



STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6503
603-271-4517 1-800-852-3345 Ext. 4517
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Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

August 12, 2013

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

sole source
100% Federal Funds

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Maternal and Child Health Section, Home Visiting Program, to exercise a sole source amendment with University of New Hampshire Purchase Order #1028035 (Vendor #177867-B046), 51 College Road, Durham, New Hampshire 03824, by increasing the Price Limitation by \$100,000.00 from \$259,000.00 to \$359,000.00 to provide Maternal, Infant and Early Childhood Home Visiting Program Evaluation, and extend the Completion Date to August 31, 2014, effective the date of Governor and Council approval, whichever is later. This agreement was originally approved by Governor and Council on February 6, 2013, item #39.

From Feb 28, 2014

Funds are available in the following account for SFY 2014 with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

05-95-90-902010-0831 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, ACA MIEC

Table with 7 columns: Fiscal Year, Class / Account, Class Title, Job Number, Current Modified Budget, Increased (Decreased) Amount, Revised Modified Budget. Rows include SFY 2013, SFY 2014, and Sub-Total.

05-95-90-902010-5896 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, ACA HOME VISITING

Table with 7 columns: Fiscal Year, Class / Account, Class Title, Job Number, Current Modified Budget, Increased (Decreased) Amount, Revised Modified Budget. Rows include SFY 2014, Sub-Total, and Total.

### EXPLANATION

This is a **sole source** request to exercise an amendment and extend a project completion date with the University of New Hampshire. The University of New Hampshire has provided intensive Program Evaluation for the Maternal, Infant and Early Childhood Home Visiting Program. The project initially experienced delays in start-up due to changing guidance, additional review processes and feedback from the Federal Maternal, Infant, and Early Childhood Home Visiting Technical Assistance Coordinating Center. The Health Resources and Services Administration requested that the original evaluation plan be revised to incorporate additional rigorous evaluation methods and strategies. The Federal funder has also requested additional home visiting evaluation methods including increased training and coaching of the staff that provide Home Visiting New Hampshire Healthy Families America programs. In response to this feedback, the University of New Hampshire Evaluation Team has proposed to incorporate an additional leadership intervention into the original evaluation plan. This intervention is designed to illustrate and evaluate how leadership at the community and state level is an important component in successful implementation of evidence-based programs. This additional evaluation strategy, as required by Federal Funders, requires an extended project completion date and additional funds to support these activities.

Funds in this amendment will be used to analyze and incorporate additional rigorous evaluation methods to evaluate the effectiveness of the Home Visiting New Hampshire Healthy Families America programs and the impact of program implementation on health outcomes for families served. The University of New Hampshire will evaluate implementation by measuring the attitudes, knowledge and skills of home visiting staff and how this impacts their ability to provide quality, effective services.

The evaluation will focus on the agencies and families served in the Home Visiting New Hampshire Healthy Families America programs funded through the federal Maternal, Infant and Early Childhood Home Visiting Development grant. The evaluation plan will describe how early childhood services are coordinated at a State and local level, and will include a review of agencies' successful measurement of the following six (6) required benchmarks:

1. improved maternal and newborn health;
2. child injuries, child abuse, or maltreatment and emergency room visits;
3. improvements in school readiness and achievement;
4. domestic violence;
5. family economic self-sufficiency; and
6. coordination and referrals.

Low-income pregnant and parenting women and children from birth to 3 years of age will benefit directly by this Agreement. The evaluation results will be used to improve the critical health and family support services for children and families throughout the State. This evaluation will also assure that Federal Funds associated with the provision of these services are utilized in an effective and efficient manner.

Should Governor and Executive Council not authorize this Request, the Maternal and Child Health Section will not have the internal capacity to conduct the evaluation and meet the requirements of the Federal Funds. Programs will not have the information they need to improve the effectiveness of the program. Without the implementation of the federally approved New Hampshire Home Visiting Plan and associated services identified in this request, the State risks the loss of Federal Funds and will be out of compliance with federal requirements.

The University of New Hampshire was originally selected for this project through a competitive bid process. A Request for Proposals was posted on The Department of Health and Human Services' web site from July 11, 2012 through August 17, 2012. In addition, email notices were distributed through Spark New Hampshire, the state's Early Childhood Advisory Council, and an optional Bidders' Conference webinar was held via GoToMeeting on July 31, 2012.

In response to the Request for Proposals for Maternal, Infant, and Early Childhood Home Visiting Program Evaluation, four proposals were received. A committee of seven reviewers evaluated the proposals, including five Department of Health and Human Services personnel and two external reviewers. All reviewers have between one and twenty-five years experience in a variety of program settings including, managing programs and/or agreements with vendors for various public health and family support programs and direct provision of evaluation and home visiting services. Areas of specific expertise include Maternal and Child Health; Family Support; Child Abuse Prevention; Home Visiting; Evaluation; Epidemiology, and general public health infrastructure. Proposals were scored taking an average of all reviewers' scores. The proposal from the University of New Hampshire achieved the highest average score and was selected. The proposal was scored on agency capacity, program structure, budget and justification, and format. The University of New Hampshire was selected in accordance with the evaluation criteria set forth in the Request for Proposals following careful review and discussion. The Bid Summary is attached.

These services were contracted previously with this agency in SFY 2013 and SFY 2014 in the amount of \$259,000.00. This represents an increase of \$100,000.00. This increase is necessary since the federal technical assistance review indicated the need for more rigorous evaluation methods. The amendment adds a leadership intervention, which the UNH will administer and evaluate in partnership with the National Implementation Science Network.

The following deliverables are being used to measure the effectiveness of the agreement. The first two have been met as indicated.

- Contractor has submitted, and will continue to submit, bi-weekly Status Reports to Home Visiting Evaluation Coordinator via face-to-face, conference call and/or Web conference.
- Contractor produced the required Evaluation Plan within the agreed upon timeframe and submitted to Federal HRSA Office for approval.
- Contractor will develop a standardized client satisfaction survey.
- Contractor will submit a journal article for peer review and publication at the completion of the evaluation.

Area served: statewide.

Source of Funds: 100% Federal Funds from U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau.

Her Excellency, Governor Margaret Wood Hassan  
and the Honorable Council  
August 12, 2013  
Page 4

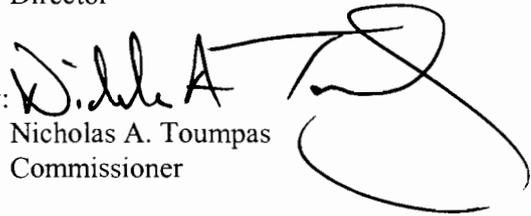
In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



José Thier Montero, MD  
Director

Approved by:



Nicholas A. Toumpas  
Commissioner

**Program Name** Maternal, Infant and Early Childhood Home Visiting (MIECHV)-Program Evaluation  
**Contract Purpose** The evaluation will focus on the agencies and families served in HVNH-HFA programs funded through the federal MIECHV Development Grant.

**RFP Score Summary**

	Max Pts	UNH Institute on Disability, Durham, NH	KMC Research Corporation, Portsmouth, NH	ISI/Community Health Institute, Bow, NH	Forward Consultants, New York, NY
<b>RFA/RFP CRITERIA</b>					
<b>Agy Capacity</b>	30	27.00	24.00	25.00	23.00
<b>Program Structure</b>	50	47.00	38.00	43.00	35.00
<b>Budget &amp; Justification</b>	15	14.00	9.00	14.00	10.00
<b>Format</b>	5	5.00	5.00	5.00	4.00
<b>Total</b>	100	93.00	76.00	87.00	72.00
<b>BUDGET REQUEST</b>					
Year 01		148,000.00	147,987.46	148,000.00	148,000.00
Year 02		110,999.00	110,999.21	111,000.00	110,000.00
Year 03		-	-	-	-
<b>TOTAL BUDGET REQUEST</b>		<b>258,999.00</b>	<b>258,986.67</b>	<b>259,000.00</b>	<b>258,000.00</b>
<b>BUDGET AWARDED</b>					
Year 01		148,000.00	-	-	-
Year 02		111,000.00	-	-	-
Year 03		-	-	-	-
<b>TOTAL BUDGET AWARDED</b>		<b>259,000.00</b>	-	-	-

	Name	Job Title	Dept/Agency	Qualifications
1	Abby Bourgeois	Home Visiting Intern	DPHS, MCHS	Reviewers have between one and twenty-five years experiences in a variety of program settings including, managing programs and/or agreements with vendors for various public health and family support programs and direct provision of evaluation and home visiting services. Areas of specific expertise include Maternal and Child Health, Family Support, Child Abuse Prevention, Home Visiting, Evaluation, Epidemiology, and general public health infrastructure.
2	Becky Bark	Director Technical Assistance & Evaluation	NH Children's Trust, Inc.	
3	Erica Proto	IEV Program Planner II	DPHS, MCHS	
4	Kim Flynn	Nutrition Consultant	volunteer	
5	Lissa Sirois	Health Promotion Advisor	DPHS, WIC	
6	Marie Kiely	MCH Data Program Manager	DPHS, MCHS	
7	Susan Knight	Program Planner III	Chronic Disease Astiana	



**healthy  
families  
america**

## Essential Components of HFA

HFA's 12 Critical Elements make up the core components of the program. These elements are organized into three main areas: Service Delivery and Staff, Program Design, and Service Content.

### Service Initiation

1. **Initiate services prenatally or at birth.**
  - a. Screening and assessment within two weeks after the birth of the baby (up to 20% of families can fall outside of this timeframe).
  - b. First home visit within three months after the birth of the baby – preferably prenatally (up to 20% of families can fall outside of this timeframe).
  - c. Must track and measure acceptance rates, complete an acceptance analysis of families who refuse services compared to families who accept services and identify strategies to increase acceptance rates every two years.
2. **Standardized (i.e. in a consistent way for all families) assessment**
  - a. Parent Survey (formerly the Kempe Family Stress Checklist) is conducted to identify the family strengths as well as family history and/or issues related to higher risk of child maltreatment and/or poor childhood outcomes.
  - b. Staff must be well trained in how to administer and score the assessment.
3. **Offer services voluntarily and use positive outreach efforts to build family trust.**
  - a. Services must be voluntary
  - b. Program staff must identify positive ways to establish a relationship with a family and keep families interested and connected over time because many participants are often reluctant to engage in services and may have difficulty building trusting relationships.
  - c. Must track and measure retention of participants at different intervals (i.e., 6 months, 12 months, 24 months, etc.), complete a retention analysis of families who drop out of services compared to families who remain in services and identify strategies to increase retention rates every two years.

### Service Content

4. **Offer services intensively with well-defined criteria for increasing or decreasing frequency of service and over the long-term**
  - a. Services offered AT LEAST WEEKLY during the 1<sup>st</sup> six months after the birth of the baby.
  - b. Family's progress is used for determining service intensity – as family's confidence and self sufficiency increases frequency of visits decrease.
  - c. Programs offer services a minimum of three years and up to five years after the birth of the baby.
5. **Services are culturally sensitive**
  - a. Programs must track service population characteristics
  - b. Ethnic, racial, language, demographic, and other cultural characteristics identified by the program must be taken into account in when selecting program materials (i.e., curriculum) and overseeing staff-family interactions.
  - c. Staff receive training designed to increase understanding and sensitivity of the unique characteristics of the service population.
  - d. The program analyzes through the development of a cultural sensitivity review the extent to which all aspects of its service delivery system (assessment, home visitation, and supervision) are culturally sensitive.

6. **Services focus on supporting the parent as well as supporting parent-child interaction and child development.**
  - a. Home visiting staff discuss and review, in supervision and with families, issues identified in the initial assessment during the course of home visiting services.
  - b. Home visitors must develop an Individual Family Support Plan (IFSP) that identifies strengths, needs, goals, and objectives. The IFSP must be reviewed in supervision and serve as a guide for services.
  - c. The program must promote positive parent-child interaction, child development skills, and health and safety practices with families through the use of curriculum and other educational materials.
  - d. The program monitors the development of participating infants and children with a standardized developmental screen, tracks children who are suspected of having a developmental delay and follows through with appropriate referrals and follow-up. Home visitors must be trained in the use of the developmental tool.
7. **At a minimum, all families should be linked to a medical provider to assure optimal health and development (e.g. timely immunizations, well-child care, etc.) Depending on the family's needs, they may also be linked to additional services such as financial, food, and housing assistance programs, school readiness programs, child care, job training programs, family support centers, substance abuse treatment programs, and domestic violence shelters.**
  - a. Participating Target Children must be linked to a medical/health care provider
  - b. The program ensures immunizations are up-to-date for target children and provides information, referrals, and linkages to available health care resources for all participating family members.
  - c. Families are connected to additional services in the community.
8. **Services are provided by staff with limited caseloads**
  - a. No more than 15 families on weekly service intensity
  - b. No more than 25 families at any given service intensity

#### **Staff Characteristics**

9. **Service providers are selected because of their personal characteristics (i.e. non-judgmental, compassionate, ability to establish a trusting relationship, etc.), their willingness to work in or their experience working with culturally diverse communities, and their skills to do the job. Service providers have a framework, based on education or experience, for handling the variety of situations they may encounter when working with at-risk families.**
  - a. Each program has required criteria to screen for during employment.
  - b. Must follow EOE protocol
  - c. Must follow HR protocol (job postings, interview questions, 2 references.
  - d. Must have criminal background checks and if possible CAN registry checks.
  - e. Must complete a staff turnover analysis every two years and include staff satisfaction in an effort to retain staff.
10. **All service providers (assessment, home visitors, supervisors) must receive basic training in areas such as cultural competency, substance abuse, reporting child abuse, domestic violence, drug-exposed infants, and services in their community.**
  - a. All service providers must receive Orientation training prior to working with families (topics outlined in best practice standards)
  - b. All service providers must receive intensive training based on their role specific assessment or home visiting
  - c. All service providers must receive Wraparound training topics (topics outlined in best practice standards) within 6 months and 12 months of hire (distance learning modules and/or in person)
  - d. All service providers must receive ongoing training based on their current skill set in an effort to continue to build skills and competencies.
11. **Service providers receive intensive training specific to their role.**
  - a. All service providers must receive HFA CORE (assessment or home visiting) training from a certified HFA trainer within 6 months of hire.
  - b. Supervisors also receive training based on the track (assessment or home visiting) they supervise and administrative, clinical and reflective practice training from a certified HFA trainer within 6 months of hire.

**12. Service providers receive ongoing, effective accountable, clinical and reflective supervision.**

- a. Direct service providers must receive weekly, individualized supervision.
- b. Full time supervisors are to have 6 or fewer direct services staff.
- c. Direct service staff must receive skill development and professional support and be held accountable for the quality of their work.
- d. Supervisors and Program Managers are also held accountable for the quality of their work and provided with skill development and professional support

**13. Governance & Administration (not a Critical Element)**

- a. Programs must have an Advisory Committee to focus on program planning, implementation and evaluation.
- b. Participants must have a mechanism for providing feedback, including a grievance process.
- c. The program must monitor and evaluate the quality of services through analyzing the ability to meet program goals and objectives, and through the implementation of a quality assurance plan.
- d. Programs must have policy and procedures for reviewing and recommending approval or denial of research proposals, whether internal or external, which involve past or present families.
- e. Programs must have policy and procedures for informing families of their rights and ensuring confidentiality of information both during the intake process as well as during the course of services.
- f. The program must report suspected cases of child abuse and neglect to the appropriate authorities and have proper policy and procedures for doing so.
- g. The program must have a comprehensive policy and procedure manual outlining all of the necessary policy and procedures.
- h. Programs must have an operating budget, annual report and audit.

**AMENDMENT #1 to**  
**COOPERATIVE PROJECT AGREEMENT**  
between the  
**STATE OF NEW HAMPSHIRE, Department of Health and Human Services**  
and the  
**University of New Hampshire** of the UNIVERSITY SYSTEM OF NEW HAMPSHIRE

The Cooperative Project Agreement, approved by the State of New Hampshire Governor and Executive Council on **2/6/13**, item # **39**, for the Project titled "**Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program Evaluation**," Campus Project Director, **Tobey Partch-Davies**, is and all subsequent properly approved amendments are hereby modified by mutual consent of both parties for the reason(s) described below:

**Purpose of Amendment (Choose all applicable items):**

- Extend the Project Agreement and Project Period end date, at no additional cost to the State.
- Provide additional funding from the State for expansion of the Scope of Work under the Cooperative Project Agreement.
- Other: Extend the Project Agreement end date.

**Therefore, the Cooperative Project Agreement is and/or its subsequent properly approved amendments are amended as follows (Complete only the applicable items):**

- Article A. is revised to replace the State Department name of \_\_\_\_\_ with \_\_\_\_\_ and/or USNH campus from \_\_\_\_\_ to \_\_\_\_\_.
- Article B. is revised to replace the Project End Date of **February 28, 2014** with the revised Project End Date of **August 31, 2014**, and Exhibit A, article B is revised to replace the Project Period of **December 1, 2012 – February 28, 2014** with **December 1, 2012 – August 31, 2014**.
- Article C. is amended to expand Exhibit A by including the proposal titled, " \_\_\_\_\_ ," dated \_\_\_\_\_.
- Article D. is amended to change the State Project Administrator to \_\_\_\_\_ and/or the Campus Project Administrator to \_\_\_\_\_.
- Article E. is amended to change the State Project Director to \_\_\_\_\_ and/or the Campus Project Director to \_\_\_\_\_.
- Article F. is amended to increase funds in the amount of **\$100,000** and will read:  

Total State funds in the amount of **\$359,000** have been allotted and are available for payment of allowable costs incurred under this Project Agreement. State will not reimburse Campus for costs exceeding the amount specified in this paragraph.
- Article F. is amended to change the cost share requirement and will read:  

Campus will cost-share \_\_\_\_\_ % of total costs during the amended term of this Project Agreement.
- Article F. is amended to change the source of Federal funds paid to Campus and will read:  

Federal funds paid to Campus under this Project Agreement as amended are from Grant/Contract/Cooperative Agreement No. \_\_\_\_\_ from \_\_\_\_\_ under CFDA# \_\_\_\_\_. Federal regulations required to be passed through to Campus as part of this Project Agreement, and in accordance with the Master Agreement for Cooperative Projects between the State of New

Hampshire and the University System of New Hampshire dated November 13, 2002, are attached to this document as **revised Exhibit B**, the content of which is incorporated herein as a part of this Project Agreement.

- Article G. is exercised to amend Article(s) \_\_\_\_\_ of the Master Agreement for Cooperative Projects between the State of New Hampshire and the University System of New Hampshire dated November 13, 2002, as follows:

**Article** \_\_\_\_\_ is amended in its entirety to read as follows:

**Article** \_\_\_\_\_ is amended in its entirety to read as follows:

- Article H. is amended such that:
  - State has chosen **not to take** possession of equipment purchased under this Project Agreement.
  - State has chosen **to take** possession of equipment purchased under this Project Agreement and will issue instructions for the disposition of such equipment within 90 days of the Project Agreement's end-date. Any expenses incurred by Campus in carrying out State's requested disposition will be fully reimbursed by State.
- Exhibit A is amended as attached.
- Exhibit B is amended as attached.

All other terms and conditions of the Cooperative Project Agreement remain unchanged.

This Amendment, all previous Amendments, the Cooperative Project Agreement, and the Master Agreement constitute the entire agreement between State and Campus regarding the Cooperative Project Agreement, and supersede and replace any previously existing arrangements, oral and written; further changes herein must be made by written amendment and executed for the parties by their authorized officials.

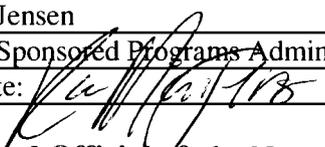
This Amendment and all obligations of the parties hereunder shall become effective on the date the Governor and Executive Council of the State of New Hampshire or other authorized officials approve this Amendment to the Cooperative Project Agreement.

IN WITNESS WHEREOF, the following parties agree to this **Amendment #1** to the Cooperative Project Agreement.

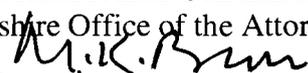
**By An Authorized Official of:  
University of New Hampshire**

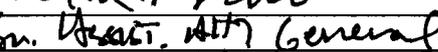
Name: Karen M. Jensen

Title: Manager, Sponsored Programs Administration

Signature and Date:  7/30/13

**By An Authorized Official of: the New  
Hampshire Office of the Attorney General**

Name: 

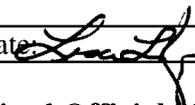
Title:  General

Signature and Date: 8/12/13

**By An Authorized Official of:  
Department of Health and Human  
Services**

Name: José Thier Montero

Title: Director

Signature and Date:  8/14/13

**By An Authorized Official of: the New  
Hampshire Governor & Executive Council**

Name:

Title:

Signature and Date:

## EXHIBIT A

**A. Project Title:** Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program Evaluation

**B. Project Period:** December 1, 2012 - August 31, 2014

**C. Objectives:** Refer to D. Scope of Work

**D. Scope of Work:**

- A. 1. On a quarterly basis, prepare interim findings for individuals collecting data in the field.
2. Provide technical assistance to program staff on all evaluation-related issues as needed via telephone, fax, e-mail and in person.
3. Coordinate all technical assistance and training with the Home Visiting Capacity Building Contract Agency.
4. Status Meetings: These required meetings will be convened by the Evaluation Coordinator and will be conducted at least biweekly. Meetings will address overall Project status and any additional topics needed to remain on schedule and within budget. A Status Report produced by the Contractor will serve as the basis for discussion. Participants will include, at a minimum, the Contractor Project Manager and a DPHS Home Visiting Program staff member. Status meetings may be conducted in person, or via conference call or Web conference.
5. The Contractor will produce biweekly Project Status Reports, which shall contain, at a minimum, the following:
  - a. Project status as it relates to Work Plan
  - b. Updated Work Plan
  - c. Deliverables status
  - d. Accomplishments during weeks being reported
  - e. Planned activities for the upcoming two (2) week period
  - f. Future activities
  - g. Issues and concerns requiring resolution
  - h. Report and remedies in case of falling behind schedule

**B. Focusing and Finalizing the Evaluation Plan**

1. Review the Draft Evaluation Plan and recommend refinements such as scope, choice of indicators, timeline, method of collection, and causal vs. correlational design. The program staff has preliminarily determined evaluation questions and instruments as detailed in the Draft Evaluation Plan, but the Evaluator may propose changes to those as well. Focus of evaluation should be on aspects that contribute to the knowledge base in the field of home visiting.
2. Produce a final Evaluation Plan no later than March 12, 2013 for submission to HRSA and ACF for federal approval. Although not limited to the following, HRSA and ACF will require the Evaluation Plan to:
  - a. Discuss how the evaluation will be conducted;
  - b. Articulate the proposed evaluation methods, measurement, data collection, sample

and sampling (if appropriate), timeline for activities, plan for securing IRB review, and analysis;

- c. Identify the evaluator, cost of the evaluation, and the source of funds;
  - d. Use an appropriate comparison condition, if the research is measuring the impact of the home visiting model on participant outcomes; and
  - e. Include a logic model or conceptual framework that shows the linkages between the proposed planning and implementation activities and the outcomes that these are designed to achieve.
  - f. Justify the rigor of the evaluation plan. HRSA and ACF expect states to engage in an evaluation of sufficient rigor to demonstrate potential linkages between project activities and improved outcomes. Evaluation rigor must meet requirements as stated in the Design Option for Home Visiting Evaluation Technical Assistance Brief, available at [http://www.mdrc.org/dohve/dohve\\_resources.html](http://www.mdrc.org/dohve/dohve_resources.html).
3. In conjunction with DPHS staff, HVCB staff, and HVNH-HFA agency staff, develop a third instrument or scale to assess the extent to which a facilitative approach to program administration at the state level can be correlated with effective implementation (Evaluation Question #3).

#### C. Gather Credible Evidence

1. Design and implement the necessary data management system(s) for collecting survey response data from community agencies and CQI activity data.
2. Utilize client outcome data collected in established data collection systems (Family Assessment Form, Excel spreadsheets, and the web-based Home Visiting Data System when it is in place).
3. Complete analysis of program data.  
Data used for this evaluation shall be de-identified data previously collected from families participating in the HFA Home Visiting Program, and data collected from agencies and staff participating in MCHS required meetings and trainings, including but not limited to MCHS required quarterly meetings, HFA Core trainings and data systems.
4. Research activities should be included in the evaluation with the intention of contributing to the knowledge base in the field of home visiting.

#### D. Justify Conclusions

1. Present preliminary and final findings to stakeholders to assure conclusions are justified and meet the agreed upon values and standards of stakeholders.

#### E. Ensure Use and Share Lessons Learned

1. Coordinate with HVCB Contract Agency to ensure that quarterly analysis leads to CQI at the state, agency, and practitioner levels.
2. Produce a draft report by July 31, 2014 summarizing the evaluation findings and presenting draft recommendations and conclusions.
3. Produce a final report by August 31, 2014 after receiving feedback from stakeholders. The report shall include but not be limited to:
  - a. Program description
  - b. Description of involvement with stakeholders
  - c. Literature review of implementation research
  - d. Focus of the evaluation and its limitations

- e. Summary of evaluation plan and procedures
  - f. All necessary technical information
  - g. Strengths and weaknesses of the evaluation
  - h. Explain evaluative judgments and how they are supported by evidence
  - i. Recommendations with their advantages, disadvantages, and resource implications
  - j. Provide examples, illustrations, graphics and stories
4. In partnership with DPHS, submit article for publication in a peer-reviewed journal by June 15, 2014.
  5. Develop a PowerPoint presentation of the evaluation, findings, and recommendations.
  6. Develop a display suitable for a poster session.
  7. Disseminate lessons learned through the evaluation to stakeholders and at professional meetings.

**E. Deliverables Schedule:** Refer to D. Scope of Work

**F. Budget and Invoicing Instructions:** Campus will submit invoices to State on regular Campus invoice forms no more frequently than monthly and no less frequently than quarterly. Invoices will be based on actual project expenses incurred during the invoicing period and shall show current and cumulative expenses by major cost categories, billed separately by State FY. State will pay Campus within 30 days of receipt of each invoice. Campus will submit its final invoice not later than 60 days after the Project Period end date. Carryforward of unexpended funds from one FY to the next will require prior State approval.

FY 13 2/6/13 - 6/30/13	FY 14 7/1/13 - 2/28/14	FY14 9/4/2013 or the date of Governor and Council approval, whichever is later through August 31, 2014
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Budget Items	FY 13	FY 14	FY 14 Amendment	TOTAL
1. Salaries & Wages	86,681	67,613	41,975	196,269
2. Employee Fringe Benefits	34,829	26,694	18,866	80,389
3. Travel	4,000	3,000	1,000	8,000
4. Supplies and Services	9,035	3,602	29,068	41,705
5. Equipment	0	0	0	0
6. Facilities & Admin Costs	13,455	10,091	9,091	32,637
Subtotals	148,000	111,000	100,000	359,000

Total Project Costs: 359,000



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN  
SERVICES



Nicholas A. Toumpas  
Commissioner

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José Thier Montero  
Director

December 11, 2012

G&C Approval Date: 02/06/2013

G&C Item #: 39

Her Excellency, Governor Margaret Wood Hassan  
and the Honorable Council  
State House  
Concord, New Hampshire 03301

**REQUESTED ACTION**

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Maternal and Child Health Section, Home Visiting Program, to enter into an agreement with University of New Hampshire (Vendor #177867-B046), 51 College Road, Durham, New Hampshire 03824, in an amount not to exceed \$259,000.00, to provide Maternal, Infant and Early Childhood Home Visiting Program evaluation, to be effective December 1, 2012 or date of Governor and Council approval, whichever is later, through February 28, 2014. Funds are available in the following accounts for State Fiscal Year 2013 and are anticipated to be available in State Fiscal Year 2014 upon the availability and continued appropriation of funds in the future operating budget, with authority to adjust amounts if needed and justified between State Fiscal Years.

05-95-90-902010-0831 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, ACA MIEC

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2013	102-500731	Contracts for Program Services	90083100	\$148,000.00
SFY 2014	102-500731	Contracts for Program Services	90083100	\$76,486.66
			Sub-Total	\$224,486.66

05-95-90-902010-5896 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, ACA HOME VISITING

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2014	102-500731	Contracts for Program Services	90004104	\$34,513.34
			Sub-Total	\$34,513.34
			Total	\$259,000.00

### EXPLANATION

Funds in this agreement will be used to analyze and evaluate the effectiveness of the Home Visiting New Hampshire Healthy Families America programs and the impact of program implementation on health outcomes for families served. Healthy Families America prescribes twelve (12) Critical Elements (see Attachment 1) that must be implemented exactly as outlined in the model. As an external evaluator, the University of New Hampshire will evaluate implementation by measuring the attitudes and knowledge of home visitors and how this impacts their ability to provide quality, effective services.

The evaluation will focus on the agencies and families served in the Home Visiting New Hampshire Healthy Families America programs funded through the federal Maternal, Infant and Early Childhood Home Visiting Development grant. The evaluation plan will include a review of agencies' successful measurement of the following six (6) required benchmarks: 1) improved maternal and newborn health; 2) child injuries, child abuse, or maltreatment and emergency room visits; 3) improvements in school readiness and achievement; 4) domestic violence; 5) family economic self-sufficiency; and 6) coordination and referrals. In addition, the evaluation will describe how early childhood services are coordinated at a State and local level.

Low-income pregnant and parenting women and children from birth to 8 years of age will benefit directly by this Agreement. The evaluation results will be used to improve the critical health and family support services for children and families throughout the State. This evaluation will also assure that Federal Funds associated with the provision of these services are utilized in an effective and efficient manner.

Should Governor and Executive Council not authorize this Request, the Maternal and Child Health Section will not have the internal capacity to conduct the evaluation and meet the requirements of the Federal Funders. Programs will not have the information they need to improve the effectiveness of the program. Without the implementation of the federally approved New Hampshire Home Visiting Plan and associated services identified in this request, the State risks the loss of Federal Funds and will be out of compliance with federal requirements.

The University of New Hampshire was selected for this project through a competitive bid process. A Request for Proposals was posted on The Department of Health and Human Services' web site from July 11, 2012 through August 17, 2012. In addition, email notices were distributed through Spark New Hampshire, the state's Early Childhood Advisory Council, and optional Bidders' Conference webinar was held via GoToMeeting on July 31, 2012.

In response to the Request for Proposals for Maternal, Infant, and Early Childhood Home Visiting Program Evaluation, four proposals were submitted. A committee of seven reviewers evaluated the proposals, including five Department of Health and Human Services personnel and two external reviewers. All reviewers have between one and twenty-five years experience in a variety of program settings including, managing programs and/or agreements with vendors for various public health and family support programs and direct provision of evaluation and home visiting services. Areas of specific expertise include Maternal and Child Health; Family Support; Child Abuse Prevention; Home Visiting; Evaluation; Epidemiology, and general public health infrastructure. Proposals were scored taking an average of all reviewers' scores. The proposal from the University of New Hampshire achieved the highest average score and was selected. The proposal was scored on agency capacity, program structure, budget and justification, and format. The University of New Hampshire was selected in accordance with the evaluation criteria set forth in the Request for Proposals following careful review and discussion. The Bid Summary is attached.

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council. This is the initial agreement with this Contractor for these services.

The following deliverables will be used to measure the effectiveness of the agreement.

- Contractor will submit bi-weekly Status Reports to Home Visiting Coordinator via face-to-face, conference call or Web conference.
- Contractor will produce final Evaluation Plan within three (3) weeks of the effective date of the contract.
- 80% of MIECHV stakeholders will report high satisfaction of training and technical assistance on evaluations provided at the conclusion of each training.
- 80% of MIECHV agencies will complete the activities required become accredited Healthy Families America providers in 2014.
- Contractor will submit a journal article for peer review and publication at the completion of the evaluation.

Area served: statewide.

Source of Funds: is 100% Federal Funds from U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau.

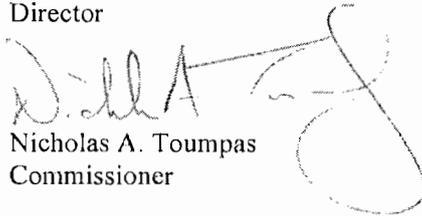
In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



José Thier Montero, MD  
Director

Approved by:



Nicholas A. Toumpas  
Commissioner

JTM/DD/sc

**COOPERATIVE PROJECT AGREEMENT**

between the

STATE OF NEW HAMPSHIRE, **Department of Health and Human Services**

and the

**University of New Hampshire** of the UNIVERSITY SYSTEM OF NEW HAMPSHIRE

- A. This Cooperative Project Agreement (hereinafter "Project Agreement") is entered into by the State of New Hampshire, **Department of Health and Human Services**, (hereinafter "State"), and the University System of New Hampshire, acting through **University of New Hampshire**, (hereinafter "Campus"), for the purpose of undertaking a project of mutual interest. This Cooperative Project shall be carried out under the terms and conditions of the Master Agreement for Cooperative Projects between the State of New Hampshire and the University System of New Hampshire dated November 13, 2002, except as may be modified herein.
- B. This Project Agreement and all obligations of the parties hereunder shall become effective on the date the Governor and Executive Council of the State of New Hampshire approve this Project Agreement ("Effective date") and shall end on **2/28/14**. If the provision of services by Campus precedes the Effective date, all services performed by Campus shall be performed at the sole risk of Campus and in the event that this Project Agreement does not become effective, State shall be under no obligation to pay Campus for costs incurred or services performed; however, if this Project Agreement becomes effective, all costs incurred prior to the Effective date that would otherwise be allowable shall be paid under the terms of this Project Agreement.
- C. The work to be performed under the terms of this Project Agreement is described in the proposal identified below and attached to this document as Exhibit A, the content of which is incorporated herein as a part of this Project Agreement.

Project Title: **Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program Evaluation**

- D. The Following Individuals are designated as Project Administrators. These Project Administrators shall be responsible for the business aspects of this Project Agreement and all invoices, payments, project amendments and related correspondence shall be directed to the individuals so designated.

**State Project Administrator**

Name: Deirdre Dunn  
 Address: NH DHHS DPHS  
Maternal and Child Health  
29 Hazen Drive  
Concord, NH 03301  
 Phone: 603-271-4540

**Campus Project Administrator**

Name: Dianne Hall  
 Address: University of New Hampshire  
Sponsored Programs Administration  
51 College Rd. Rm 116  
Durham, NH 03824  
 Phone: 603-862-1942

- E. The Following Individuals are designated as Project Directors. These Project Directors shall be responsible for the technical leadership and conduct of the project. All progress reports, completion reports and related correspondence shall be directed to the individuals so designated.

**State Project Director**

Name: Patricia Tilley  
 Address: NH DHHS DPHS  
29 Hazen Drive  
Maternal and Child Health  
Concord, NH 03301  
 Phone: 603-271-4526

**Campus Project Director**

Name: Tobey Partch-Davies  
 Address: University of New Hampshire  
Institute on Disability  
10 West Edge Dr.  
Durham, NH 03824  
 Phone: 603-228-2084

Campus Authorized Official *[Signature]*  
 Date *[Signature]*

F. Total State funds in the amount of \$259,000 have been allotted and are available for payment of allowable costs incurred under this Project Agreement. State will not reimburse Campus for costs exceeding the amount specified in this paragraph.

Check if applicable

Campus will cost-share \_\_\_\_\_ % of total costs during the term of this Project Agreement.

Federal funds paid to Campus under this Project Agreement are from Grant/Contract/Cooperative Agreement No. **1 D89MC23153-01-00** from **US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau** under CFDA# **93.505**. Federal regulations required to be passed through to Campus as part of this Project Agreement, and in accordance with the Master Agreement for Cooperative Projects between the State of New Hampshire and the University System of New Hampshire dated November 13, 2002, are attached to this document as Exhibit B, the content of which is incorporated herein as a part of this Project Agreement.

G. Check if applicable

Article(s) \_\_\_\_\_ of the Master Agreement for Cooperative Projects between the State of New Hampshire and the University System of New Hampshire dated November 13, 2002 is/are hereby amended to read:

H.  State has chosen **not to take** possession of equipment purchased under this Project Agreement.  
 State has chosen **to take** possession of equipment purchased under this Project Agreement and will issue instructions for the disposition of such equipment within 90 days of the Project Agreement's end-date. Any expenses incurred by Campus in carrying out State's requested disposition will be fully reimbursed by State.

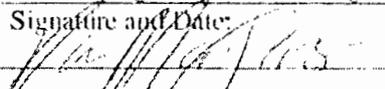
This Project Agreement and the Master Agreement constitute the entire agreement between State and Campus regarding this Cooperative Project, and supersede and replace any previously existing arrangements, oral or written; all changes herein must be made by written amendment and executed for the parties by their authorized officials.

IN WITNESS WHEREOF, the University System of New Hampshire, acting through the **University of New Hampshire** and the State of New Hampshire, **Department of Health and Human Services** have executed this Project Agreement.

**By An Authorized Official of:  
University of New Hampshire**

Name: Karen M. Jensen

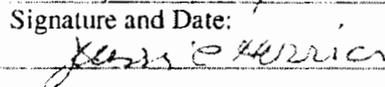
Title: Manager, Sponsored Programs Administration

Signature and Date:  10/11/12

**By An Authorized Official of: the New  
Hampshire Office of the Attorney General**

Name: *Jeanne P. Herwick*

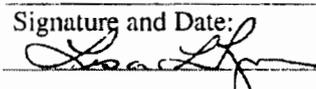
Title: *Attorney*

Signature and Date:  21 DEC. 2012

**By An Authorized Official of:  
Department of Health and Human  
Services**

Name: José Thier Montero

Title: Director

Signature and Date:  12/13/12

**By An Authorized Official of: the New  
Hampshire Governor & Executive Council**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature and Date: \_\_\_\_\_

## EXHIBIT A

**A. Project Title:** Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program Evaluation

**B. Project Period:** December 1, 2012 - February 28, 2014

**C. Objectives:** refer to D Scope of Work

### **D. Scope of Work:**

#### **A. Project Management**

1. On a quarterly basis, meet with individuals collecting data in the field to provide training and technical assistance and feedback regarding interim findings.
2. Provide technical assistance to program staff on all evaluation-related issues as needed via telephone, fax, e-mail and in person.
3. Coordinate all technical assistance and training with the HVCB Contract Agency.
4. **Status Meetings:** These meetings, which will be conducted at least biweekly, will address overall Project status and any additional topics needed to remain on schedule and within budget. A Status Report from the Contractor will serve as the basis for discussion. Participants will include, at a minimum, the Contractor Project Manager and a DPHS Home Visiting Program staff member. Status meetings may be conducted in person, or via conference call or Web conference.
5. Produce biweekly Project Status Reports, which shall contain, at a minimum, the following:
  - a. Project status as it relates to Work Plan
  - b. Updated Work Plan
  - c. Deliverables status
  - d. Accomplishments during weeks being reported
  - e. Planned activities for the upcoming two (2) week period
  - f. Future activities
  - g. Issues and concerns requiring resolution
  - h. Report and remedies in case of falling behind schedule

#### **B. Focusing and Finalizing the Evaluation Plan**

1. Review the Draft Evaluation Plan and recommend refinements such as scope, choice of indicators, timeline, method of collection, and causal vs. correlational design. The program staff has preliminarily determined evaluation questions and instruments as detailed in the Draft Evaluation Plan, but the Evaluator may propose changes to those as well.
2. Produce a final Evaluation Plan no later than January 18, 2014, for submission to HRSA and ACF for federal approval. Although not limited to the following, HRSA and ACF will require the Evaluation Plan to:
  - a. Discuss how the evaluation will be conducted;
  - b. Articulate the proposed evaluation methods, measurement, data collection, sample and sampling (if appropriate), timeline for activities, plan for securing IRB review, and analysis;
  - c. Identify the evaluator, cost of the evaluation, and the source of funds;
  - d. Use an appropriate comparison condition, if the research is measuring the impact of the home visiting model on participant outcomes; and

e. Include a logic model or conceptual framework that shows the linkages between the proposed planning and implementation activities and the outcomes that these are designed to achieve.

f. Justify the rigor of the evaluation plan. HRSA and ACF expect states to engage in an evaluation of sufficient rigor to demonstrate potential linkages between project activities and improved outcomes. Rigorous research incorporates the following four criteria: credibility, applicability, consistency, and neutrality. Please see RFP Attachment 4: DOHVE Evaluation Technical Assistance Brief, also available at [http://www.mdrc.org/dohve/dohve\\_resources.html](http://www.mdrc.org/dohve/dohve_resources.html), for further details on HRSA and ACF requirements for evaluation rigor.

3. In conjunction with DPHS staff, HVCB staff, and HVNH-HFA agency staff, develop a third instrument or scale to assess the extent to which a facilitative approach to program administration at the state level can be correlated with effective implementation (Evaluation Question #3).

#### C. Gather Credible Evidence

1. Design and implement the necessary data management system(s) for collecting survey response data from community agencies and CQI activity data.

2. Utilize client outcome data collected in established data collection systems (Family Assessment Form, Excel spreadsheets, and the web-based Home Visiting Data System when it is in place).

3. Complete analysis of program data.

#### D. Justify Conclusions

1. Present preliminary and final findings to stakeholders to assure conclusions are justified and meet the agreed upon values and standards of stakeholders.

#### E. Ensure Use and Share Lessons Learned

1. Produce quarterly statewide and agency specific reports with basic analysis to evaluate program implementation.

2. Coordinate with HVCB Contract Agency to ensure that quarterly analysis leads to CQI at the state, agency, and practitioner levels.

3. Produce detailed annual report summarizing findings to date.

4. Produce a draft report by 11/30/13 summarizing the evaluation findings and presenting draft recommendations and conclusions.

5. Produce a final report by 1/17/14 after receiving feedback from stakeholders. The report shall include but not be limited to:

a. Program description

b. Description of involvement with stakeholders

c. Literature review of implementation research

d. Focus of the evaluation and its limitations

e. Summary of evaluation plan and procedures

f. All necessary technical information

g. Strengths and weaknesses of the evaluation

h. Explain evaluative judgments and how they are supported by evidence

i. Recommendations with their advantages, disadvantages, and resource implications

j. Provide examples, illustrations, graphics and stories

6. In partnership with DPHS, submit article for publication in a peer-reviewed journal by 2/15/14,

7. Develop a PowerPoint presentation of the evaluation, findings, and recommendations,

8. Develop a display suitable for a poster session, and

9. Disseminate lessons learned through the evaluation to stakeholders and at professional meetings.

#### E. Deliverables Schedule: Refer to Scope of Work

**F. Budget and Invoicing Instructions:** Campus will submit invoices to State on regular Campus invoice forms no more frequently than monthly and no less frequently than quarterly. Invoices will be based on actual project expenses incurred during the invoicing period and shall show current and cumulative expenses by major cost categories, billed separately by State FY. State will pay Campus within 30 days of receipt of each invoice. Campus will submit its final invoice not later than 60 days after the Project Period end date. Carryforward of unexpended funds from one FY to the next will require prior State approval.

FY13                      FY14  
12/1/12-6/30/13      7/1/13 - 2/28/14

Budget Items	FY13	FY14	Total
1. Salaries & Wages	86,681	67,613	154,294
2. Employee Fringe Benefits	34,829	26,694	61,523
3. Travel	4,000	3,000	7,000
4. Supplies and Services	9,035	3,602	12,637
5. Equipment	0	0	0
6. Facilities & Admin Costs	13,455	10,091	23,546
Subtotals	148,000	111,000	259,000
<b>Total Project Costs:</b>		<b>259,000</b>	

*[Handwritten Signature]*  
*[Handwritten Date]*

## EXHIBIT B

This Project Agreement is funded under a Grant/Contract/Cooperative Agreement to State from the Federal sponsor specified in Project Agreement article F. All applicable requirements, regulations, provisions, terms and conditions of this Federal Grant/Contract/Cooperative Agreement are hereby adopted in full force and effect to the relationship between State and Campus, except that wherever such requirements, regulations, provisions and terms and conditions differ for INSTITUTIONS OF HIGHER EDUCATION, the appropriate requirements should be substituted (e.g., OMB Circulars A-21 and A-110, rather than OMB Circulars A-87 and A-102). References to Contractor or Recipient in the Federal language will be taken to mean Campus; references to the Government or Federal Awarding Agency will be taken to mean Government/Federal Awarding Agency or State or both, as appropriate.

Special Federal provisions are listed here:  None or .

*[Handwritten signature]*  
*[Handwritten date]*