# 2019 PROGRAM SPECIFICATION

Central Racine County Health Department For period 1/1/19-09/30/19

PROGRAM #: 528

STANDARD PROGRAM: <u>Family Foundations – Home Visitation</u> TARGET POP: <u>Youth and Family</u>

YEAR: 2019 UNITS: Actuals CLIENTS: N/A ALLOCATION: TBD

UNIT DEFINITION: <u>Actual Expenses</u>

GEOGRAPHICAL AREA TO BE SERVED: Racine County

DAYS/HRS OF SERVICE AVAILABILITY: Monday through Friday 8 AM to 5 PM

### MINIMUM STANDARDS:

Provider must agree to comply with the following terms and conditions:

- Standard contract language
- Certification standards where applicable
- Fiscal and program reporting criteria
- Allowable Cost Policy
- Audit criteria
- Policies and procedures as defined in Racine County Human Services Department Contract Administration Manual
- Maintain adequate liability coverage
- Recognize that authorization for services is approved by Racine County Human Services Department.
- All informational materials (program descriptions, brochures, posters, etc.) must identify it as a RCHSD program through the use of a standardized RCHSD format provided by Racine County.
- The program must be identified as a RCHSD program in all public presentations and media contacts/interviews.
- All materials must reflect the voluntary program policy and the relevant provisions within the approved Policy and Procedure Manual (see DHS/DPH Program Requirements, Exhibit II, Paragraph 4.)

## PROGRAM DESCRIPTION:

Families in the City of Racine suffer disproportionately from poor health outcomes, and high infant mortality and morbidity. Infant mortality is an internationally recognized indicator of the health of a community. From 2005-2009, the mortality rate among African American infants in the City of Racine was three times the rate for white infants.

Collaborators who participate in the Racine County Home Visiting Network are:

- Central Racine County Health Department
- United Way of Racine County
- Racine LifeCourse Initiative for Healthy Families (LIHF)
- Healthy Birth Outcomes Collaborative
- Wheaton Fransican All Saints

The Community Coordinator will develop an effective, broad-based, and aggressive outreach plan for the project that will be critical to engaging women early in their pregnancy. The Manager of the Youth and Family Division will review this plan on a quarterly basis. The outreach plan will place a special emphasis on reaching young, pregnant African American women in Racine County Zip Codes 53402 through 53406.

The coordinator will use the following strategies in order to engage the target population:

Strategy:	Activities:
Communication	Identifying key messages for the project, including the benefits of home visiting, a description of the HFA model and how they complement each other
	Utilizing parent testimonials in print materials and at public presentations. Testimonials on the benefits of home visiting may resonate with the target population and stakeholders even more than data and statistics.  Utilizing social media outlets will also be explored.
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Individual and Community Engagement	The project partners will seek opportunities to make presentations about HFA to local organizations and agencies.
	Opportunities to gain visibility through presentations at local churches, health fairs, and community events attended by at-risk families will also be pursued. Additionally, staff will meet with individuals within the community who meet the requirements for this grant to encourage participation and follow up with programming, medical care and other programs and services beneficial to their family.

The coordinator will work closely with the Navigators, Family Support Workers and Nursing staff in the Racine County Home Visitation Network program to assist in engaging women within this target population that have been referred to the program but the Home Visitation staff have not been able to contact or those women who have declined/refused services. For those women who decline/refuse service staff will complete a survey with these women and collate the data collected.

The Coordinator will also work with agencies, entities and individuals within the target population to create non-traditional methods of referral to the Home Visitation Network programs. Staff will ensure that brochures and posters are distributed in both traditional and non-traditional places.

The Coordinator will collaborate with the RCHSD on media releases, brochures, social media outlets, events etc., and will ensure that these presentations reflect the collaboration of the Home Visiting Network and the partners involved.

The Coordinator will meet regularly with the Home Visiting Network to share information about the program, discuss

challenges, and share information on resources. Regular meetings will also provide opportunities to refine and adapt the program to meet the needs of the target population, discuss strategies for caseload management and update each other on outcomes and results achieved across program sites.

Coordinator will work in tandem with Racine County Youth and Family Division Manager to establish service goals and outcomes that address local needs and priorities. Performance evaluation is viewed as a continuous process that involves a collegial exchange of feedback and problem solving.

#### Vendor will:

- Collaborate with the partners in the proposed project including:
  - Central Racine County Health Department
  - Racine County Human Services Department
  - Departments of Children and Families, Health Services and Public Health
  - Healthy Birth Outcomes Collaborative
  - Racine LifeCourse Initiative for Healthy Families (LIHF)

# **EVALUATION OUTCOMES:**

- 1. Provider will serve a minimum of 100 families.
- 2. At least 75% of the participants will be enrolled during pregnancy.
- 3. A minimum of 60% will have at least three of the risk factors stated in the Request for Proposal at time of enrollment.
- 4. A maximum of 30% of families will have two risk factors and no more than 10% will have only one risk factor.
- 5. Vendors will be required to obtain and maintain Healthy Families America (HFA) affiliation.
- 6. Vendors will be required to obtain and maintain PNCC certification.
- 7. No staff vacancies will go beyond 90 days.
- 8. All project staff will be trained in the HFA model.
- 9. All project staff will have completed DCF sponsored training.
- 10. Staff will be trained on data collection procedures and designated State data collection system (s).
- 11. A Policy and Procedure Manual and standardized forms will be maintained for HFA Home Visiting Services.
- 12. Provider may bill Medicaid monthly for PNCC services and will track monthly the match component of their expenditures for reporting purposes.
- 13. All data will be entered in the State's designated data collection system(s).
- 14. Provider will cooperate in assuring the State's outcomes are achieved.
- An Outreach and Engagement plan will be developed and approved within 60 days of the issuance of the contract.
- 16. The Outreach and Engagement plan will be reviewed and approved biannually.
- 17. 90% of clients who declined/refused RCHVN service will complete the required survey.
- 18. Stakeholder's meetings will occur quarterly. Agendas and data will be prepared and distributed prior to the meetings.

### **REPORTING REQUIREMENTS:**

Client demographics must be tracked using the database provided by RCHSD. Demographics to be tracked include race, ethnicity, gender, age, the referral, start and end dates, census tracking, zip code and the marital status of the head of household as well as SACWIS individual and family identifiers. This report should also include the total served in the program to date.

Quarterly Evaluation Outcome and Demographic Reports reflecting the aforementioned criteria must be provided no later than 4/15/19, 7/15/19 and 10/15/19 to Racine County HSD Contract Compliance Monitor.

Annual Evaluation Outcome and Demographic Reports must be submitted to Racine County HSD Contract Compliance Monitor by 2/1/20.