatal through age 5 and their families referred from Valley Medical Center NICU HRIF and IND, and 50 infants and their families referred from Family Wellness Court.	\$ 278,181.00
Public Health Nurse III (.5 FTE)	Responsibilities would include day to day oversight of the program, including assigning referrals, providing consultation to PHNs, participation in the Family Wellness Court Implementation meetings, participation in the FIRST 5 Team meetings with KidScope, coordination of referrals to the Neuro-developmental clinic and oversight of the program goals and activities.	\$ 59,830.00
Payroll Taxes and Benefits	Fringe and Benefit include Health Insurance, Retirement, Medicare, FICA, Worker Comp, and Unemployment.	\$ 155,793.00
Total Personnel		\$ 493,804.00
II. Other Expenses		
Facilities	N/A	\$ -
Program Supplies	N/A	\$ -
Equipment (>\$5,000)	N/A	\$ -
Equipment (<\$5,000) and Maintenance	N/A	\$ -
Travel	N/A	\$ -
Consulting / Professional Services	N/A	\$ -
Subcontracts (List)		
N/A	N/A	\$ -
Miscellaneous (List)		
Training	Training conferences tuition, training materials and/or trainers for the Annual Neonatal Conference, Health Education Training and NCAST trainers.	\$ 700.00
Transportation	N/A	\$ -
Administrative Overhead	N/A	\$ -
Total Other Expenses		\$ 700.00
Total Grant Expenses		\$ 494,504.00
Match1	Attorney IV, County Counsel, Step II: \$4,448 @ .02% PHNM I, Step III: \$38,152 @ 20% PHN III Step V: \$59,830 @ 50% (benefits not included here) HCPM II Step V: \$7,027 @ .05% Sr. HCPM: \$3,795 @ .025%	\$ 113,252.00
Medi-Cal/EPSTD Leverage2	N/A	\$ -
Grand Total		\$ 607,756.00

**FIRST 5 Santa Clara County
Let's Go! Let's Grow! Logic Model FY 08/09
(Public Health Nursing Home Visitation for NICU/HRIF and IND)**

Target Population: 75 identified medically fragile infants and their families. Identified children will be graduates of Valley Medical Center Neonatal Intensive Care Unit (NICU) and meet the criteria for High Risk Infant Follow-up program (HRIF) and Infant Neuro Developmental Clinic (IND).

Evaluation Question	Outcome	Services	Indicators	Data Sources and Timeline
<p align="center"> What activities (including evidence-based practices) are implemented? What results do we expect to achieve? What evidence do we have to track progress? What is the data collection method? </p>				
<p>Process Evaluation</p>				
<p>How many families enroll and participate in the program?</p>	<p>Effective selection and identification of appropriate children and families</p>	<ul style="list-style-type: none"> • Identification, selection, and enrollment activities 	<ul style="list-style-type: none"> • Demographic characteristics of participants (age, ethnicity, language, zip code, education, income) • Service encounter data 	<ul style="list-style-type: none"> • Intake and enrollment procedures • Intake and Follow-Up Interview • Quarterly Program Statistic Report • PHIHS Client Demographic Information
<p>What are the presenting strengths and needs of families?</p>	<p>Families receive supportive services according to identified needs.</p>	<ul style="list-style-type: none"> • Identification, selection, and enrollment activities 	<ul style="list-style-type: none"> • Number and level of family strengths and needs • (2.1g) Percent of families who receive intensive support services through Family Partner Services, Home Visitation and referrals to other services • (2.1e) Number of children who have received developmental testing at 3 month intervals during the first year • (2.1f) Number of children referred to appropriate medical / educational / rehabilitative resources within 30 days of problem identification 	<ul style="list-style-type: none"> • Enrollment and eligibility criteria (medical eligibility and social risk factors) • Quarterly Program Statistic Report • PHD Referral Tracking Log • ASQ results as noted in Intake and Follow-Up Interview • FIRST 5 Dosage Summary • LSP

Evaluation Question	Outcome	Services	Indicators	Data Sources and Timeline
What is our basic question?	What results do we expect to achieve?	What activities (including evidence-based practices) are implemented?	What evidence do we have to track progress?	What is the data collection method?
Are participants satisfied with home visitation?		<ul style="list-style-type: none"> Home visitation for families 	<ul style="list-style-type: none"> Number of parents who felt their needs were addressed Number of parents who felt that the visits were linguistically and culturally appropriate Number of parents who felt the visits provided high-quality information 	<ul style="list-style-type: none"> Client Customer Satisfaction Survey (administered annually by PHD)
Outcome Goal 2: Families provide safe, stable, loving and stimulating homes.				
Have parents' ability to provide positive emotional support increased?	Parents provide nurturing and positive emotional support to their children	<ul style="list-style-type: none"> Home visits for parents and other caregivers covering a range of topics 	<ul style="list-style-type: none"> Number of mothers assessed for depression Number of mothers referred for depression Number of children living with parents with untreated mental problems or alcohol substance abuse 	<ul style="list-style-type: none"> Edinburgh Postnatal Depression Scale LSP (LSP; Mental Health & Substance Use scale; administered every 6 months)
Have parents' ability to promote their child's optimal development increased?	(2.1) Families have the skills, comprehensive support and resources they needed to promote their children's optimal development (SR)	<ul style="list-style-type: none"> Home visits for parents and other caregivers covering a range of topics 	<ul style="list-style-type: none"> (2.1a) Percent of families who demonstrate improved parenting skills. (2.1b) Percent of families who know where to go to find resources and support. (2.1c) Percent of families utilizing culturally appropriate services that support their child's development. 	<ul style="list-style-type: none"> LSP (Relationship with Child and Relationship with Supportive Resources scales) Client Customer Satisfaction Survey FIRST 5 Parenting Skills Assessment (annually)
Are families' strengths increased?	(2.2) Children live in home environments supportive of cognitive development and school readiness	<ul style="list-style-type: none"> Home visits for parents and other caregivers covering a range of topics 	<ul style="list-style-type: none"> (2.2a) Number of families who report reading or telling stories regularly to their children. 	<ul style="list-style-type: none"> LSP (Support of Development subscale)

Evaluation Question	Outcome	Services	Indicators	Data Sources and Timeline
<p>What is our basic question?</p> <p>Are children healthy?</p>	<p>What results do we expect to achieve?</p> <p>(2.3) Children have optimal nutrition and medical care</p>	<p>What activities (including evidence-based practices) are implemented?</p> <ul style="list-style-type: none"> Home visits for parents and other caregivers covering a range of topics 	<p>What evidence do we have to track progress?</p> <ul style="list-style-type: none"> (2.3a) Number of children who have an identified primary provider. (2.3b) Number of infants breast fed at discharge. (2.3c) Number of children who are up to date on their immunizations. Children receive well child exams at appropriate intervals 	<p>What is the data collection method?</p> <ul style="list-style-type: none"> PHHS client chart information LSP (<i>Child Well Care and Child Immunizations</i> subscales)

Additional notes:

A multidisciplinary team of professionals (including the Public Health Nurse Coordinator, doctors and nurses from NICU, and the HRIF/IND Coordinator) select the appropriate participants for Let's Go! Let's Grow! Eligibility criteria for inclusion in the study include CCS Criteria, prescribed medical characteristics, various social risk factors, and the PHNs' perspectives of the family's potential benefit.

Public Health Nurses (PHNs) are assigned to each county region (a total of 2.0 FTEs). They provide home visits in a prescribed frequency (weekly for the first month, 2x per month in the next 3 months until 6 months, then as needed up to a year for NICU/HRIF). Based on screening and assessment information (including Edinburgh, ASQ, NCAST feeding scale, and LSP), the PHNs provide education, anticipatory guidance, support, case management, consultation, linkage, referrals, and assurance of follow-up.

The Public Health Nurse Coordinator (.25 FTE) participates in the NICU multidisciplinary team, provides program oversight and consults with the PHNs.

Families are served by the program for at least 6 months to one year. Services will be concluded only by mutual agreement of the family and service team, based on progress and needs of the child and family. PHNs will refer the child to the FIRST 5 Family Partner (as appropriate, depending on family characteristics and needs) at close of the child/family services or when the child turns 3 years of age (whichever comes first).

Typical administration timelines of screening/assessments:

Edinburgh Postnatal Depression Scale: before 8 weeks (10 item scale).

Ages and Stages Questionnaire (ASQ): at all prescribed intervals (depending on age of child, about every 3-4 months) until parental concerns or developmental delays or identified. At this point the PHN will refer the child to Kidscope, Neuro Developmental Clinic, or Pediatrician for diagnostic evaluation and screening tests will be discontinued. PHN will support parents/caregivers in providing environmental enrichment to address developmental concerns.

Denver Developmental Inventory: administered as needed (e.g., if ASQ parent reports are discrepant from PHN observation). *Note:* Denver is administered via other clinical services, so less emphasis is placed on administration of this tool. ASQ was selected for FIRST 5 consistency purposes.

Life Skills Progression (LSP): after second visit, and then every 6 months. The LSP is the program's major outcome tool. *Note:* due to an interest in more exact data on breastfeeding practices, PHNs will assess at discharge and again at 6 months. **NCAST (Nursing Child Assessment Satellite Training) Feeding Scale :** within first 2 months after returning home from hospital and then periodically as needed for feedback.

In addition, the Annual Public Health **Client Customer Satisfaction Survey** is administered each September. The survey includes items well-mapped to the FIRST 5 Home Visitation Satisfaction Survey, with particular emphasis on cultural competence of services rendered. PHNs will administer the surveys to each participant in the program, make photocopies of the data, send the original copies to PHD, and enter the data into a shared dataset for compilation in the final FIRST 5 quarterly report.

Services are documented for each visit (service encounter). Typically encounters are 60-90 minutes (not including travel time or reporting/administrative time). A First 5 Dosage Summaries will be submitted to SRI at agreed upon intervals.

IT System: PHHS (Public Health Integrated Health System) provides data warehousing for each client, including demographics, service encounters, billing information. Currently, IT staff produce reports from PHHS to assist in the completion of the QPSR; some hand calculations of the numbers are required to complete all disaggregated demographic tables. The LSP will be completed by the PHNs at the agreed upon intervals. The LPS aggregate scores will be provided to SRI to compile outcome data and compare scores on the LSP administered longitudinally to active clients.