ARLINGTON COUNTY, VIRGINIA
STANDARD FORM AGREEMENT No. 20-860-SS

AMENDMENT NUMBER 2

This **Amendment Number 2** is made on February 12, 2021 by the County and amends the **Standard Form Agreement No. 20-860-SS** dated **January 29, 2020** made between **Northern Virginia Family Service** located at 10455 White Granite Drive, Suite 100, Oakton VA, 22124 ("Contractor") and the County Board of Arlington County, Virginia ("County").

The County and the Contractor amend the Agreement as follows:

1. The above referenced Contract is hereby amended to replace EXHIBIT A Scope of Work with the attached.

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

WITNESS these signatures:

THE COUNTY BOARD OF ARLINGTON COUNTY, VIRGINIA

AUTHORIZED SIGNATURE: DocuSigned by: Arlene Palmer A19432A29B7740C...

NAME: ARLENE PALMER
TITLE: BUYER

DATE: 2/23/2021

NORTHERN VIRGINIA FAMILY SERVICE

AUTHORIZED SIGNATURE: DocuSigned by: Stephanie Berkowitz 3D079DC4461D43D...

NAME AND ITLE: Stephanie Berkowitz, President & CEO

DATE: 2/18/2021

EXHIBIT A

Scope of Work

Background

Healthy Families is a nationally recognized, evidenced-based, home visiting program that promotes child well-being with a focus on abuse and neglect prevention. Healthy Families Arlington (program) provides family assessment and home-visiting services to expectant and new parents residing in Arlington County (County). The program is offered to parents on a voluntary basis and goals of the program include promoting positive parenting, improving child health and development, promoting school readiness and preventing child abuse and neglect. The Program is funded by the Arlington County Department of Human Services.

Program Eligibility

Families are identified through an initial assessment using a Healthy Families America (HFA) Parent Survey. Eligible families must meet the following criteria:

- Participants must live in Arlington County.
- The mother must be pregnant with and/or the identified child must be under 2 weeks of age at the time of referral and the identified child must be less than three months old at pre-enrollment
- Participants must screen and assess positively according to the Healthy Families Arlington Screening and Parent Interview procedures
- Participants must not be currently enrolled in another intensive home visiting program unless coordinated, concurrent services are indicated

Program Administration

The Contractor is responsible for the following:

1. **Program Services:**
   A. Provide services to eligible families to promote child well-being and prevent abuse and neglect. Services include assessments and home visits to help families improve their parenting skills, promote the child's school readiness and foster parents' commitment to the child's health and development. Services include:

      a) **Family Assessment:** A Family Resource Specialist (FRS) conducts an initial parent interview based on the HFA Parent Survey to determine eligibility for the program as well as need for other services within the community. Depending on indicated need, the FRS provides parents with referrals to community resources.

b) **Home Visits:** Family Support Specialists (FSSs) provide regular home visits to at risk families beginning and during pregnancy. The visit frequency will entail weekly, bi-weekly or monthly visits, decreasing with the continuity of services. Services may continue until the child reaches three (3) years of age. Home visiting services include the following components:

- **Goal Planning:** Help families develop family goal plans; plans are updated regularly according to family needs.

- **Parenting Education and Skills Development:** Support parent-child interaction. Routinely assess parent-child interaction to help guide home visiting activities.

- **Health Education:** Provide multi-lingual information on prenatal care, immunizations, well-baby and mother care, and other health topics.

- **Developmental Screenings:** Administer routine developmental screenings and refer children who may have developmental delays to early intervention services. Routinely assess the home learning environment; results guide home visit activities.

- **School Readiness Activities:** Promote early literacy through book sharing, book-making, literacy-based playgroups, among other activities.

- **Mental Health Services:** When indicated and as funding is available, provide short-term in-home bilingual counseling services to families in need.

- **Referrals:** Refer families to other community resources as needed.

2. Program Administration

A. Provide the following staff:

a) Provide at least five (5) Family Support Specialists, one (1) Family Resource Specialist and one (1) full-time supervisory position to supervise the work of those employees. At least two (2) of the Family Support Specialists should be bilingual (English/Spanish).

b) Caseloads for each Specialist will be determined by service intensity level assigned to each case. Intensity level must be evaluated on an ongoing basis.

c) Provide qualified staff, including culturally- and linguistically competent home visitors to provide the services required for this contract. Following are specific qualifications for program:

- **Program Supervisor** qualification requirements shall include:
  - Bachelor's degree in social work, education or related human services

field

- At least two (2) years of related work experience in case management and working with families
- At least one (1) year experience providing direct supervision of staff
- Knowledge of maternal-infant health and dynamics of child abuse and neglect

- **Family Support Specialist** qualification requirements shall include:
  - High school diploma or GED; college coursework preferred
  - At least one (1) year experience working with or providing services to children (aged 0-3 years) and families

- **Family Resource Specialist** qualification requirements shall include:
  - High school diploma or GED; college coursework preferred
  - At least one (1) year of experience working with or providing services to children (aged 0-3 years) and families

B. Address staff vacancy immediately and with a broad range of recruitment strategies. Ensure program coverage is maintained at a high level of service during vacancies or other staff absences. Project Officer must be informed within three (3) business days of any vacancy or extended staff absences.

C. Provide and document ongoing staff training. Have in place policies and procedures for training program staff.

Annual staff training must include at least three (3) of the following topics:

- healthy growth and child development including neuroscience of the infant brain;
- infant mental health;
- abusive head trauma and sudden infant death syndrome prevention;
- child abuse and neglect training;
- recognizing and addressing special needs of children;
- culturally responsive practices to include working with LGBTQ families;
- positive parenting techniques and disciplinary practices;
- parent education practices for skill building;
- proper use of assessment tool;
- assessing safety to include domestic violence and the impact on children;
- assessing and intervening with families experiencing prenatal substance exposure and substance abuse disorders; and
- serving families experiencing mental health challenges.

D. Determine Eligibility. Program staff will make every effort to determine eligibility within two (2) weeks of referral based on client's availability. If client is unavailable or unable to schedule an appointment within the two-week period, Contractor must document all efforts/communication to schedule the appointment. Eligibility documentation must be kept in client (family's) file.

E. Provide Case Management including:

- Eligibility determination and assessment of families.
  Ongoing assessments must be completed in accordance to HFA protocols
- Development an HFA Family Service Plan for all enrolled families in accordance with HFA Best Practice Standards.
- Referrals to other resources. Referrals must be documented in the family file. Once referrals have been made, the FSS must follow up with the client or with the referral source; follow up must be documented and indicate if the family followed through on the referral.
- Documenting client contacts. All client contacts including home visits (and all components related to home visits), telephone conversations and interactions with other providers in reference to client services must be documented in case notes. Case notes must include the documentation for accommodating client's cultural and linguistic needs.
- Family engagement. Program staff will develop a Family Goal Plan with all enrolled families in accordance with HFA Best Practice Standards.
- Client files and documentation must be kept in a safe lockable storage with access only by program staff. When transferring client information such as referrals, Contractor must ensure data is transmitted in a secure manner without jeopardizing client confidentiality.

F. Conduct an annual client survey to obtain feedback on quality of services. The client survey must at a minimum:
   - Assess client's overall satisfaction of program;
   - Indicate the time frame in which a visit was conducted by a Family Support Specialist;
   - Identify any barriers, including communication in family's preferred language.

G. Work in close collaboration with other agencies, organizations and County staff to provide Case Management and linkages to ongoing support services.

H. Ensure that services provided to each child and family covered under this contract shall be in the least restrictive manner and offered in an environment that is based on a model grounded in person-centered, strengths-based, trauma-informed services, and that recognizes the value of individual choice, empowerment, and natural supports, and is appropriate to an individual's needs.

I. Ensure that service provision supports, respects and upholds each child's and family's cultural identity, religious/spiritual ascription, gender, physical challenges, cognitive impairments, sexual orientation, and linguistic needs. Within a broad construction of culture, service provision must be tailored to the child's age, diagnosis, developmental level, and educational needs.

J. Ensure culturally and linguistically competent care will be infused into the service approach and daily programming including service planning, goal setting, parent support, discharge planning, and staff supervision.

K. Ensure program staff has access to contracted interpretation services for languages other than English while on home visits. The Contractor must accommodate the special communication needs of all clients, including those who communicate using American Sign Language (ASL). The County may determine at its sole discretion that the Contractor's bilingual staff must complete a language proficiency test through a certified provider. In such instance, the Contractor must ensure the testing is completed and a copy of the certification is submitted to the Project Officer within 30 days upon request. Any bilingual staff not passing the language proficiency assessment shall not occupy a bilingual position or provide interpretation or translation services of any kind. Any cost associated with the testing will be the sole responsibility of the Contractor.

L. Obtain and maintain all appropriate licenses, certifications, affiliations, and certificates of insurance. These licenses, certifications, affiliations, and certificates of insurance must be submitted to the Project Officer annually.

M. Have in place policies and procedures for the provision of program services including assessment, case management, documentation, client confidentiality, release of information, and quality assurance.

N. Obtain releases of information and collaborate and coordinate treatment planning and discharge/transition planning with appropriate professional staff, including pediatricians, primary care physicians, hospitals, therapists /case managers/discharge planners, psychiatrists, private providers, and/or hospital personnel. If treatment services were in place, the Contractor shall attempt to connect with the service provider (s) to coordinate care. Signed Release of Information forms must be kept in client files.

O. All forms that will be used to administer the services or changes to the forms including the assessment form, Family Service Plan, Family Goal Plan, etc. will be made in accordance with HFA Best Practice Standards and will be shared with the Project Officer.

P. File incident reports with the Arlington Project Officer for any actual or alleged events that create a significant risk of substantial or serious harm to the physical or mental health, safety or well-being of a client family/member or staff within 24 hours of the incident's occurrence or within 24 hours of the time the incident was made known to the Contractor. See Section 6. Reporting Requirements and Quality Assurance. D. Incident Reports for further detail.

Q. As federally mandated reporters of suspected child maltreatment (pursuant to all applicable federal and state statutes), Contractor staff are required to report any instances of suspected child abuse or neglect to the Child Protective Services hotline in the jurisdiction in which the suspected abuse or neglect has taken place.

3. Program Structure

The program structure must include the following positions:

Program Manager: Is responsible for the overall management of the Healthy Families Program including the supervision of the Program Supervisor.

Program Supervisor: Directly supervises the work of the Family Support Specialists and the Family Resource Specialist; ensures that program goals are being met and services are delivered in accordance with federal and contract requirements.

Family Support Specialist: Is responsible for initiating and maintaining regular contact with families in their homes, establishing relationships with families and assisting in strengthening parent-child relationships. Essential job duties include:

- Conduct home visits with families on a regularly assigned schedule
- Prepare goal plans, curriculum materials and activities for home visits
- Provide parents with appropriate parent modeling techniques, education and other supportive resources
- Administer routine developmental screenings and evaluations
- Make referrals as needed and work collaboratively with other community providers to provide services to clients.
- Prepare documentation and maintain client files according to program requirements
- Enter data to maintain record keeping and reporting to meet federal/state/local program guidelines

Family Resource Specialist: Is responsible for outreach and intake by conducting screening and assessment of families to determine appropriate referral to community services. Essential job duties include:

- Develop and implement an outreach plan to promote the program in the community
- Prepare and distribute information about the program to participating families and community partners
- Plan and administer individual outreach to referred families to schedule assessments
- Conduct assessments and complete report to include detailed description of scoring, completed intake forms, and log of referrals and assessments
- Assist Family Support Specialists in finding additional resources and referrals for clients
- Provide case coverage during the absence of a Family Support Specialist
- Prepare documentation and establish a client file
- Link families to other community resources

4. Program Documentation

A. Assessment Documentation

The Family Resource Specialist will document the initial family interview/assessment based on the *Parent Survey.* This includes observations and information regarding outcome of the family assessment such as enrollment, denial or dismissal of services.

B. Case management documentation

Each Family Support Specialist (FSS) will maintain up-to-date documentation of interactions with families assigned to their caseload. This includes observations, recommendations and outcomes for each home visit conducted, including family goal planning, education, screenings, mental health services, referrals and any additional resources that were provided. Date and place of referrals must be documented in the HFA Family Service Plan where indicated and in the HFV Electronic Case Management System, CASIE.

Family Goal Plans must include concrete steps that are measurable and clearly identified. Goals are developed with families per HFA Best Practice Standards.

5. Expected Program Outcomes

- 80% of assessments will be conducted prenatally or within two (2) weeks of the birth of the child
- 75% of pregnant enrollees, who are enrolled at least one month prior to delivery, will receive adequate prenatal care based on the American College of Obstetrics and Gynecology, ACOG, guidelines as observed and recorded by the Family Support Specialist Prenatal enrollees will deliver babies weighing at least 2500 grams (5 pounds, 9.3 ounces)
- 85% of teen mothers and 75% of non-teen mothers will have at least 24 months between subsequent births
- 80% of identified children will have a primary health care provider and be up to date on recommended immunizations
- 90% of identified children will be screened for developmental delays at least semi-annually until 36 months old and at least annually thereafter
- 90% of identified children with suspected developmental delays will be referred, with parental consent, to early intervention services to determine the need for therapeutic services
- 90% of the children with suspected delays who were referred for early intervention services are monitored to determine the outcome of the referral for services.
- 75% of individual families receiving at least 75% of home visits due for indicated service level.
- 85% of families will have an optimal home environment to support child development or show improvement after one (1) year of participation as evaluated by the Family Support Specialist through the *HOME* tool (Home Observation for Measurement of the Environment); see EXHIBIT C.
- 85% of participant dads will demonstrate an acceptable level of positive parent-child interaction or show improvement after one (1) year of participation as evaluated by the Family Support Specialist through the *PICCOLO* tool (Parenting Interactions with Children: Checklist of Observations Linked to Outcomes); see EXHIBIT D.
- 85% of parents will report improvement of their parenting skills as indicated in

surveys administered by Contractor staff.

- 95% of HF families who receive at least 12 months of services will not have founded reports of child abuse or neglect on target child(ren) while enrolled.

Reporting and Quality Assurance

The program will be monitored by the Project Officer within the Child and Family Services Division. The Contractor must verify that appropriate levels of Quality Assurance activities are performed that demonstrate continuity of care and internal oversight and monitoring. These Quality Assurance activities must assure that the Contractor is rendering services in accordance to the standards defined by this contract and that risks are well understood and appropriately mitigated or managed.

The Contractor's program supervisor will report to the Project Officer regarding the on-time delivery of all services required under this contract. All reports shall be delivered in electronic format to the Project Officer according to the date specified, unless otherwise advised. Reporting shall include monthly written reports but may also include telephone communication, teleconferencing, in-person meetings and emails to allow for close monitoring of the efficiency and effectiveness of services.

The Contractor shall submit the following reports to the Project Officer:

A. **Monthly Report** - A report containing the following data shall be submitted to the Project Officer on the **15th of each month** following the month during which the services were provided:

- Number of staff (including position) charged to the contract with FTE allocations indicated.
- Total number of new referrals received, carried over or closed during the reporting period, by referral source, and indicating outcome of referrals including reason for closure.
- Total number of parent assessments completed by the Family Resource Specialist.
- Total number of cases served by each Family Support Specialist.
- Total number of cases closed by Family Support Specialist and reasons for closure.
- Number and percentage of calls to the CPS hotline.
- Number and percentage of children/families with injuries requiring medical assistance or resulting in emergency room visits.
- Number and percentage of children/families connected to community services and type.

B. **Quarterly Reports**

1. A report and/or spreadsheet containing the following data shall be submitted to the Project Officer by the **30th of the month following the end of each quarter (April 30, July 30, October 30, January 30)**:

- Total number of staff assigned to the program, by title.
- Total number of referral received and the outcome of the referral.
- Total number of parent assessments completed by the Family Resource Specialist during the reporting period.
- Demographics, including, race, ethnicity and primary language of persons served including family.

- Total number of cases served by each Family Support Specialist during the reporting period.
- Total number of home visits completed during the reporting period.
- Of the total number of children identified with suspected developmental delays during the reporting period, number and percentage referred for developmental and early intervention services.
- Number and percentage of mothers who self-reported prenatal use of drugs or alcohol.
- Number and percentage of substance exposed infants served.

2. A quarterly marketing and outreach activities report must be submitted to the Project Officer together with the Quarterly Report above. The report must detail specific activities undertaken to promote the program and actively seek new clients.

C. **Annual Report** – See attached template, EXHIBIT E

In addition to the information in EXHIBIT E, the Contractor will report on the following information on an annual basis:

- Provide information on program participant (mother) that may include:
  - Current age
  - Race
  - Ethnicity
  - Primary language
  - Highest educational level attained at enrollment
  - Employment at enrollment
  - Medical insurance status at enrollment
  - Income sources at enrollment
  - Household type at enrollment
  - Resident type at enrollment
  - Household size at enrollment
  - Military status at enrollment
  - Disability status at enrollment

- Of total number of mothers participating in program, number and percentage who self-reported prenatal use of drugs or alcohol.
- Of the total number of children enrolled in the program during the reporting period, number and percentage of known substance exposed infants served.

- Feedback from the Annual Family Satisfaction Survey to include:
  - Number of families who received the survey
  - Percentage of completed and returned surveys
  - Any trends identified
- A report on the findings from the annual Healthy Families Arlington Family Satisfaction Survey must be submitted to the Project Officer upon completion. Copies of individual Family Satisfaction Survey responses must be maintained in program files and made available upon request.

  The Healthy Families Arlington Annual Report must be prepared in adherence to established reporting and evaluation requirements of Healthy Families Virginia (HFV) per the Healthy Families America Best Practice Standards and, as such, may be subject to change. The Contractor will inform the Arlington Project Officer of HFV changes to the annual report prior to the report submission deadline.

D. **Incident Reports** - Any actual or alleged event that creates a significant risk of substantial or serious harm to the physical or mental health, safety or well-being of a client/family or staff.

This includes:

- child/spousal abuse or suspicion thereof;
- self-injuring behavior of a family member;
- client/family use of illegal substances;
- physical/verbal threats to Contractor staff by clients;
- threats of suicide or determined high risk of suicide of a client/family member;
- client injury or illness requiring medical treatment or hospitalization; and
- law enforcement contact with or without arrest.

The Contractor shall report such incidents via email to the Project Officer within 24 hours of its occurrence or within 24 hours in which the incident was made known to the Contractor. Within seven (7) business days following the initial electronic report of the incident, the Contractor must submit a detailed report including a detailed narrative of the incident, parties involved, actions taken, steps to prevent future occurrence and possible impact on program operations to the Project Officer.

7. Promotion/Marketing

The Contractor shall submit an annually updated program marketing plan to the County Project Officer. The marketing plan must at a minimum include: outreach to hospitals, pediatric care centers, Arlington Department of Human Services and Arlington County Government, Community Service Board services units, Community Policy and Management Teams, Arlington Public School system, juvenile courts, non- profit organizations and community groups. The plan shall include flyers, a website, public service announcements and in-person or virtual presentations. The plan must be developed and shared with the Project Officer within 90 days of entering into this contract and updated annually. The Contractor must submit a quarterly marketing activities report detailing specific marketing and outreach activities performed during the reporting period (See reporting requirements).

8. Invoicing

The Contractor must submit quarterly invoices for expenses incurred during the time period. The invoices must be submitted to the Project Officer by the 10th of the month following the end of each quarter (April 10th, July 10th, October 10th, January 10th). The quarterly invoice must include copies of receipts for all expenses incurred during the billing period