

**ADAMS COUNTY, COLORADO
SERVICE AGREEMENT**

THIS AGREEMENT ("Agreement") is made this December 12 2012, by and between the Adams County Board of County Commissioners, located at 4430 South Adams County Parkway, Brighton, Colorado 80601, hereinafter referred to as the "County," and **TRI-COUNTY HEALTH DEPARTMENT**, located at 6162 S. Willow Drive #100, Greenwood Village, Colorado 80111, hereinafter referred to as the "Contractor." The County and the Contractor may be collectively referred to herein as the "Parties".

The County and the Contractor, for the consideration herein set forth, agree as follows:

1. SCOPE OF WORK OF THE CONTRACTOR:

- 1.1. All work shall be in accordance with the attached **RFP 2012.229A as Exhibit A1** and the Contractor's responses as **Attachments A1-A5** to RFP 2012.229 attached hereto and incorporated herein by reference. Should there be any discrepancy between **Attachments A1-A5** and this Agreement the terms and conditions of this Agreement shall prevail.

RESPONSIBILITIES OF THE COUNTY: The County shall provide information as necessary or requested by the Contractor to enable the Contractor performance under this Agreement, as referenced in **Exhibit A1**.

2. TERM:

- 2.1. Term of Agreement: The initial term of this Agreement shall be the date of execution by the Board of County Commissioners. This Agreement shall terminate on December 31, 2013, unless sooner terminated as specified elsewhere herein.

3. **PAYMENT AND PRICE SCHEDULE:** The County shall pay the Contractor for work furnished under this Agreement as outlined in **Attachments A1-A5** and the Contractor shall accept as full payment for those works, not to exceed amount of **two hundred eighty-seven thousand, six hundred eighty-eight dollars and no cents (\$287,688.00)** for the initial term of the Agreement.

A. Invoices

Invoices will be submitted to the County Project Manager by the Contractor for the previous month of service. Invoices and reports will be required to be submitted at the same time. Submitted detailed monthly invoice billing statements must include the dates, and types of services performed. Payment of the invoices by the County will be made within twenty-five (25) days of the receipt thereof.

B. Fund Availability

The County has appropriated sufficient funds for this Agreement for the current fiscal year. Payment pursuant to this Agreement, whether in full or in part, is subject to and contingent upon the continuing availability of County funds for the purposes hereof. In the event funds become unavailable, as determined by the County, the County may immediately terminate this Agreement or amend it accordingly.

4. **INDEPENDENT CONTRACTOR:** In providing services under this Agreement, the Contractor acts as an independent contractor and not as an employee of the County. The Contractor shall be solely and entirely responsible for his/her acts, and the acts of his/her employees, agents, servants, and subcontractors during the term and performance of this Agreement. No employee, agent, servant, or subcontractor of the Contractor shall be deemed to be an employee, agent, or servant of the County because of the performance of any services or work under this Agreement. The Contractor, at its expense, shall procure and maintain workers' compensation insurance as required by law. **Pursuant to the Workers' Compensation Act § 8-40-202(2)(b)(IV), C.R.S., as amended, the Contractor understands that it and its employees and servants are not entitled to workers' compensation benefits from the County. The Contractor further understands that it is solely obligated for the payment of federal and state income tax on any moneys earned pursuant to this Agreement.**
5. **NONDISCRIMINATION:** The Contractor shall not discriminate against any employee or qualified applicant for employment because of age, race, color, religion, marital status, disability, sex, or national origin. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices provided by the local public agency setting forth the provisions of this nondiscrimination clause.
6. **INDEMNIFICATION:** The Contractor agrees to indemnify and hold harmless the County, its officers, agents, and employees for, from, and against any and all claims, suits, expenses, damages, or other liabilities, including reasonable attorney fees and court costs, arising out of damage or injury to persons, entities, or property, caused or sustained by any person(s) as a result of the Contractor's performance or failure to perform pursuant to the terms of this Agreement or as a result of any subcontractors' performance or failure to perform pursuant to the terms of this Agreement, *subject to the limitations set forth in the Colorado Governmental Immunity Act.*
7. **INSURANCE:** If the Contractor is a "public entity" within the meaning of the Colorado Governmental Immunity Act ("Act") §§ 24-10-101, et seq., C.R.S., as amended, the Contractor shall at all times during the term of this Contract maintain such liability insurance, by commercial policy or self-insurance, as is necessary to meet its liabilities under the Act. Upon request by the County, the Contractor shall show proof of such insurance and proof of workers compensation insurance coverage as required by Colorado Statutes.
 - 7.1. **Commercial General Liability Insurance:** to include products liability, completed operations, contractual, broad form property damage and personal injury.

7.2. Comprehensive Automobile Liability Insurance: to include all motor vehicles owned, hired, leased, or borrowed.

7.1.3. Bodily Injury/Property Damage \$1,000,000 (each accident)

7.1.4. Personal Injury Protection Per Colorado Statutes

7.2. Workers' Compensation Insurance: Per Colorado Statutes

7.3. Professional Liability Insurance: *Not Applicable*

7.4. Adams County as "Additional Insured": The Contractor's commercial general liability and comprehensive automobile liability, insurance policies and/or certificates of insurance shall be issued to include Adams County as an "additional insured," and shall include the following provisions:

7.4.1. Underwriters shall have no right of recovery or subrogation against the County, it being the intent of the parties that the insurance policies so effected shall protect both parties and be primary coverage for any and all losses resulting from the actions or negligence of the Contractor.

7.4.2. The insurance companies issuing the policy or policies shall have no recourse against the County for payment of any premiums due or for any assessments under any form of any policy.

7.4.3. Any and all deductibles contained in any insurance policy shall be assumed by and at the sole risk of the Contractor.

7.5. Licensed Insurers: All insurers of the Contractor must be licensed or approved to do business in the State of Colorado. Upon failure of the Contractor to furnish, deliver and/or maintain such insurance as provided herein, this Agreement, at the election of the County, may be immediately declared suspended, discontinued, or terminated. Failure of the Contractor in obtaining and/or maintaining any required insurance shall not relieve the Contractor from any liability under this Agreement, nor shall the insurance requirements be construed to conflict with the obligations of the Contractor concerning indemnification.

7.6. Endorsement: Each insurance policy herein required shall be endorsed to state that coverage shall not be suspended, voided, or canceled without thirty (30) days prior written notice by certified mail, return receipt requested, to the County.

7.7. Proof of Insurance: Proof of insurance shall be provided to the County upon execution of this Agreement. Contractor shall provide the County certified copies of such policy or policies. Any payment due under this agreement shall be withheld until Contractor has provided such proof of insurance. At any time during the term of this Agreement, the County may require the Contractor to provide proof of the insurance coverage's or policies required under this Agreement.

8. **TERMINATION:**

- 8.1. **For Cause:** If, through any cause, the Contractor fails to fulfill its obligations under this Agreement in a timely and proper manner, or if the Contractor violates any of the covenants, conditions, or stipulations of this Agreement, the County shall thereupon have the right to immediately terminate this Agreement, upon giving written notice to the Contractor of such termination and specifying the effective date thereof.
- 8.2. **For Convenience:** *Either party* may terminate this Agreement at any time by giving written notice as specified herein to the other party, which notice shall be given at least thirty (30) days prior to the effective date of the termination. If this Agreement is terminated by the County, the Contractor will be paid an amount that bears the same ratio to the total compensation as the services actually performed bear to the total services the Contractor was to perform under this Agreement, less payments previously made to the Contractor under this Agreement.
- 8.3. **Termination for Default.** An Agreement may be terminated for default because of the Contractor's actual or anticipated failure to perform its contractual obligations. The County will not be liable for the Contractor's costs on undelivered work and may be entitled to the repayment of progress payments. If the Contractor's failure to progress or perform endanger performance of the Agreement, the County Purchasing Department Manager will issue a written notice to the Contractor (generally called a "Cure Notice") specifying the failure and providing a period of ten (10) days in which to "cure" the failure. After the ten (10) days, the County Purchasing Department Manager may issue a notice of termination for default, unless the failure to perform has been cured.

9. **MUTUAL UNDERSTANDINGS:**

- 9.1. **Jurisdiction and Venue:** The laws of the State of Colorado shall govern as to the interpretation, validity, and effect of this Agreement. The parties agree that jurisdiction and venue for any disputes arising under this Agreement shall be with Adams County.
- 9.2. **Compliance with Laws:** During the performance of this Agreement, the Contractor agrees to strictly adhere to all applicable federal, state, and local laws, rules and regulations, including all licensing and permit requirements. The parties hereto aver that they are familiar with § 18-8-301, *et seq.*, C.R.S. (Bribery and Corrupt Influences), as amended, and § 18-8-401, *et seq.*, C.R.S. (Abuse of Public Office), as amended, and that *to the current knowledge and belief of the Contractor* no violation of such provisions are present. Without limiting the generality of the foregoing, the Contractor expressly agrees to comply with the privacy and security requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) when exposed to or provided with any data or records under this Agreement that are considered to be "Protected Health Information."
- 9.3. **Record Retention:** The Contractor shall maintain records and documentation of the services or work provided under this Agreement, including fiscal records, and shall retain the records for a period of five (5) years from the date this Agreement is terminated. Said records and documents shall be subject at all reasonable times to inspection, review, or audit by authorized federal, state, or county personnel.

- 9.4. Assignability: Neither this Agreement, nor any rights hereunder, in whole or in part, shall be assignable or otherwise transferable by the Contractor without the prior written consent of the County.
- 9.5. Waiver: Waiver of strict performance or the breach of any provision of this Agreement shall not be deemed a waiver, nor shall it prejudice the waiving party's right to require strict performance of the same provision, or any other provision in the future, unless such waiver has rendered future performance commercially impossible.
- 9.6. Force Majeure: Neither party shall be liable for any delay or failure to perform its obligations hereunder to the extent that such delay or failure is caused by a force or event beyond the control of such party including, without limitation, war, embargoes, strikes, governmental restrictions, riots, fires, floods, earthquakes, or other acts of God.
- 9.7. Governmental Immunity: *All activities performed under this Agreement are hereby declared to be governmental functions. The parties to this Agreement, and their personnel complying with or reasonably attempting to comply with this Agreement or any ordinance, order, rule, or regulation enacted or promulgated pursuant to the provisions of this Agreement shall be deemed to be operating within the scope of their duties and responsibilities and in furtherance of said governmental functions.*
- 9.8. Notice: Any notices given under this Agreement are deemed to have been received and to be effective: (1) three (3) days after the same shall have been mailed by certified mail, return receipt requested; (2) immediately upon hand delivery; or (3) immediately upon receipt of confirmation that a facsimile was received. For the purposes of this Agreement, any and all notices shall be addressed to the contacts listed below:

County:

Sally Ten Eyck, Project Manager
 Contract Manager
 Adams County Human Services Department
 7190 Colorado Blvd
 Commerce, Colorado 80601
 Office: 303.227.2116
STenEyck@adcogov.org

and Purchasing Department
 4430 South Adams County Pkwy
 4th Floor Suite C4000A
 Brighton, Colorado 80601

and Adams County Attorney's Office
 4430 South Adams County Pkwy
 Brighton, Colorado 80601

Contractor:

Jean North
 Director of Nursing
 Tri-County Health Department
 6162 S. Willow Drive, #100
 Greenwood Village, Colorado 80111
 Phone: 303.220.9200
jnorth@tchd.org

Richard L. Vogt, M.D.
 Executive Director
 Tri-County Health Department
 6162 S. Willow Drive, #100
 Greenwood Village, Colorado 80111
 Phone: 303.220.9200
rvogt@tchd.org

- 9.9. Integration of Understanding: This Agreement contains the entire understanding of the parties hereto and neither it, nor the rights and obligations hereunder, may be changed, modified, or waived except by an instrument in writing that is signed by the parties hereto.
- 9.9. Severability: If any provision of this Agreement is determined to be unenforceable or invalid for any reason, the remainder of this Agreement shall remain in effect, unless otherwise terminated in accordance with the terms contained herein.
- 9.10. Authorization: Each party represents and warrants that it has the power and ability to enter into this Agreement, to grant the rights granted herein, and to perform the duties and obligations herein described.

10. CHANGE ORDERS OR EXTENSIONS:

- 10.1. Change Orders: The County may, from time to time, require changes in the scope of the services of the Contractor to be performed herein including, but not limited to, additional instructions, additional work, and the omission of work previously ordered. The Contractor shall be compensated for all authorized changes in services, pursuant to the applicable provision in **Exhibit A1**, or, if no provision exists, pursuant to the terms of the Change Order.
- 10.2 Extensions: The County may, upon mutual written agreement by the parties, extend the time of completion of services to be performed by the Contractor.
- 11. All forms that were required for **RFP 2012.229A** are reference under **Attachments A** as items 1 through 5.

The remainder of this page left blank intentionally

Signature Page

IN WITNESS WHEREOF, the Parties have caused their names to be affixed hereto.

CONTRACTOR
TRI-COUNTY HEALTH
DEPARTMENT

By: RICHARD VOGT
Name (Print or Type)

Richard C. Vogt MD
Authorized Signature

EXECUTIVE DIRECTOR
Title

Date: 12/27/12

BOARD OF COUNTY COMMISSIONER
ADAMS COUNTY, COLORADO

By: [Signature]
Chair Signature

Date: 12-12-12

ATTEST:
Karen Long
Clerk and Recorder



[Signature]
Deputy Clerk Signature

APPROVED AS TO FORM:
Adams County Attorney's Office

By: [Signature]
Attorney Signature

Notary: *Not Applicable*

ATTACHMENT A
(Documents following this page of the Agreement)

Attachments:

1. BAFO, dated November 14, 2012
2. Proposal, dated October 18, 2012
3. Contractor's Signed Certificate of Compliance for RFP 2012.229, dated October 18, 2012
4. Offeror's Statement /Signature Page for RFP 2012.229, dated October 18, 2012
5. Amendment One, dated October 15, 2012

The remainder of this page left blank intentionally

Adams County Nurse Home Visitation Programs



Purpose:

- *To help you and your baby have the best health possible
- *To help you meet your goals
- *To help you find family and community resources
- *To help you build a positive parenting relationship with your baby

How Long are the Visits?

- *Each visit will last about 1 to 1.5 hours

Visit Schedule:

<u>Program:</u>	<u>Visit Schedule:</u>	<u>Length of Program:</u>
Mothers First	Every 2 weeks	Until baby is one year old
Returning Mothers First Client (participated in program before)	Every 2 weeks	Until subsequent baby is 4 months old
ECI	Weekly for first 3 weeks, then every 2 weeks	Four months
Brief Parenting	Every 2 weeks	Six Months

Responsibilities:

Nurse Visitor:

- *Listen to your needs and concerns
- *Provide information and resources
- *Assist you in setting and meeting health and life goals
- *Contact you if it is necessary to cancel a visit

Client:

- *Be open to information and use what makes sense
- *Carry out plans to meet your goals
- *Decide who will be there during the visits
- *Contact your nurse before your scheduled home visit if you need to cancel
- *If you are not actively participating in the MOF program, your case will be evaluated for closure.

PIPE-Listen:	Date given
Cribside Communication (1-6 weeks)	
Patterns and Expectations (14 weeks)	
Baby Cues (1-6 weeks)	
Tune In/Tune Out (10 weeks)	
Floor Time	
Learning Language (30 weeks)	
Music and Rhythm (12 weeks)	
Reading to Baby (32 weeks)	
PIPE-Love:	
Love is in the Palm of Your Hand (18 weeks)	
Each Child is Different (16 weeks)	
Love Needs a Safe Base (1-6 weeks)	
Attachment (34 weeks)	
Joy and Laughter (46 weeks)	
Touch Tones (22 weeks)	
Love and Limits (38, &/or 52 weeks)	
Love is Letting Go (50 weeks)	
Love is Sometimes a Rocky Road (40 weeks)	
Emotional Refueling (8 &/or 44 weeks)	
PIPE-Play :	
Playing is Learning (26 weeks)	
Playing is Learning about Differences	
Baby's First Teacher (24 weeks)	
Playing Stimulates the Senses	
Playing is Imitation and Turn Taking	
Playing is Problem Solving	
What Are Children Really Learning (28 weeks)	
Learning the "Do's"	
Roadblocks to Learning	
Playing is Communicating	
Toddler Protocol: select topics from Playing is	
Learning	
<i>Suggested times for curricula topics were developed</i>	
<i>by the Kempe Prevention Research Center for use in</i>	
<i>nurse home visitation programs</i>	

H.H.# _____

Family Data Base

Date _____

FAMILY ROSTER: Pt# _____ EDC _____ Language Spoken: _____

MOC: _____ DOB: _____ EDUCATION: 6 7 8 9 10 11 12 GED + _____

FOC: _____ DOB: _____ EDUCATION: 6 7 8 9 10 11 12 GED + _____

Child: _____ DOB: _____ M F Child: _____ DOB: _____ M F

Child: _____ DOB: _____ M F Child: _____ DOB: _____ M F

Child: _____ DOB: _____ M F Child: _____ DOB: _____ M F

MOC: *Single Married Living Together Divorced Separated* Race/Ethnicity: _____

Others living in the home: _____

Significant Others / Family / Support Person: _____

Home address	Cross Streets	Phone

HEALTH HISTORY

BCM(current) _____ *BCM(HX)* _____

Current Drug/ETOH HX Drug/ETOH Current Smoker HX Smoking Current MH Concerns HX MH Concerns

Significant Pregnancy HX: _____

Significant DX (Self or Immediate family): _____

SOCIAL HISTORY :

HX School/Learning issues HX DSS Involvement Current DSS Involvement HX DV Current DV HX jail/prison
HX parole/probation Current parole/probation HX Legal Issues Current Legal Issues FOC Involved Financial/Credit issues

Support System: _____

CARE PROVIDERS: Medical Home (Mom) Medical Home (children) Prenatal Care MH Provider Child Care Respite Care
Name and Phone #: _____

OTHER AGENCY / GROUP CONTACTS / EMPLOYERS / SCHOOL CONTACTS:

Referral Source: _____ Phone # _____

Prenatal Assessment

Client Label

Unshaded areas to be completed @every prenatal visit
 Shaded area to be completed at first prenatal visit, 1 X/Trimester, and prn

DATE:

1st Trimester (1-12WBD) 2nd Trimester (13-24 WBD) 3rd Trimester (25-40+ WBD)

Demographics/Hx <small>See notes</small>	MOC Age: _____	Gestation: _____ W _____ D _____	PCP: _____	<input type="checkbox"/> MKD/CHP+ <input type="checkbox"/> Private Insurance <input type="checkbox"/> Pending <input type="checkbox"/> Self-Pay
	EDC Date: _____	Last PCP Appt: _____		Source of Care: <input type="checkbox"/> Consistent <input type="checkbox"/> Inconsistent
	G: _____ P: _____ T: _____ P: _____ A: _____ L: _____ <input type="checkbox"/> Planned <input type="checkbox"/> Unplanned	Next PCP Appt: _____	ER/Urgent Care Visits? _____	
Current Health Concerns: <input type="checkbox"/> none <input type="checkbox"/> na				Prenatal Testing: _____ Labs: _____ Rh Factor: _____ Ultrasound: _____ Multiple Marker: _____ GDM Screen: _____ Group B Strep: _____ Other: _____
VS-MEDS <small>See notes</small>	BP: _____ <input type="checkbox"/> na <input type="checkbox"/> Elevated <input type="checkbox"/> Refer to PCP		Medications: <input type="checkbox"/> none <input type="checkbox"/> na	
	Temp: _____	Pulse: _____	Resp: _____	Last Wt: _____ <input type="checkbox"/> PN/V/Folic Acid <input type="checkbox"/> Fe+ <input type="checkbox"/> Omega 3 <input type="checkbox"/> Other: _____ <input type="checkbox"/> Colace

	Subjective/Objective	Nursing Assessment/Intervention	Plan/Health Promotion <small>Check if referral made or teaching done</small>																														
Lifestyle Assess 1X/ trimester or prn <small>See notes</small>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">No</td> <td style="text-align: center;">Current</td> <td style="text-align: center;">Before</td> <td style="text-align: center;">During Prn</td> <td style="text-align: center;">na</td> </tr> <tr> <td style="text-align: center;">Tobacco Use</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">2ndhand Smoke</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Alcohol Use</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Illicit Drug Use</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Environmental Toxins</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	No	Current	Before	During Prn	na	Tobacco Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 nd hand Smoke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Illicit Drug Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Environmental Toxins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Smoking Cessation Counseling _____ <input type="checkbox"/> Stage of Change: _____ <input type="checkbox"/> 5 A's Ask/Advise/Assess/Assist/Arrange <input type="checkbox"/> Alcohol Assessment _____ TAGE > 2: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> na AUDIT-C > 3: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> na Brief Intervention: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> na Pattern of drug use: _____ Stage of Change (Drugs): _____	Refer to: <input type="checkbox"/> PCP <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Substance Abuse Treatment <input type="checkbox"/> PCP Aware/Currently Being Tx _____ Teaching: <input type="checkbox"/> Effects of Tobacco and Quit Strategies <input type="checkbox"/> FAS/Effects of Alcohol and Drug Use <input type="checkbox"/> Effects of Secondhand Smoke <input type="checkbox"/> Effects of Environmental Toxins
	No	Current	Before	During Prn	na																												
	Tobacco Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												
	2 nd hand Smoke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												
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Psychosocial: Assess 1X/ trimester or prn <small>See notes</small>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Adequate</td> <td style="text-align: center;">Inadequate</td> <td style="text-align: center;">na</td> </tr> <tr> <td style="text-align: center;">Social Support</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Maternal Role Adaptation</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Hygiene</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Adequate	Inadequate	na	Social Support	<input type="checkbox"/>	<input type="checkbox"/>	Maternal Role Adaptation	<input type="checkbox"/>	<input type="checkbox"/>	Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	Edinburgh Score: _____ <input type="checkbox"/> na Affect Observed: _____ <input type="checkbox"/> na <input type="checkbox"/> Appropriate <input type="checkbox"/> Abnormal	Refer to: <input type="checkbox"/> PCP <input type="checkbox"/> MH <input type="checkbox"/> Social Services <input type="checkbox"/> PCP Aware/Currently Being Tx _____ <input type="checkbox"/> Support Group _____ <input type="checkbox"/> Crisis Hotline _____ Teaching: <input type="checkbox"/> Maternal Role Adaptation <input type="checkbox"/> Importance of Social Support <input type="checkbox"/> Importance of Prenatal Care <input type="checkbox"/> Impact of MH on Pregnancy and Parenting <input type="checkbox"/> Postpartum Blues/Depression <input type="checkbox"/> Safety Plan <input type="checkbox"/> Discussed <input type="checkbox"/> Completed <input type="checkbox"/> Healthy vs. Unhealthy Relationships <input type="checkbox"/> Power and Control Wheel <input type="checkbox"/> Gun Safety
	Adequate	Inadequate	na												
	Social Support	<input type="checkbox"/>	<input type="checkbox"/>												
	Maternal Role Adaptation	<input type="checkbox"/>	<input type="checkbox"/>												
Hygiene	<input type="checkbox"/>	<input type="checkbox"/>													
Acting Parents: <input type="checkbox"/> MOC+FOC <input type="checkbox"/> MOC+Partner <input type="checkbox"/> MOC Only <input type="checkbox"/> MOC plus Other	DMV Screen: _____ <input type="checkbox"/> na No Yes														
Mental Health Concerns: <input type="checkbox"/> No <input type="checkbox"/> Depression <input type="checkbox"/> Current <input type="checkbox"/> History of: <input type="checkbox"/> BPD <input type="checkbox"/> Clinical <input type="checkbox"/> Other MH Diagnosis: _____	Do you feel safe? <input type="checkbox"/> No <input type="checkbox"/> Yes Have you ever been threatened or made to feel afraid? <input type="checkbox"/> No <input type="checkbox"/> Yes (Has anyone ever hit, kicked, slapped or otherwise physically hurt you?) <input type="checkbox"/> No <input type="checkbox"/> Yes Has anyone ever forced you to have sex? <input type="checkbox"/> No <input type="checkbox"/> Yes														
Domestic Violence: <input type="checkbox"/> No <input type="checkbox"/> History <input type="checkbox"/> Current <input type="checkbox"/> Safety Plan in place <input type="checkbox"/> Child(ren) Present or Involved	Individual Cultural Practices: _____														

Activity <small>See notes</small>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Adequate</td> <td style="text-align: center;">Inadequate</td> <td style="text-align: center;">na</td> </tr> <tr> <td style="text-align: center;">Physical Activity</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Sleep/Rest</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Adequate	Inadequate	na	Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>	Sleep/Rest	<input type="checkbox"/>	<input type="checkbox"/>	Refer to: <input type="checkbox"/> PCP <input type="checkbox"/> PCP Aware/Currently Being Tx _____ Teaching: <input type="checkbox"/> Importance and Benefits of Physical Activity <input type="checkbox"/> Safety in Physical Activity/ADL's/Work/Car <input type="checkbox"/> Effects of Mental Health/Stress on Sleep <input type="checkbox"/> Importance of Adequate Sleep/Rest
	Adequate	Inadequate	na								
Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>									
Sleep/Rest	<input type="checkbox"/>	<input type="checkbox"/>									
ADL's: _____ <input type="checkbox"/> na <input type="checkbox"/> No Limitations <input type="checkbox"/> Pain/Discomfort <input type="checkbox"/> Other Limitations: _____											

Nutrition <small>See notes</small>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Adequate</td> <td style="text-align: center;">Inadequate</td> <td style="text-align: center;">na</td> </tr> <tr> <td style="text-align: center;">Nutrition</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Weight Gain</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Appetite</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Non-caffeinated fluids</td> <td><input type="checkbox"/> > 64oz/d</td> <td><input type="checkbox"/> < 64oz/d</td> <td><input type="checkbox"/></td> </tr> </table>	Adequate	Inadequate	na	Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	Weight Gain	<input type="checkbox"/>	<input type="checkbox"/>	Appetite	<input type="checkbox"/>	<input type="checkbox"/>	Non-caffeinated fluids	<input type="checkbox"/> > 64oz/d	<input type="checkbox"/> < 64oz/d	<input type="checkbox"/>	Prepregnancy BMI: _____ Wt Gain Target (based on Prepregnancy BMI): <input type="checkbox"/> Underweight (<19.8): 28-40# <input type="checkbox"/> Normal (19.8-26): 25-35# <input type="checkbox"/> Overweight (26.1-29): 15-25# <input type="checkbox"/> Obese (>29): 15# Actual Weight Gain: _____ <input type="checkbox"/> On Target <input type="checkbox"/> More than Target <input type="checkbox"/> Less than Target	Refer to: <input type="checkbox"/> PCP <input type="checkbox"/> WIC <input type="checkbox"/> RD <input type="checkbox"/> PCP Aware/Currently Being Tx _____ Teaching: <input type="checkbox"/> Importance of Adequate Nutrition <input type="checkbox"/> Target Weight Gain <input type="checkbox"/> Body Distribution of Weight Gain in Pregnancy <input type="checkbox"/> Importance of Adequate Fluid Intake <input type="checkbox"/> Pathophysiology and Nutrition for GDM <input type="checkbox"/> Effects of Anemia/Fe++ & Iron Rich Foods <input type="checkbox"/> Food Safety <input type="checkbox"/> Eating Disorder
	Adequate	Inadequate	na																
	Nutrition	<input type="checkbox"/>	<input type="checkbox"/>																
Weight Gain	<input type="checkbox"/>	<input type="checkbox"/>																	
Appetite	<input type="checkbox"/>	<input type="checkbox"/>																	
Non-caffeinated fluids	<input type="checkbox"/> > 64oz/d	<input type="checkbox"/> < 64oz/d	<input type="checkbox"/>																
Diabetes: <input type="checkbox"/> No <input type="checkbox"/> GDM <input type="checkbox"/> Type I DM <input type="checkbox"/> Type II DM <input type="checkbox"/> na	Anemia: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> na PICA: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> na Client on WIC? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> na																		
[Type I]																			

Postpartum Assessment

Unshaded areas to be completed @every postpartum visit
 Shaded area to be completed at first postpartum visit ND pm

DATE:

First Postpartum Visit Follow up Postpartum Visit

Demographics/Rx <input type="checkbox"/> See notes	M/G Age: <input type="checkbox"/> P <input type="checkbox"/> 1 <input type="checkbox"/> F <input type="checkbox"/> A		D/D Date: <input type="checkbox"/> L <input type="checkbox"/> U <input type="checkbox"/> I		D/C Date: <input type="checkbox"/> P <input type="checkbox"/> U <input type="checkbox"/> I		Prenatal PCP: <input type="checkbox"/> Planned <input type="checkbox"/> Unplanned		Birthplace: _____		<input type="checkbox"/> MKD/CHP <input type="checkbox"/> Private Insurance <input type="checkbox"/> Pending <input type="checkbox"/> Self Pay Source of Care: <input type="checkbox"/> Consistent <input type="checkbox"/> Inconsistent	
	Last PCP Visit: _____		Next PCP Appt: _____		Urgent Care/ER Visits? <input type="checkbox"/> na		<input type="checkbox"/> Yes _____ <input type="checkbox"/> No		Barriers to Care: _____			
	Prenatal Course Yes No na Pregnancies: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pregnancy Interval: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Anemia: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Infection/STI: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GDM: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PTL: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PPH: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Inadequate PN care: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hepatitis: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Balling disorder: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Chronic condition: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rx/ substance use: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Gestational Age at Birth: _____ Weeks: _____ Days: _____ Pregnancy Health History: _____				Lab/Delivery Course Yes No na Type of Delivery: <input type="checkbox"/> Vaginal <input type="checkbox"/> Induction <input type="checkbox"/> Assisted <input type="checkbox"/> VBAO <input type="checkbox"/> C/S <input type="checkbox"/> Cesarean Scheduled: <input type="checkbox"/> Releas: <input type="checkbox"/> Breach: <input type="checkbox"/> Other: _____ Emergency: <input type="checkbox"/> ETP <input type="checkbox"/> Field Distress: <input type="checkbox"/> Other: _____ Anesthetic/meds: <input type="checkbox"/> None <input type="checkbox"/> Analgesia <input type="checkbox"/> Epidural <input type="checkbox"/> Antidotes <input type="checkbox"/> Other: _____				Postpartum Course Yes No na High BP: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hemorrhage: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Thrombosis: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Delayed Lactation: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other: _____			
	Current Health Concerns: <input type="checkbox"/> none <input type="checkbox"/> na				Drug Allergies: <input type="checkbox"/> NKDA <input type="checkbox"/> na				Current Medications <input type="checkbox"/> None <input type="checkbox"/> na <input type="checkbox"/> PNV/Folic Acid <input type="checkbox"/> Fe+ <input type="checkbox"/> Omega 3 <input type="checkbox"/> Colace <input type="checkbox"/> Other: _____ Birth Control Method: _____ <input type="checkbox"/> Started <input type="checkbox"/> Plan to Start: _____ <input type="checkbox"/> No Plan			

V/S <input type="checkbox"/> See notes	BP: <input type="checkbox"/> n/a <input type="checkbox"/> Elevated <input type="checkbox"/> Refer to PCP	Temp: _____	Pulse: _____	Resp: _____
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	Subjective/Objective	Nursing Assessment/Intervention	Plan/Health Promotion <i>(check if referral made or teaching done)</i>																														
Lifestyle <input type="checkbox"/> See notes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th></th> <th>No</th> <th>Current</th> <th>Before Preg</th> <th>During Preg</th> <th>na</th> </tr> <tr> <td>Tobacco Use</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Secondhand Smoke</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Alcohol Use</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Illicit Drug Use</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		No	Current	Before Preg	During Preg	na	Tobacco Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secondhand Smoke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Illicit Drug Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoking Cessation/Counseling: <input type="checkbox"/> na Stage of Change: _____ <input type="checkbox"/> A <input type="checkbox"/> A- <input type="checkbox"/> ASK <input type="checkbox"/> ASK/Advise <input type="checkbox"/> Assess <input type="checkbox"/> Arrange Alcohol Assessment: <input type="checkbox"/> na T-ACE: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> na Abused: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> na Pregnant/children: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> na Pattern of Drug Use: _____ Stage of Change (Drugs): _____	Refer to: <input type="checkbox"/> PCP <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Substance Abuse Treatment <input type="checkbox"/> PCP Aware/Being Tx _____ Teaching: <input type="checkbox"/> Effects of Tobacco and Quit Strategies <input type="checkbox"/> Effects of Alcohol and Drug Use <input type="checkbox"/> Effects of Secondhand Smoke <input type="checkbox"/> Other: _____
	No	Current	Before Preg	During Preg	na																												
Tobacco Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												
Secondhand Smoke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												
Alcohol Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												
Illicit Drug Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												

Psychosocial <input type="checkbox"/> See notes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th></th> <th>Adequate</th> <th>Inadequate</th> <th>na</th> </tr> <tr> <td>Maternal Role Adaptation</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Infant Supplies</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Childcare</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Social Support</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> PCP for Partner: <input type="checkbox"/> Co-parenting <input type="checkbox"/> Present <input type="checkbox"/> Not Involved <input type="checkbox"/> No Present <input type="checkbox"/> na Mental Health Concerns: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> na <input type="checkbox"/> Depression <input type="checkbox"/> Current <input type="checkbox"/> History of <input type="checkbox"/> PRD <input type="checkbox"/> Clinical <input type="checkbox"/> Other MH Diagnosis: _____ Domestic Violence: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> na <input type="checkbox"/> History <input type="checkbox"/> Current <input type="checkbox"/> Safety Plan in Place <input type="checkbox"/> Children Present or Involved Guns in the home: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> na		Adequate	Inadequate	na	Maternal Role Adaptation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infant Supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Social Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Edinburgh Score: _____ <input type="checkbox"/> na Affect Observed: _____ <input type="checkbox"/> na <input type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate DMV Screen: <input type="checkbox"/> na Do you feel safe? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> na Have you ever been threatened by media to feel afraid? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> na Has anyone ever hit, kicked, slapped or otherwise physically hurt you? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> na Has anyone ever forced you to have sex? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> na Individual/Cultural Practices: _____	Refer to: <input type="checkbox"/> PCP <input type="checkbox"/> MH <input type="checkbox"/> Social Services <input type="checkbox"/> PCP Aware/Being Tx _____ <input type="checkbox"/> Support Group _____ <input type="checkbox"/> Crisis Hotline _____ Teaching: <input type="checkbox"/> Maternal Role Adaptation <input type="checkbox"/> Importance of Social Support <input type="checkbox"/> Importance of Postpartum care <input type="checkbox"/> Impact of MH on Parenting <input type="checkbox"/> Postpartum Blues/Depression <input type="checkbox"/> Safety Plan <input type="checkbox"/> Discussed <input type="checkbox"/> Completed <input type="checkbox"/> Healthy vs. Unhealthy Relationships <input type="checkbox"/> Power and Control Wheel <input type="checkbox"/> Gun Safety
	Adequate	Inadequate	na																				
Maternal Role Adaptation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
Infant Supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
Social Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				

Activity <input type="checkbox"/> See notes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th></th> <th>Adequate</th> <th>Inadequate</th> <th>na</th> </tr> <tr> <td>Physical Activity</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Sleep/Rest</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		Adequate	Inadequate	na	Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sleep/Rest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Refer to: <input type="checkbox"/> PCP <input type="checkbox"/> PCP Aware/Being Tx _____ Teaching: <input type="checkbox"/> Safe Resumption of PP Activity
	Adequate	Inadequate	na											
Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Sleep/Rest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											

Newborn Assessment

Unshaded areas to be completed @each visit until 6 we jslpartum
 Shaded areas to be completed at first NB visit and prn

DATE: <input type="checkbox"/> First newborn visit <input type="checkbox"/> Follow-up newborn visit <input type="checkbox"/> O2: <input type="checkbox"/> Medications: <input type="checkbox"/> ER Visits:	Child Name: _____ <input type="checkbox"/> M <input type="checkbox"/> F ID# _____ MOC Name: _____ Primary Care Giver (PCG) if not MOC: _____ PCG Relationship to Newborn: _____
---	---

Demographics/Hx <input type="checkbox"/> See Notes	Age: _____ W _____ D	Birth Date: _____ D/C Date: _____	PCP: _____ Last PCP Appt: _____ Next PCP Appt: _____	<input type="checkbox"/> MKD/CHP+ <input type="checkbox"/> Private Insurance <input type="checkbox"/> Pending <input type="checkbox"/> Self-Pay Source of Care: <input type="checkbox"/> Consistent <input type="checkbox"/> Inconsistent
	Gestational Age @ Birth: _____ W _____ D	Corrected Age: _____ W _____ D	<input type="checkbox"/> AGA <input type="checkbox"/> SGA <input type="checkbox"/> LGA <input type="checkbox"/> na <input type="checkbox"/> Planned <input type="checkbox"/> Unplanned	Barriers to Care: _____
	Birthplace: _____	Days in NICU: _____ <input type="checkbox"/> None <input type="checkbox"/> P/TB <input type="checkbox"/> Respiratory <input type="checkbox"/> Infection <input type="checkbox"/> Birth Defect <input type="checkbox"/> Other	<input type="checkbox"/> na <input type="checkbox"/> Exposure to toxins in utero <input type="checkbox"/> Tobacco <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> + Tox screen <input type="checkbox"/> Other	<input type="checkbox"/> na <input type="checkbox"/> Environmental <input type="checkbox"/> TORCH
	Type of delivery: <input type="checkbox"/> Vaginal <input type="checkbox"/> VBAC <input type="checkbox"/> Induction <input type="checkbox"/> CS	Birth Complications: <input type="checkbox"/> Assisted Delivery <input type="checkbox"/> Surgery/Medical Intervention <input type="checkbox"/> na		

Current Concerns: _____

VS	temp: _____ Axillary <input type="checkbox"/> na <input type="checkbox"/> WNL 97-99	HR: _____ Apical <input type="checkbox"/> na <input type="checkbox"/> WNL 100-160	resp: _____ <input type="checkbox"/> na <input type="checkbox"/> WNL 30-50 <input type="checkbox"/> ↑ WOB observed
	Birth Wt: _____ / _____ %	Current Wt: _____ / _____ %	Return to Birthweight by 2 weeks: <input type="checkbox"/> Yes <input type="checkbox"/> No

Subjective/Objective/Nursing Assessment	Plan/Health Promotion Check if teaching done or referral made
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General Assessment <input type="checkbox"/> See Notes		Yes	No	na	Refer to: <input type="checkbox"/> PCP <input type="checkbox"/> Medical/CHP+ <input type="checkbox"/> TCHD ?? PCP Aware/Being Tx'd _____ Teaching: <input type="checkbox"/> Nursing vs. Medical Assessment <input type="checkbox"/> Routine Baby Care <input type="checkbox"/> Baby Blues & PPD; Mental Health and Infant Bonding <input type="checkbox"/> Illness Prevention, Handwashing, When to Call PCP <input type="checkbox"/> TCH Pediatric ParentSmart Healthline (720-777-0123) <input type="checkbox"/> Home Safety (Circle Teaching Done): Crib, Pet, Sibling, Hot Water, Fall Prevention <input type="checkbox"/> OTC/Rx Medication Safety <input type="checkbox"/> Effects of Tobacco Smoke on Infant/Child <input type="checkbox"/> Importance of Immunizations <input type="checkbox"/> Written Record Keeping for PCP Visits/Immunizations <input type="checkbox"/> Nml nb range for vs <input type="checkbox"/> Proper technique for taking nb temp; Follow PCP Advice <input type="checkbox"/> Return to Work/School; Childcare
	MOC or PCG Meeting ADL Needs of Infant/Self/Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	FOC/Partner/Other (Circle One) Involved as Co-Parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Adequate Family Transition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Adequate Social Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Maternal Mental Health Concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Maternal Substance Use Concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Domestic Violence Concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Adequate Resources/Supplies for Baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Adequate Safe Home Environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Smoke Free Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Consistent and Appropriate Car Seat Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1st Hep B Done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
MOC Return to Work/School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Infant Response <input type="checkbox"/> See Notes	General Description of Infant Temperament: _____ <input type="checkbox"/> na	Refer to: <input type="checkbox"/> PCP <input type="checkbox"/> PCP Aware/Being Tx'd _____ Teaching: <input type="checkbox"/> Typical NB Sleep Patterns <input type="checkbox"/> Consoling Techniques; Coping with Fussy Baby <input type="checkbox"/> Back to Sleep/Crib Safety/Co-Sleeping/SIDS <input type="checkbox"/> Infant Temperament <input type="checkbox"/> Nml temporary increase in crying @ 4-12 weeks <input type="checkbox"/> High Pitched Crying as Sign of Distress/Disorder			
	MOC Report of Infant: _____				
	Age Appropriate Sleep/Wake Patterns		Adequate	Inadequate	na
	Infant Consolability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Crying Time (avg < 2 hrs/day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

General Assessment <input type="checkbox"/> See Notes		Yes	No		Refer to: <input type="checkbox"/> PCP <input type="checkbox"/> Social Services <input type="checkbox"/> Other parenting Resources: _____ <input type="checkbox"/> PCP Aware/Being Tx'd _____ Teaching: <input type="checkbox"/> Nml NB Behavior <input type="checkbox"/> NB Engagement/Disengagement Cues <input type="checkbox"/> En Face Holding <input type="checkbox"/> Secure Holding, Gentle Touch/Shaken Baby Syndrome <input type="checkbox"/> NB Stimulation/Black & White; Over/Under Stimulation <input type="checkbox"/> Infant Learning Trust and Security through a loving relationship with caregivers and having needs met
	Age-Appropriate Interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	NB has Clear/Recognizable Cues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	MOC/PCG understands NB Cues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	MOC/PCG responds to NB Cues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	MOC/PCG-NB Eye Contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Secure Positioning and Gentle Touch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	MOC/PCG Talks Positively About or To Baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Establishing Routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Maternal Role Adaptation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Nursing Assessment	Plan/Health Promotion Check if teaching done or referral made
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S e		Yes	No	na	Refer to: <input type="checkbox"/> PCP
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Well Child Assessment (up to 2 years)

Child Name: _____ Male Female MOC Name: _____

ID# _____ Date: _____

Complete According to Program Guidelines or p r n

Check Nearest Age: 2 mo 3 mo 4 mo 5 mo 6 mo 9 mo 12 mo 15 mo 18 mo 24 mo

Demographics/ix <input type="checkbox"/> See Notes	Age: M W D	PCP:	Last PCP Appt: <input type="checkbox"/> 2mo <input type="checkbox"/> 4mo <input type="checkbox"/> 6mo <input type="checkbox"/> 9mo <input type="checkbox"/> 12mo <input type="checkbox"/> 18mo <input type="checkbox"/> 24mo <input type="checkbox"/> Other:	Next PCP Appt: <input type="checkbox"/> 2mo <input type="checkbox"/> 4mo <input type="checkbox"/> 6mo <input type="checkbox"/> 9mo <input type="checkbox"/> 12mo <input type="checkbox"/> 18mo <input type="checkbox"/> 24mo <input type="checkbox"/> Other:	<input type="checkbox"/> MKD/CHP+ <input type="checkbox"/> Private Insurance <input type="checkbox"/> Pending <input type="checkbox"/> Self-Pay
	Corrected Age: <input type="checkbox"/> na	ER/Urgent Care Visits:	Source of Care: <input type="checkbox"/> Consistent <input type="checkbox"/> Inconsistent		
	Birth Date: M W D		Barriers to Care:		
	Immunizations UTD: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> na				
Current Concerns:		Medications:		Report of Child Temperament:	

VS	Temp: _____	HR: _____	Resp: _____	Weight: _____ %	Height: _____ %	Weight/Height %: _____ %	HC: _____ %
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Subjective/Objective Nursing Assessment/Intervention	Plan/Health Promotion Check if teaching done
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General Assessment <input type="checkbox"/> See Notes		Yes	No	na	
		MOC/PCG Meeting ADL Needs of Infant/Self/Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Involved as Co-Parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Adequate Family Transition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Maternal Mental Health Concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Maternal Substance Use Concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Domestic Violence Concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Adequate Resources/Supplies for Infant/Toddler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Adequate Safe Home Environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Smoke-Free Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Consistent and Appropriate Car Seat Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	MOC-Infant Age-Appropriate Interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Maternal Role Adaptation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Family Adaptation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Infant Sleep Regulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Infant Self- Soothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Consistent Daily Routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	MOC Returned to Work/School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Infant/Toddler in Childcare Setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Developmental <input type="checkbox"/> See Notes		Yes	No	na	
		(Check questionnaires used)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Age Appropriate ASQ WNL: <input type="checkbox"/> 4 mo Questionnaire <input type="checkbox"/> 6 mo Questionnaire <input type="checkbox"/> 8 mo Questionnaire <input type="checkbox"/> 10 mo Questionnaire <input type="checkbox"/> 12 mo Questionnaire <input type="checkbox"/> 14 mo Questionnaire <input type="checkbox"/> 16 mo Questionnaire <input type="checkbox"/> 18 mo Questionnaire <input type="checkbox"/> 20 mo Questionnaire <input type="checkbox"/> 22 mo Questionnaire <input type="checkbox"/> 24 mo Questionnaire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Well Woman Assessment

Client Label

DATE: _____

(Complete annually and p r n)

Demographics/Hx <input type="checkbox"/> See notes	Age: _____	PCP: _____	Last PCP Appt: _____	<input type="checkbox"/> MKD/CHP+ <input type="checkbox"/> Private Insurance <input type="checkbox"/> Pending <input type="checkbox"/> Self-Pay
	G _____ P _____ T _____ P _____ A _____ L _____	ER/Urgent Care Visits: _____		Source of Care: <input type="checkbox"/> Consistent <input type="checkbox"/> Inconsistent
	Drug Allergies: <input type="checkbox"/> NKDA <input type="checkbox"/> na			Barriers to Care: _____
	List Current Medications: _____ <input type="checkbox"/> na			Current Health Concerns: <input type="checkbox"/> None <input type="checkbox"/> na

VS	BP: _____ <input type="checkbox"/> na <input type="checkbox"/> Elevated <input type="checkbox"/> Refer to PCP	Height: _____ <input type="checkbox"/> na	Weight: _____ <input type="checkbox"/> na	BMI: _____ <input type="checkbox"/> na
----	---	---	---	--

	Subjective/Objective	Nursing Assessment/Intervention	Plan/Health Promotion <small>Check if referral made or teaching done</small>																												
Lifestyle <input type="checkbox"/> See notes	<table style="width: 100%;"> <tr> <td style="width: 25%;">Tobacco Use</td> <td style="width: 10%;">No <input type="checkbox"/></td> <td style="width: 10%;">Yes <input type="checkbox"/></td> <td style="width: 10%;">na <input type="checkbox"/></td> </tr> <tr> <td>2ndhand Smoke</td> <td>No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>na <input type="checkbox"/></td> </tr> <tr> <td>Alcohol Use</td> <td>No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>na <input type="checkbox"/></td> </tr> <tr> <td>Illicit Drug Use</td> <td>No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>na <input type="checkbox"/></td> </tr> </table>	Tobacco Use	No <input type="checkbox"/>	Yes <input type="checkbox"/>	na <input type="checkbox"/>	2 nd hand Smoke	No <input type="checkbox"/>	Yes <input type="checkbox"/>	na <input type="checkbox"/>	Alcohol Use	No <input type="checkbox"/>	Yes <input type="checkbox"/>	na <input type="checkbox"/>	Illicit Drug Use	No <input type="checkbox"/>	Yes <input type="checkbox"/>	na <input type="checkbox"/>	Smoking Cessation Counseling <input type="checkbox"/> na #cpd: _____ Stage of Change: _____ <input type="checkbox"/> 5 A's-Ask/Advise/Assess/Assist/Arrange Alcohol Assessment <input type="checkbox"/> na <table style="width: 100%;"> <tr> <td style="width: 25%;">T-ACE > 2</td> <td style="width: 10%;">No <input type="checkbox"/></td> <td style="width: 10%;">Yes <input type="checkbox"/></td> <td style="width: 10%;">na <input type="checkbox"/></td> </tr> <tr> <td>AUDIT-c > 3</td> <td>No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>na <input type="checkbox"/></td> </tr> <tr> <td>Brief Intervention Done</td> <td>No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>na <input type="checkbox"/></td> </tr> </table> Pattern of drug use: _____ Stage of Change (Drugs): _____	T-ACE > 2	No <input type="checkbox"/>	Yes <input type="checkbox"/>	na <input type="checkbox"/>	AUDIT-c > 3	No <input type="checkbox"/>	Yes <input type="checkbox"/>	na <input type="checkbox"/>	Brief Intervention Done	No <input type="checkbox"/>	Yes <input type="checkbox"/>	na <input type="checkbox"/>	Refer to: <input type="checkbox"/> PCP <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Substance Abuse Treatment <input type="checkbox"/> PCP Aware/Being Tx'd _____ Teaching: <input type="checkbox"/> Effects of Tobacco/Quit Strategies <input type="checkbox"/> Effects of Alcohol and Drug Use <input type="checkbox"/> Effects of Secondhand Smoke <input type="checkbox"/> Other: _____
Tobacco Use	No <input type="checkbox"/>	Yes <input type="checkbox"/>	na <input type="checkbox"/>																												
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AUDIT-c > 3	No <input type="checkbox"/>	Yes <input type="checkbox"/>	na <input type="checkbox"/>																												
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Psychosocial <input type="checkbox"/> See notes	<table style="width: 100%;"> <tr> <td style="width: 25%;">Social Support</td> <td style="width: 10%;">Adequate <input type="checkbox"/></td> <td style="width: 10%;">Inadequate <input type="checkbox"/></td> <td style="width: 10%;">na <input type="checkbox"/></td> </tr> <tr> <td>Maternal Role Adaptation</td> <td>Adequate <input type="checkbox"/></td> <td>Inadequate <input type="checkbox"/></td> <td>na <input type="checkbox"/></td> </tr> <tr> <td>Hygiene</td> <td>Adequate <input type="checkbox"/></td> <td>Inadequate <input type="checkbox"/></td> <td>na <input type="checkbox"/></td> </tr> </table>	Social Support	Adequate <input type="checkbox"/>	Inadequate <input type="checkbox"/>	na <input type="checkbox"/>	Maternal Role Adaptation	Adequate <input type="checkbox"/>	Inadequate <input type="checkbox"/>	na <input type="checkbox"/>	Hygiene	Adequate <input type="checkbox"/>	Inadequate <input type="checkbox"/>	na <input type="checkbox"/>	Beck Score _____ <input type="checkbox"/> na Affect Observed <input type="checkbox"/> na <input type="checkbox"/> Appropriate <input type="checkbox"/> Abnormal: _____ DMV Screen: <input type="checkbox"/> na <table style="width: 100%;"> <tr> <td style="width: 25%;">Do you feel safe?</td> <td style="width: 10%;">No <input type="checkbox"/></td> <td style="width: 10%;">Yes <input type="checkbox"/></td> <td style="width: 10%;">na <input type="checkbox"/></td> </tr> <tr> <td>Have you ever been threatened or made to feel afraid?</td> <td>No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>na <input type="checkbox"/></td> </tr> <tr> <td>Has anyone ever hit, kicked, slapped or otherwise physically hurt you?</td> <td>No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>na <input type="checkbox"/></td> </tr> <tr> <td>Has anyone ever forced you to have sex?</td> <td>No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>na <input type="checkbox"/></td> </tr> </table>	Do you feel safe?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	na <input type="checkbox"/>	Have you ever been threatened or made to feel afraid?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	na <input type="checkbox"/>	Has anyone ever hit, kicked, slapped or otherwise physically hurt you?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	na <input type="checkbox"/>	Has anyone ever forced you to have sex?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	na <input type="checkbox"/>	Refer to: <input type="checkbox"/> PCP <input type="checkbox"/> MH <input type="checkbox"/> Social Services <input type="checkbox"/> PCP Aware/Being Tx'd _____ <input type="checkbox"/> Support Group _____ <input type="checkbox"/> Crisis Hotline _____ Teaching: <input type="checkbox"/> Maternal Role Adaptation <input type="checkbox"/> Importance of Social Support <input type="checkbox"/> Impact of MH on Parenting <input type="checkbox"/> Depression <input type="checkbox"/> Safety Plan <input type="checkbox"/> Healthy vs. Unhealthy Relationships <input type="checkbox"/> Power and Control Wheel <input type="checkbox"/> Gun Safety
Social Support	Adequate <input type="checkbox"/>	Inadequate <input type="checkbox"/>	na <input type="checkbox"/>																												
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	Mental Health Concerns <input type="checkbox"/> No <input type="checkbox"/> na <input type="checkbox"/> Depression <input type="checkbox"/> Current <input type="checkbox"/> History of: <input type="checkbox"/> PPD <input type="checkbox"/> Clinical <input type="checkbox"/> Other MH Dx: _____	Domestic Violence <input type="checkbox"/> No <input type="checkbox"/> na <input type="checkbox"/> History <input type="checkbox"/> Current <input type="checkbox"/> Safety Plan in place <input type="checkbox"/> Child(ren) Present/Involved	Individual Cultural Practices: _____																												
	Guns in the home: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> na																														

Nutrition & Activity <input type="checkbox"/> See notes	<table style="width: 100%;"> <tr> <td style="width: 25%;">Physical Activity/Exercise</td> <td style="width: 10%;">Adequate <input type="checkbox"/></td> <td style="width: 10%;">Inadequate <input type="checkbox"/></td> <td style="width: 10%;">na <input type="checkbox"/></td> </tr> <tr> <td>Sleep/Rest</td> <td>Adequate <input type="checkbox"/></td> <td>Inadequate <input type="checkbox"/></td> <td>na <input type="checkbox"/></td> </tr> <tr> <td>Nutrition</td> <td>Adequate <input type="checkbox"/></td> <td>Inadequate <input type="checkbox"/></td> <td>na <input type="checkbox"/></td> </tr> <tr> <td>Weight Management</td> <td>Adequate <input type="checkbox"/></td> <td>Inadequate <input type="checkbox"/></td> <td>na <input type="checkbox"/></td> </tr> <tr> <td>Water/ Non-caffeinated Fluid Intake</td> <td>Adequate <input type="checkbox"/></td> <td>Inadequate <input type="checkbox"/></td> <td>na <input type="checkbox"/></td> </tr> </table>	Physical Activity/Exercise	Adequate <input type="checkbox"/>	Inadequate <input type="checkbox"/>	na <input type="checkbox"/>	Sleep/Rest	Adequate <input type="checkbox"/>	Inadequate <input type="checkbox"/>	na <input type="checkbox"/>	Nutrition	Adequate <input type="checkbox"/>	Inadequate <input type="checkbox"/>	na <input type="checkbox"/>	Weight Management	Adequate <input type="checkbox"/>	Inadequate <input type="checkbox"/>	na <input type="checkbox"/>	Water/ Non-caffeinated Fluid Intake	Adequate <input type="checkbox"/>	Inadequate <input type="checkbox"/>	na <input type="checkbox"/>	Weight Assessment: <input type="checkbox"/> BMI < 19.8 Underweight <input type="checkbox"/> BMI 19.8-26 Normal <input type="checkbox"/> BMI 26-29 Overweight <input type="checkbox"/> BMI > 29 Obese	Refer to: <input type="checkbox"/> PCP <input type="checkbox"/> WIC <input type="checkbox"/> PCP Aware/Being Tx'd _____ Teaching: <input type="checkbox"/> Importance/ Benefits of Physical Activity <input type="checkbox"/> Importance of adequate sleep/rest <input type="checkbox"/> Importance of Adequate Nutrition <input type="checkbox"/> Importance of Adequate Fluid Intake <input type="checkbox"/> Osteoporosis Prevention
Physical Activity/Exercise	Adequate <input type="checkbox"/>	Inadequate <input type="checkbox"/>	na <input type="checkbox"/>																				
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General Health <input type="checkbox"/> See notes	<table style="width: 100%;"> <tr> <td style="width: 25%;">Skin Changes</td> <td style="width: 10%;">No <input type="checkbox"/></td> <td style="width: 10%;">Yes <input type="checkbox"/></td> <td style="width: 10%;">na <input type="checkbox"/></td> </tr> <tr> <td>Vision Changes</td> <td>No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>na <input type="checkbox"/></td> </tr> <tr> <td>Hearing Changes</td> <td>No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>na <input type="checkbox"/></td> </tr> <tr> <td>Constipation</td> <td>No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>na <input type="checkbox"/></td> </tr> <tr> <td>Diarrhea</td> <td>No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>na <input type="checkbox"/></td> </tr> <tr> <td>Hemorrhoids</td> <td>No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>na <input type="checkbox"/></td> </tr> </table>	Skin Changes	No <input type="checkbox"/>	Yes <input type="checkbox"/>	na <input type="checkbox"/>	Vision Changes	No <input type="checkbox"/>	Yes <input type="checkbox"/>	na <input type="checkbox"/>	Hearing Changes	No <input type="checkbox"/>	Yes <input type="checkbox"/>	na <input type="checkbox"/>	Constipation	No <input type="checkbox"/>	Yes <input type="checkbox"/>	na <input type="checkbox"/>	Diarrhea	No <input type="checkbox"/>	Yes <input type="checkbox"/>	na <input type="checkbox"/>	Hemorrhoids	No <input type="checkbox"/>	Yes <input type="checkbox"/>	na <input type="checkbox"/>	<table style="width: 100%;"> <tr> <td style="width: 25%;">Immunizations UTD</td> <td style="width: 10%;">No <input type="checkbox"/></td> <td style="width: 10%;">Yes <input type="checkbox"/></td> <td style="width: 10%;">na <input type="checkbox"/></td> </tr> <tr> <td>Dizziness</td> <td>No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>na <input type="checkbox"/></td> </tr> <tr> <td>SOB</td> <td>No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>na <input type="checkbox"/></td> </tr> <tr> <td>Chest Pain</td> <td>No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>na <input type="checkbox"/></td> </tr> <tr> <td>Headache/Migraine</td> <td>No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>na <input type="checkbox"/></td> </tr> <tr> <td>Other</td> <td>No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>na <input type="checkbox"/></td> </tr> </table>	Immunizations UTD	No <input type="checkbox"/>	Yes <input type="checkbox"/>	na <input type="checkbox"/>	Dizziness	No <input type="checkbox"/>	Yes <input type="checkbox"/>	na <input type="checkbox"/>	SOB	No <input type="checkbox"/>	Yes <input type="checkbox"/>	na <input type="checkbox"/>	Chest Pain	No <input type="checkbox"/>	Yes <input type="checkbox"/>	na <input type="checkbox"/>	Headache/Migraine	No <input type="checkbox"/>	Yes <input type="checkbox"/>	na <input type="checkbox"/>	Other	No <input type="checkbox"/>	Yes <input type="checkbox"/>	na <input type="checkbox"/>	Refer to: <input type="checkbox"/> PCP <input type="checkbox"/> PCP Aware/Being Tx'd _____ Teaching: <input type="checkbox"/> Sunscreen Use <input type="checkbox"/> Skin Self-Exam <input type="checkbox"/> Immunizations/TDap <input type="checkbox"/> Hand Washing <input type="checkbox"/> Frequency of Health Screenings
Skin Changes	No <input type="checkbox"/>	Yes <input type="checkbox"/>	na <input type="checkbox"/>																																																
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Goals Assessment-Mother First

1. PERSONAL HEALTH				3. MATERNAL ROLE			
	Y	N	F/U		Y	N	F/U
- Regular PCP				- Regular Pediatrician			
- Consistent dental care				- Consistent oral hygiene			
- Annual PAP				- Appropriate activity/sleep schedule			
- Monthly Self Breast Exams				- Appropriate car seat use; consistent			
- Safe sex practices to prevent STI's				- Do you have enough nutritious food for your children?			
- Birth Control in place				- Do you have a consistent feeding routine/family meal time?			
- Addressing Mental Health Issues				- Do you have time to play with your children?			
- Stress Management Issues				- Do you have discipline problems with your children?			
- Time for self care				- Any other concerns for your child/ren?			
- Routine exercise				- Any concerns with childcare?			
- Adequate nutritional intake							
- Weight Management Issues							
- Current issues with substance use							
- Substance abuse hx							
2. ENVIRONMENTAL HEALTH				4. SUPPORT SYSTEM			
	Y	N	F/U		Y	N	F/U
- 2 nd hand smoke exposure				- Do you have supportive people in your life?			
- Safe storage of chemicals, poisons, and guns							
- Smoke alarms present/ Carbon Monoxide Detectors				- Do you have respite care?			
- Childproofed home				- Do you have friends/family you would like see less?			
- Adequate Space for number of residents							
- Absence of rodents, insects, and bed bugs							
- Running water supply/sewage disposal				- Do you have friends/family you would like to see more?			
- Access to telephone							

5. Parenting Values: (What do you want your child/ren to learn from you? What qualities do you hope your child/ren possess? What do you want your children to accomplish?)

6. Life Course Development: (Do you have credit problems? Where would you like to be in 6 mo., 1 yr and 3 yrs?)

7. What are 3 strengths you have that can help you achieve your goals?

Mother's First - Nursing Family Assessment

Date: _____

MATERNAL ROLE:

Maternal Role:		Comments:
Confident in Role	Y/N	
Appropriate expectations of self as caregiver	Y/N	
Positive parenting/role model experience	Y/N	
Significant issues that affect ability to parent	Y/N	
Parenting Style		Positive Understanding Consistent Harsh Dismissive Inconsistent Over-restrictive Overly Permissive Overly Verbal
Primary Care Givers:		
Physical Care of Child		Comments:
Able to make/keep medical appts.	Y/N	
Able to maintain dental health	Y/N	
Appropriate activity/sleep schedule	Y/N	
Appropriate nutrition	Y/N	
Provides safe home environment	Y/N	
Assures safety with other caregivers	Y/N	
Behavioral/Emotional Care:		
Developmentally appropriate expectations	Y/N	
Appropriate socialization/schooling	Y/N	
Appropriate stimulation (motor,cognitive,language)	Y/N	
Presence of toys, books,music (developmentally fostering)	Y/N	
Maternal Interaction:		
Appropriate touch	Y/N	
Positive verbal tone	Y/N	
Initiates contact with child	Y/N	
Appropriate response when child initiates contact	Y/N	
Attempts to understand child	Y/N	
Appropriate response to child's needs	Y/N	
Child Behavior/Response		
Demonstrates clear "cues"	Y/N	
Appropriate development (motor, cognitive, language, social)	Y/N	
Appropriate behavior/response to stimuli	Y/N	
Initiates contact with mom	Y/N	
Initiates contact with others	Y/N	
Responsive to/consolable by mom	Y/N	
Responsive to/consolable by others	Y/N	
Positive interactions with others	Y/N	
Patient Name		RN,PHN

ENVIRONMENTAL HEALTH:

Residence/Housing:		Comments:
Structurally sound	Y/N	
Absence of indoor air pollution	Y/N	
Adequate space for number of residents	Y/N	
Adequate facilities for food prep/storage	Y/N	
Absence of dangerous objects/substances	Y/N	
Access to telephone	Y/N	
Safety/Work/School:		
Low crime area	Y/N	
Safe place to play	Y/N	
Absence of physical hazards	Y/N	
Comments/Concerns:		
LIFE COURSE DEVELOPMENT:		
Education and Career:		
Adequate household management skills	Y/N	
Who is doing household duties?		
Comments/Concerns:		
FAMILY AND FRIENDS:		
Personal Support System:		
Adequate/appropriate support	Y/N	
Family Violence:		
Chaotic Household	Y/N	
Contentious interactions	Y/N	
Child Care:		
Appropriate Daycare	Y/N	
Comments/Concerns:		
Patient Name:		RN,PHN

Edinburgh Postnatal Depression Scale (EPDS)



Name: _____ Address: _____

Your Date of Birth: _____

Baby's Date of Birth: _____ Phone: _____

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt IN THE PAST 7 DAYS, not just how you feel today.

Here is an example, already completed.

I have felt happy:

Yes, all the time

Yes, most of the time → This would mean: "I have felt happy most of the time" during the past week.

No, not very often

No, not at all

Please complete the other questions in the same way.

In the past 7 days:

1. I have been able to laugh and see the funny side of things

- As much as I always could
- Not quite so much now
- Definitely not so much now
- Not at all

2. I have looked forward with enjoyment to things

- As much as I ever did
- Rather less than I used to
- Definitely less than I used to
- Hardly at all

*3. I have blamed myself unnecessarily when things went wrong

- Yes, most of the time
- Yes, some of the time
- Not very often
- No, never

4. I have been anxious or worried for no good reason

- No, not at all
- Hardly ever
- Yes, sometimes
- Yes, very often

*5. I have felt scared or panicky for no very good reason

- Yes, quite a lot
- Yes, sometimes
- No, not much
- No, not at all

*6. Things have been getting on top of me

- Yes, most of the time I haven't been able to cope at all
- Yes, sometimes I haven't been coping as well as usual
- No, most of the time I have coped quite well
- No, I have been coping as well as ever

*7. I have been so unhappy that I have had difficulty sleeping

- Yes, most of the time
- Yes, sometimes
- Not very often
- No, not at all

*8. I have felt sad or miserable

- Yes, most of the time
- Yes, quite often
- Not very often
- No, not at all

*9. I have been so unhappy that I have been crying

- Yes, most of the time
- Yes, quite often
- Only occasionally
- No, never

*10. The thought of harming myself has occurred to me

- Yes, quite often
- Sometimes
- Hardly ever
- Never

Administered/Reviewed by _____ Date _____

Screening with T-ACE for Women of Childbearing Age

1. How many drinks does it take to make you feel high?

2. Have people annoyed you by criticizing your drinking?

Yes

No

3. Have you ever felt you ought to cut down on your drinking?

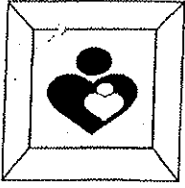
Yes

No

4. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?

Yes

No



All About Partners in Parenting Education

ABOUT
PIPE

How to Read Your Baby

How to Read Your Baby is a nonprofit organization in Denver, Colorado. The mission of How to Read Your Baby is to educate professionals to promote positive relationships with strong emotional ties between primary caregivers and the infant/toddler, thereby enhancing social and emotional competence in the child. How to Read Your Baby accomplishes this mission by providing relationship-based, experiential curriculum and training sessions designed to enhance the quality of emotional connection between the parent or caregiver and the child.

In 1989 a curriculum development grant awarded by Colorado Community Colleges and Occupational Education Systems allowed the creation of the Partners in Parenting Education (PIPE) curriculum, a school-based, teen-parenting curriculum for vocational students in Colorado. Under the direction of How to Read Your Baby, the PIPE model and curriculum have been adapted to meet the needs of various high-risk parent populations and to be applicable to group instruction as well as individual instruction. This expanded focus was the result of collaboration between a multidisciplinary group of researchers affiliated with the Program for Early Developmental Studies at the University of Colorado Health Sciences Center and parenting educators working with high-risk parents in a variety of intervention programs.

Partners in Parenting Education

PIPE is a parenting education model and curriculum that uses a special instructional process to teach the concepts and skills of emotional connectedness to high-risk parents. A basic premise of the Partners in Parenting Education model is that the parent is the most consistent and pervasive force shaping the life of the child. Therefore, interventions that are designed to effect better outcomes for children need to include components that focus on strengthening the parent-child relationship.

PIPE recognizes that a new baby is often a motivator for change and that parenting education has the most impact when it starts early, birth to three. A parenting education partnership approach was devised to help the parent educator involve the child as the teacher by focusing the parent on the child's needs and on emotional communication. PIPE's use of supervised parent-child activities allows the child to teach, which validates and empowers the parents.

ABOUT PIPE

We believe that an effective parenting education curriculum should be interactive and relationship-based. The PIPE curriculum encourages positive emotional experiences between the parent and the child, as well as the parent and the parent educator. In the PIPE model, the parenting educator is the facilitator for learning, and the childcare center or home is the laboratory for learning.

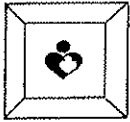
PIPE is a researched-based curriculum. Models developed by Liz Bates, T. Berry Brazelton, Robert Emde, Stanley Greenspan, Louis Sanders, Allan Sroufe, Edward Tronic, and Lev Vygotsky serve as the theoretical framework for the PIPE curriculum. The curriculum is not developmentally sequenced. Instead, it presents concepts through a variety of topics. For example, in the topic "Playing Is Learning" the focus is on how children learn and master skills while playing. Concepts presented in the topics apply to children from birth to 3 years of age.

The curriculum is also designed for flexibility. Parenting educators may opt to present a complete unit or select topics from different units to create their own instructional plan to best fit each client's needs. The curriculum can be adapted to a short schedule (four to eight sessions) or expanded to a two-year instructional format. Research indicates, however, that the more topics covered with parents, the more emotionally available they will become.

The three units of the curriculum can be summarized as follows: *Listen, Listen, Listen* focuses on emotional communication, regulation skills, and respecting the baby as an individual. *Love Is Layers of Sharing* focuses on attachment and relationship building. *Playing Is Learning* focuses on play as a way children learn and the importance of emotional stability for learning.

Our Philosophy

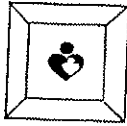
The PIPE model and curriculum are designed to draw on the strengths of each parent to help the parent become more emotionally available. Our belief is that the skills of emotional availability can be learned and will become internalized if parents have the right information and have the opportunity to practice with the support of a knowledgeable and caring educator or home visitor. This sharing and caring can lead to a new and enduring internalized model of behavior.



Instructional Topics of the Three PIPE Units

The PIPE Curriculum Units Include These 28 Topics

<i>Listen, Listen, Listen</i>	<i>Love Is Layers of Sharing</i>	<i>Playing Is Learning</i>
<p>Cribside Communication States of awareness.</p> <p>Patterns and Expectations Biorhythms and establishing a daily routine.</p> <p>Baby Cues How a baby uses body and voice to communicate.</p> <p>Tune In/Tune Out Engagement and disengagement cues.</p> <p>Floor Time Guidelines for playing within the baby's focus.</p> <p>Learning Language Developmental stages of language; the parent's role in expanding language.</p> <p>Music and Rhythm Use of music and rhythm for regulation.</p> <p>Reading to Baby Reading is a fun shared activity that helps a baby learn.</p>	<p>Love Is in the Palm of Your Hand A baby's first relationship is with parents.</p> <p>Each Child Is Different Temperament concepts; sensitivity to another's uniqueness.</p> <p>Love Needs a Safe Base How a baby learns trust.</p> <p>Joy and Laughter Sharing positive emotions builds relationships; negative emotions caution and alert.</p> <p>Touch Tones Touching communicates love.</p> <p>Attachment Feelings of belonging and commitment.</p> <p>Love Is Letting Go Allowing and respecting separation and autonomy.</p> <p>Love and Limits Quiet discipline; regulation of emotional extremes.</p> <p>Love Is Sometimes a Rocky Road Ambivalent feelings are normal; problem-solving techniques.</p> <p>Emotional Refueling Need for personal identity, space, and support systems.</p>	<p>Playing Is Learning Playing is a good way to learn and master skills.</p> <p>Playing Is Learning About Differences Developmental stages; appropriate expectations; differences in temperament.</p> <p>Baby's First Teacher Modeling; routines; teachable moments.</p> <p>What Are Children Really Learning? Teaching styles; stabilization; socialization.</p> <p>Learning the "Do's" The "do's" of behavior; sharing fun can regulate and communicate.</p> <p>Roadblocks to Learning Negative emotions can sidetrack learning; limit setting.</p> <p>Playing Stimulates the Senses Children learn through their senses.</p> <p>Playing Is Imitation and Turn Taking Guidance; modeling; the give and take of interaction.</p> <p>Playing Is Communicating Play sets communication patterns; finger plays can teach.</p> <p>Playing Is Problem Solving Experimentation; autonomy.</p>



The Core Concepts of Emotional Connectedness

The Foundation of the Partners in Parenting Education Curriculum

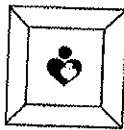
Throughout the 28 topics, the PIPE curriculum weaves eight emotional development concepts, or “threads,” that research and good practice indicate are invaluable to parenting. These interwoven concepts are biologically based and universal for all babies. Families and cultures respond to a baby’s biological signals in different ways. It is important to respect these differences and support established traditions.

Establishing an emotional connection between parent and child is a complex process but is critical to the child’s development. It is important for parenting educators to understand emotional development concepts. Application of the eight emotional development concepts builds good family relationships, which result in more confident and resilient children.

The Core Concepts are:

- ***Shared Positive Emotions:***
Building an emotional connectedness by sharing positive emotions
- ***Regulation:***
Behavior management through anticipatory response and quiet discipline
- ***Temperament:***
Individual differences and individualized parenting
- ***Autonomy:***
Respecting the child’s view, developing mastery skills, and using scaffolding techniques
- ***Communication Skills:***
Listening, relationship building, language, and problem solving
- ***Emotional Refueling:***
Time when parents can refresh and renew
- ***Trust:***
Being constant, reliable, and supportive; feeling safe
- ***Interdependence:***
Sharing commitment to another; feeling a unique connection or sense of belonging; attachment

The theoretical principles of each core concept are explored in one or more specific topics within the PIPE curriculum. PIPE has been described as a drip, drip, drip instructional model because concepts are presented in small doses and repeated often in a variety of ways. This allows the parenting educator the flexibility to choose a specific topic to meet a client's needs and still be assured that the principles of emotional connectedness are being addressed when presenting a topic to a parent. For example, an in-depth study of the power of Shared Positive Emotions can be found in "Joy and Laughter." Trust is explored in "Love Needs a Safe Base" and in "What Are Children Really Learning?" The content in each topic either reinforces a principle of emotional connectedness or applies the "threads" in a new way. The threads of emotional development that run through each topic are the essence of positive parenting and relationship building. These threads weave a tapestry of emotional connectedness throughout the PIPE curriculum.



Teaching About Emotions

How to Read Your Baby has created the PIPE curriculum to teach about emotions and emotional needs. Emotions are universal and at the heart of all relationships. This includes not only the relationship a parent has with his baby, but also the relationship a parent educator has with each client. All humans experience emotions. They are part of our biological makeup. Humans of all ages seem to share an understanding of these feelings. For example, feeling sad has universal expression, a meaning that is similar for baby, mother, and grandmother. It is the universal quality of emotions and emotional needs that you will be teaching.

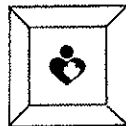
The PIPE curriculum introduces most topics by first talking about *adult* feelings and experiences. It is important for a parent to first identify how an emotion feels to himself before he will be able to respond appropriately to his baby's or toddler's emotional signals. The information we present about babies and toddlers is also true of adult emotions and relationships.

Emotions are the basic feelings of pleasure and displeasure that we are born with. Emotions are at the base of how and why we learn. Positive and negative emotions are processed differently by the brain, and they result in different behaviors. It is through sharing positive emotions that we learn to trust, respect, and value another person; positive emotions also enable us to feel pride and confidence. Sharing negative emotions is important to caution and alert us, but overuse of negative emotions can lead to distrust, shame, and insecurity. How parenting educators teach parents and what they model through their interactions with parents can make a lasting difference in how their clients will parent their children.

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Some teaching styles build confidence and make learning exciting; however, other teaching styles may be confusing and thus inhibit learning. The PIPE curriculum has been structured so that there are numerous opportunities for shared positive emotions between the parent and his child, as well as between a parenting educator and parents. The Love unit's topic, "Joy and Laughter," is a good resource for parent educators to increase their own understanding of the power of sharing emotions. Parenting educators will find "What Are Children Really Learning?" in the Play unit useful for increasing their understanding of teaching styles.

Although everything we encounter or experience in life evokes emotions, teaching about them may be new and challenging. Parenting educators should be aware that teaching about emotions has the potential for raising personal issues, both for themselves as well as for their clients. Some issues may need resolution in order for the educator to be emotionally responsive to her clients or for the parent to be emotionally responsive to her child. A parenting educator who teaches about emotions and emotional attachment is most effective when she has dealt with her own emotional needs. It is important for parenting educators to recognize this and seek support when it is needed. Teaching about emotions is the very thing that can change the lives of parents and their children and can ultimately lead to a better society.



The PIPE Instructional Model

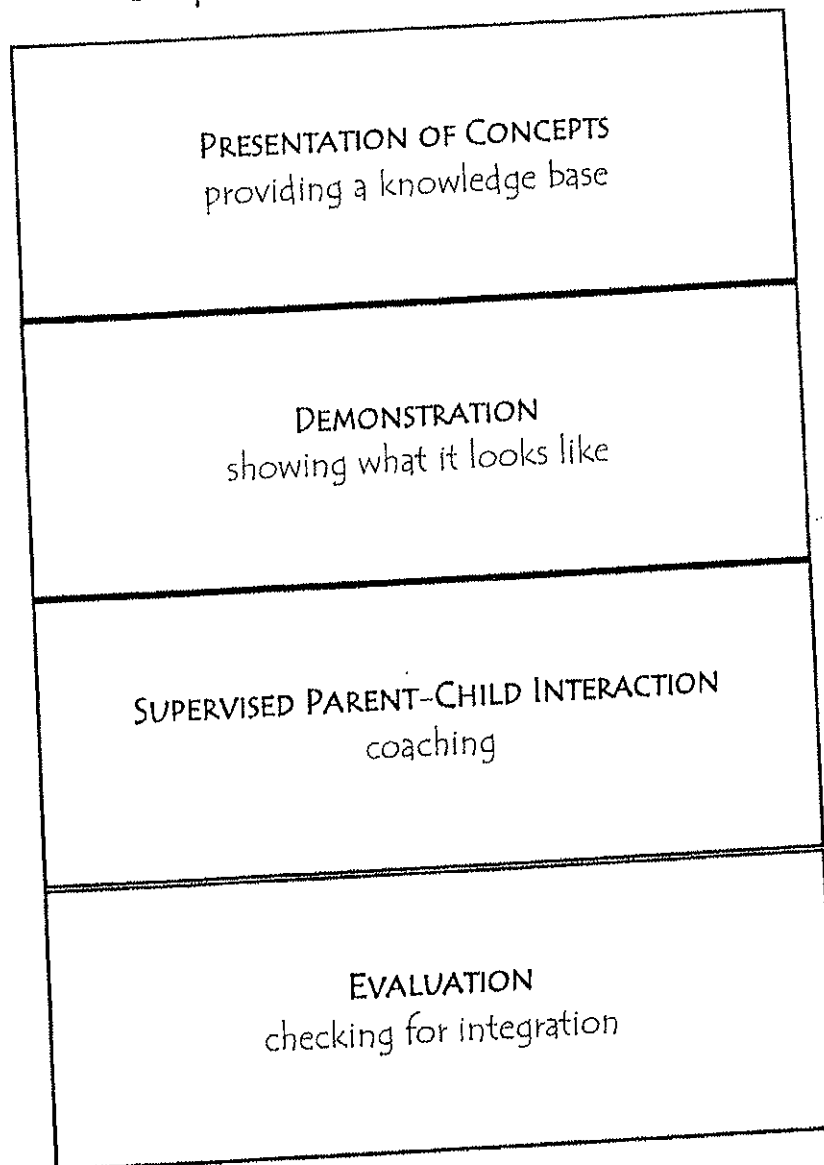
The goal of the PIPE instructional model is to provide a framework from which parents become aware of the concepts of emotional connectedness and relationship building and then integrate those concepts into their parenting philosophy and practice. To do this, more is required than the presentation of ideas and concepts. The parent must be provided opportunities to see these concepts applied in a concrete manner and have opportunities to evaluate how effective the concepts are for building a positive relationship with her child. Most high-risk parents do not automatically internalize theoretical concepts into parenting practice; they need to be shown how a concept works and also need to develop skills and confidence to apply it. The framework of the PIPE model creates a process for effective intervention. It is recommended that all four components be included at each instructional session or home visit.

Component 1: Presentation of Concepts

The didactic component of the instructional model (the foundation or base of the PIPE educational process) is a session in the home, center, or classroom where parents are provided the theoretical information of a topic through a variety of learning activities. The Presentation of Concepts and the Topic Enhancers sections of each topic make up the didactic component.

Components of the Instructional Model

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In each topic, the Instructional Plan outlines information that can be shared with a parent-client. Each educator will need to create his own way of explaining the conceptual information to parents. Educators will find the conceptual overview, the topic's terminology, and referenced instructional aids pages useful in developing their own presentations. The learning strategies have been designed to help parents understand concepts in fun and interesting ways. Instructional strategies incorporate a variety of techniques, including discussion, parent handouts, information sheets, games, and hands-on activities.

It is important to introduce the theoretical content to parents in small amounts. In a home visit, only one or two major concepts should be presented during an instructional session. Each session should include all four components of the

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model. In a group setting when more time is available for the presentation of concepts, it is possible to cover more concepts. The procedure for conducting a session will be further explained when the Instructional Plan is discussed on pages 13-15.

It is not possible within the scope of this text to include adaptations of learning strategies specific to the unique characteristics of each cultural group or special population who will use the PIPE curriculum. We must rely on the expertise of the home visitor or parenting educator, who works directly with the parents, to adapt a strategy to meet the special needs of a specific parenting population or an individual client.

Component 2: Demonstration

The demonstration is an instructional strategy where the educator uses a child, another adult, or a doll to show a parent how to do a specific activity. The demonstration is the bridge between theoretical learning and real-life application of the concept. Showing parents what a specific parenting behavior looks like is crucial to the success of the supervised parent-child interaction. What to demonstrate is explained in the Instructional Plan for each topic. An effective demonstration will validate conceptual learning and increase the possibility of parent and child sharing a positive experience during the supervised interaction session. Do not assume that parents already know how to do a specific activity. Concrete learners must have a visual picture of what they are expected to do. Show them first. Then they will feel more confident and prepared, and this feeling can be transferred to their children.

Whatever activity is being demonstrated, the parenting educator should follow the steps in "Ready, Set, Go: A Routine for the Interactive Session." The topic "Patterns and Expectations" in the Listen unit presents this technique (see page 62). Specific activity cards are recommended for most demonstrations. In the home, it is advisable that the educator uses a doll, an older sibling, or the parent to model an activity. If her baby were to respond more favorably to *your* interaction than to *her* interaction in the follow-up practice session, it could be devastating to the parent and damaging to your relationship with the parent. Remember, the major goal is to improve the relationship between the parent and her child. In a school setting, the childcare provider can use an infant or toddler from the center. The parent has already entrusted his or her child to the childcare provider, and the parent *expects* a good connection. The childcare provider needs the parent's permission prior to using a child for a demonstration.

If the parent educator will be using a doll in the demonstration, she should keep several factors in mind when selecting the doll. First, the doll should be at least 18 inches long. Smaller dolls are hard to work with and the visual image of a parent and child interacting is not as believable. Be sure the doll's limbs are movable; the doll should be able to sit unaided. When possible, choose an ethnically appropriate doll. And, finally, it is important that you feel emotionally drawn to the doll that you plan to use. This will make it easier to act out an emotional connection when you use the doll in the demonstration.

Component 3: Supervised Parent-Child Interaction

Setting up an opportunity for the parent and his child to interact with one another during structured play activities is an integral part of the PIPE instructional model. This is a time set aside for the parent to practice, under the supervision of the parenting educator. Games and activities are used as a means to help the parent increase emotional availability skills and build a more positive relationship with his child. Emotional availability is being able to read, listen, and respond appropriately to others' emotional signals. Children who have emotionally available parents and caregivers learn more and are more psychologically stable. They show more resiliency and an ability to be independent and to problem solve.

The Instructional Plan for each topic explains how to structure the session for success and includes activities for a parent to practice with her child. According to research, supervised practice and coaching are critical to the effective integration of new skills into a person's behavioral repertoire. Although a specific game, such as Peek-a-Boo, may be the suggested activity, the educator helps the parent follow the steps in "Ready, Set, Go: A Routine for the Interactive Session" when doing any activity. The amount of time parents may need to master the skills that are used in "Ready, Set, Go" will vary. Some parents will require a lengthy practice period.

The parenting educator becomes a coach and mentor during the parent-child interaction. To facilitate a positive parent-child interactive session, the parenting educator must recognize the engagement and disengagement cues of the child, the child's basic temperament, and the child's developmental stage and emerging abilities. There are several topics that parenting educators will find useful if they need to review these areas. The topics "Baby Cues" and "Tune In/Tune Out" in the Listen unit are helpful for reviewing cues. "Each Child Is Different" in the Love unit and "Playing Is Learning About Differences" in the Play unit are helpful for reviewing temperament.

Although emotional development is PIPE's primary focus, parent educators will find information throughout the curriculum about changes that occur in children as they go through different developmental stages. Developmental information is organized around specific topics. For instance, the topic "Learning Language" in the Listen unit includes handouts on approximate ages and stages of language development. In "Love Is Letting Go" in the Love unit, a handout summarizes the developmental path of a baby's and toddler's attachment and separation needs.

Children go through developmental phases over a wide range of ages. Parent educators are encouraged to remind parents that children develop according to their own inner timetables. Developmental ages and stages in our book are

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averages of the ages when a child would go through a developmental phase. Some children will go through the phases earlier, some later. Whenever developmental information is presented within a PIPE topic, educators are encouraged to help parents discover and appreciate the individuality and uniqueness of their own child. Numerous and extensive resources on child development, which the parenting educator can use to supplement his or her knowledge, are available from other sources.

The parenting educator can do a number of things to set the stage for a successful parent-child interaction. Have the parent choose a private and quiet place for the interaction. Using a sheet or tablecloth to spread on the floor not only can ensure that the area is clean, but it can also help define the parent's and child's space for this special time together. Establish expectations for the session. These might include turning the TV off, not answering the phone, and agreeing that this is not a time for visiting with other adults or children. Take into consideration the parent's and child's temperaments, abilities, likes, and dislikes when choosing activities for the parent-child interaction. Be sure that the parent is aware that if an activity isn't working, it is all right to change the activity or end the session. Always remember that the goal is to enhance the parent-child relationship through shared positive emotions. Any preplanning to help this happen is recommended.

During the session the parenting educator wants to stay out of the child's direct line of vision yet be able to see the child's face. If the parent has missed a cue, the parenting educator can "talk through the child" by giving the child a "voice." This simple technique brings the behavioral cue to a parent's attention. For example, a father could be reading a book and his child might try to turn the pages before the father is finished reading the first page. If the father were to continue reading each page completely, the parenting educator could then say "Faster, Daddy, faster!" to alert the parent to the meaning of his child's behavior. Another technique is to describe the behavior you see in a nonjudgmental manner. "She is turning the page before you finish reading." You could also act puzzled and ask, "I wonder why she turns the page before you finish reading?" These techniques focus the parent's attention on the child's behavior and the educator remains open to discovering the parent's interpretation of the behavior. The educator will only use these strategies if such comments will increase the positive emotional connection between the parent and child.

At times the parenting educator may work behind the scenes by selecting specific topics that address a problem area. For the above scenario, the educator might choose "Reading to Baby," "Baby Cues," or "Tune In/Tune Out" from the Listen unit to illustrate and encourage following a child's lead. Through these topics, the parenting educator can help the parent more accurately read his child's cues and develop additional emotionally responsive techniques.

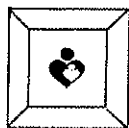
Component 4: Evaluation

Evaluation, which completes the instructional process, is necessary to determine if

the parent understands and is able to use a specific concept when parenting. Feedback is essential to learning. It guides our decisions about what to do next. The parenting educator gets feedback from the parent's responses and participation throughout the session. Likewise, the parent continually considers what is happening. Is the information relevant in her life? Can she apply it? The best way to evaluate a lesson is to watch the child. Is the child enjoying the activity in the lessons? Are the parent and child sharing a positive experience? If they aren't, does the parent know why and how to adjust? If not, how can the educator help?

At two specific times in the Instructional Plan, a structured, formal evaluation is used to bring closure. The first is Evaluating the Parent-Child Interaction. Questions to discuss with the parent following the supervised parent-child interaction session are included in the Instructional Plan. The parent is encouraged to evaluate the success of the activity and its application to the topic concepts. When the parenting educator is sharing her observations, she focuses on the parent's strengths and offers suggestions and encouragement to improve the quality of the interaction. The parenting educator can use the interaction to provide a more in-depth understanding of the concept. The second structured closure is Topic Evaluation and Closure. This section ends the entire topic.

Videotaping the parent-child interactive session can be an invaluable tool for the parent educator. It allows stepping back from the interaction and repeatedly observing the give and take between parent and child. Thus, the parent can discover what was working and what to fine tune. Educators should never share video of an interaction without the parent's written permission.



The PIPE Curriculum Format

Every topic is organized by these sections: (1) The Topic Title Page presents Inquiry Questions that will be answered in the topic. (2) The Conceptual Overview provides a summary of the concepts presented in the topic. (3) Tools for Presentation includes two pages. The first page lists the instructional tools that assist in overall planning. The second page, "Master Pages in *Parent Handouts* Notebook," lists the titles of the handouts that can be used in the topic. (4) A detailed Instructional Plan, which outlines the topic's specific instructional strategies, is next. (5) Topic Enhancers and Instructional Aids provide additional assistance. Additional activities allow the parent educator to enhance or reinforce concepts. Other pages give the educator in-depth information related to the topic concepts or assistance in preparing for activities. The educator will recognize each major section because it is introduced by a "framed" square icon that graphically represents the topic (puzzle pieces for Listen, a teddy bear for Love, and blocks for Play). The sections of each

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topic give parenting educators a comprehensive way to review the integral concepts and prepare the presentation and experiential learning activities for a specific topic.

Topic Title Page

- *This mini-divider page gives the Title of the Topic and Inquiry Questions that are meant to act as a content knowledge check for the parenting educator. They can also be used to initiate parent thinking. Before beginning the lesson with the parent, the educator should be able to explain the answer to each Inquiry Question in her own words. Answers to the questions will be found somewhere in the topic.*

Conceptual Overview

- *Numbered paragraphs in the Conceptual Overview offer an explanation of the theoretical framework for the topic and give examples of how they apply to parent-child relationship building. (See example on page 27.) The Instructional Plan will indicate those paragraphs that relate directly to each key concept. This cross-referencing helps the educator create a verbal presentation of the material for the parenting session. (See example on page 30.)*

Tools for Presentation

- *The first page indicates the necessary terms and materials or supplies for the topic (See example on page 28.)*

The three sections on this page include:

- Terms to Understand

Definitions the parenting educator or parent may need to know in order to understand and learn the concepts. Many of the terms used have multiple meanings, so it is important that educators have a clear understanding of how the terms are applied in a specific topic. If a term is not defined here, check the Glossary. The term may have been presented in a previous topic.

- Suggested Activities

The activity or designated *PIPE Activity Cards* can be used for giving a demonstration and for supervised parent-child interaction.

- Other Materials and Supplies

- *Summary list of Master Pages in the Parent Handouts Notebook*

- Parent Handouts

Additional resource pages are provided in a separate notebook to allow the parent educator to select appropriate handouts for presenting a lesson with a specific client. These pages vary in vocabulary level and level of detail. It is advisable that the parent educator select pages that will best suit each client's learning style and/or reading ability. Some of the pages (those with a high level of detail) are also printed in this teaching guide for the educator's personal study and preparation. (See further explanation of Parent

Handouts on pages 15-16, and an example list of master pages on page 29.)

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The Instructional Plan

• *This is the presentation outline for teaching the topic to the parent.*

An example Instructional Plan is found on pages 30-34.

It is recommended that all four components of the instructional model be included in each instructional session or home visit. When this is not possible, it is most helpful to “break” between the Presentation of Concepts and the Demonstration. First, each session begins with the presentation of concepts. Usually one or two concepts are presented using the instructional strategies for those concepts. Second, the parent educator does a demonstration. The parent educator models an activity that illustrates the topic concepts that were just presented. Third, is the supervised parent-child interaction where the parent practices an activity while the parent educator acts as a coach. Fourth, the session is brought to a close by using the questions or handouts found in the section called Evaluation.

Since it is best to introduce the concepts a few at a time, only the first session devoted to a topic will begin with the instructional strategy found in the Introduction of Topic. As the parenting educator gradually presents all the concepts she has selected as pertinent to her client, each session should begin with a review of the previous session. This will reconnect the parent to the topic content and allow the parenting educator to connect the previous session to the new concepts.

The demonstration component allows the parenting educator to choose from a variety of activities to model. This will allow the parenting educator to repeat the demonstration segment of the model as many times as is required to present all the concepts in a given topic. This is also true for the supervised parent-child interaction. Depending on what needs to be brought to the parent’s attention, the parenting educator will select appropriate questions from Evaluating the Parent-Child Interaction to use in facilitating a meaningful discussion.

During the last session of a topic, include one or more of the instructional strategies found in Topic Evaluation and Closure. If a parent needs more time and practice concerning the topic, more ideas for continuing the learning are suggested in the Topic Enhancers section.

Following this four-step procedure during each session with the parent(s) creates multiple benefits for all participants. It provides a predictable routine and structure so the parent, child, and parent educator all know what to expect. Clear expectations give a sense of security. Security allows levels of confidence to increase, and confidence encourages everyone to grow.

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Each Instructional Plan contains the following sequential components:

- *Outcomes* - A summary of the purpose and goals of the lesson.
- *The Four-step Instructional Process* - A repetitive process used to present the major concepts.

(1) Presentation of Concept(s):

The concepts of emotional development that are covered in each topic. The modified outline form includes *what to teach* and *how to teach it*.

What to teach -

Major concepts are identified by a large darkened box ■

Subconcepts, related to the major concept, are indicated by the use of a smaller dark box ■

How to teach it -

Specific learning strategies for teaching concepts are designated by use of an open box icon □

Introduction of Topic -

The educator must spark parent interest and also create relevance when the topic is first introduced. The topic introduction will do one of two things: It will either provide a concrete experience to relate topic concepts to, or it will allow parents to see a connection between personal experiences and the topic concept.

Key Concepts -

Focuses the educator on main ideas; highlights those emotional development concepts pertinent to the topic being presented.

(2) Demonstration:

Lists an activity that can be used multiple times *or* a variety of activities for the parenting educator to select from to show a parent how to do an activity with a child; turns conceptual learning into practical application.

(3) Supervised Parent-Child Interaction:

Describes what the parent and baby will do during the practice session.

(4) Evaluation:

Evaluating the Parent-Child Interaction -

Gives suggestions for guiding a reflective discussion with the parent as a follow-up to the supervised parent-child interaction.

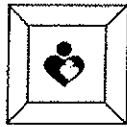
Topic Evaluation and Closure -

These activities allow the parenting educator an opportunity to assess if the parent understands the topic concepts and has

integrated the knowledge.

Topic Enhancers and Instructional Aids

- *Topic Enhancers* - The first page in this section (see example page 34). Ideas and additional activities to enhance or reinforce the topic's concepts.
- *Instructional Aids* - All subsequent pages in this section (see pgs. 35-44). Additional pages to assist the parent educator. Some of these pages are the answer keys for worksheets or instructions for conducting an activity. Some are information pages. If they are also appropriate to use with parents, they have been made available as an option in the *Parent Handouts* notebook. Discretion about their use is advised because the reading level of the material may not be appropriate for all parents.



Parent Handouts

Information pages, handouts, or worksheets developed specifically for each topic to enhance parent learning are organized in the *Parent Handouts* notebook and also provided on a CD-ROM for ease in printing copies. Handouts are available in both English and Spanish. Each topic's instructional plan will refer the parenting educator to the appropriate handout in the *Parent Handouts* notebook. At times a parent educator may want to duplicate pages for parents to keep. At other times a page might only be displayed as a tool for generating discussion. Some of the handouts are appropriate for parents with a limited reading ability and others for parents with a more advanced reading ability. Parenting educators will know best what their clients need. Some educators encourage clients to create a parenting notebook by collecting the handouts. For parenting groups, you may wish to make transparencies of selected pages for ease of instruction.

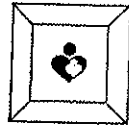
The *Parent Handouts* notebook is separated into the curriculum's three units: Listen, Love, and Play. A tabbed divider identifies each unit. Following each unit divider, a table of contents lists titles of all the unit handouts, organized by topics. Because the handouts given to any client will be selected on an individual basis by the parent educator, pages on the CD-ROM are not numbered. However, they are numbered in the notebook to assist in identifying which handouts to print for a particular parent session. Colored pages separate each unit's topics. Along the right-hand margin, all the topics in that unit are listed. A shiny tab over a topic title indicates that the handouts for that specific topic are found behind that divider.

An animal artwork page for each curriculum topic is provided in the *Parent Handouts* notebook as an option for various educational activities. For some clients, this page might effectively set the stage and mood for the topic. The

ABOUT THE CURRICULUM FORMAT

parent educator, who will know his client's learning style and preferences, can best determine whether to use this optional handout. It may simply be shown to the parent as part of the introduction to the topic, or after discussion it could become a page in the client's personalized parenting notebook. (Notice the varied examples in the *Parent Handouts* notebook.)

Educators are granted permission to make copies of the handouts and worksheets in the PIPE *Parent Handouts* notebook and on the CD-ROM *only* for distribution to the parent receiving PIPE instruction. Making copies for distribution among colleagues and co-workers is not permitted.



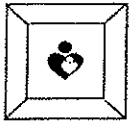
Use of Activity Cards

The activity cards have been created because they allow parents and children to have positive interactions and communication. The activities are easy to explain, and they prompt feelings of success when completed. The activity cards can be used by the educator to illustrate the concepts of a topic during the demonstration. They can also be used by the parent during the parent-child interaction. The same activity card may be used with a number of different topics. In one topic while doing the activity the parent might be asked to focus on what she is learning about her child's temperament, and in another topic she might be asked to focus on what the child was learning. The activity cards included in the curriculum package are master copies. The parenting educator should provide duplicated copies of the cards for parents to keep.

Blank activity cards also allow client-parents to collect new activities that they have created or that are remembered from their childhood or the parent-educator's childhood. Remember that the activities must correlate to the topic concepts being taught, and they need to encourage positive interaction and communication. It is best if the activities can be done fairly quietly, with little or no equipment, and in a small area.

The activity cards are numbered and titled. In those instances when it is appropriate to modify an activity for an infant or a toddler, we identify those activities by placing an "I" for *infant* and a "T" for *toddler* after the number. In some cases, we provide separate cards for age groups, for example, 84 is "Pat-A-Cake-Feet" and 85 is "Pat-A-Cake-Hands."

Educators are granted permission to make copies of the *PIPE Activity Cards only* for distribution to the parent receiving PIPE instruction. Making copies for distribution among colleagues and co-workers is not permitted.



What Makes the PIPE Model Work?

ABOUT
SUCCESS
WITH PIPE



It is based on sound educational and psychological research.



It is child-focused.



It utilizes the expertise of all *partners in the process*:

- parent
- baby
- parenting educator/home visitor
- family members
- childcare provider/child development specialist
- program supervisor/administrator



It is experiential.



It has a positive effect on the emotional relationship between a parent and his or her child.



It is fun!

Request for Proposal 2012-13

2012-229

Home Visitation Pregnancy Prevention Health and Substance Abuse Services for Temporary Assistance for Needy Families (TANF)

Scope of Work

Option One: Nurse Home Visitor Program

As stated in the RFP

Program Reports:

See Addendum A

Organizational Chart:

See Addendum B.

Qualifications:

Tri-County Health Department (TCHD) is the official public health agency serving Adams, Arapahoe and Douglas Counties. TCHD serves more than 1,250,000 residents, comprising over one-quarter of Colorado's population. The population of the Tri-County region is extremely diverse—very urban areas as well as suburban and rural areas, very low-income and very high-income communities, with residents representing a multitude of races and ethnicities.

TCHD was established in 1948 and is an experienced and well-respected provider of public health services with extensive knowledge of community needs and resources. It is the largest local public health department in Colorado with strong community links and a reputation for excellence. It is our **mission to protect, promote, and improve the health, environment and quality of life for the residents of Adams, Arapahoe, and Douglas counties.**

TCHD provides public health services in eleven sites, with special services available for low-income families. TCHD has four offices located in Adams County. Programs include immunizations, family planning and prenatal case management, improving adult and childhood nutrition through the WIC program, conducting restaurant inspections and assuring sanitation. In addition TCHD has the contract for Healthy Communities and provides Medicaid Presumptive Eligibility for pregnant women and children (Family Medicaid). TCHD also provides a Teen Family Planning clinic in our Northglenn location. TCHD has a contract with Community Reach to provide mental health services for clients and families requiring further assessment and treatment. In addition, TCHD has established a Memorandum of Understanding with Metro Crisis Services to assure proper referral and follow up for clients at risk for suicide. TCHD staff

Attachment C

Base Expenses-Year One Fees for a 12 month period					
Position/Base Expense	Description	(Column A) Agreement Allocation of Time/Fees	(Column B) Amount Salary and Benefit Fee	(Column C) 27.26% Overhead	Total Equals Column A * (B+C)
Supervisor Mary Doran RN	Provides supervision of Public health nurses & Admin Support	60%	\$80,749	\$22,012	\$61,656
Public Health Nurse Mary Margaret Fouse RN	Provides direct home visitation to TANF clients	80%	\$67,580	\$18,422	\$68,801
Public Health Nurse Katie Mousel RN	Provides direct home visitation to TANF clients	75%	\$72,137	\$19,664	\$68,851
Public Health Nurse Deborah Herrold RN	Provides direct home visitation to TANF clients	10%	\$57,328	\$15,627	\$7,295
Public Health Nurse	Provides direct home visitation to TANF clients	100%	\$70,200	\$19,136	\$89,336
Public Health Nurse	Provides direct home visitation to TANF clients	50%	\$70,200	\$19,136	\$44,668
Administrative Assistant Veronica Gonzales	Provides clerical	50%	\$44,928	\$12,247	\$28,587
Total of Base Expenses:					\$370,463
Budget Item	Description	Amount			
Base Expenses	Equals total of Base Expenses	\$ 370,463			
Printing	Printing of materials to be used on home visits to TANF clients	\$ 900			
Tuition for Training Courses	Amount in contract for training courses for nurses (6 X \$600)	\$ 3,600			
Office Supplies	Paper, pens, toner, etc.	\$ 1,000			
Mileage	Reimbursement of miles traveled by staff for home visitation	\$ 9,500			
Total:				\$385,463	

Attachment C

Base Expenses-Year Two Fees for a 12 month period					
Position/Base Expense	Description	(Column A) Agreement Allocation of Time/Fees	(Column B) Amount Salary and Benefit Fee	(Column C) 27.26% Overhead	Total Equals Column A * (B+C)
Supervisor Mary Doran RN	Provides supervision of Public health nurses & Admin Support	60%	\$82,344	\$22,447	\$62,874
Public Health Nurse Mary Margaret Fouse RN	Provides direct home visitation to TANF clients	80%	\$68,931	\$18,790	\$70,177
Public Health Nurse Katie Mousel RN	Provides direct home visitation to TANF clients	75%	\$73,551	\$20,050	\$70,200
Public Health Nurse Deborah Herrold RN	Provides direct home visitation to TANF clients	10%	\$58,458	\$15,935	\$7,439
Public Health Nurse	Provides direct home visitation to TANF clients	100%	\$71,604	\$19,519	\$91,123
Public Health Nurse	Provides direct home visitation to TANF clients	50%	\$71,604	\$19,519	\$45,561
Administrative Assistant Veronica Gonzales	Provides clerical	50%	\$45,826	\$12,492	\$29,159
Total of Base Expenses:					\$376,533

Budget Item	Description	Amount
Base Expenses	Equals total of Base Expenses	\$376,533
Tuition for Training Courses	Amount in contract for training courses for nurses (6 X \$600)	\$ 3,600
Office Supplies	Paper, pens, toner, etc.	\$ 1,000
Mileage	Reimbursement of miles traveled by staff for home visitation	\$ 9,500
Total:		\$390,633

Attachment C

Base Expenses-Year Three Fees for a 12 month period					
Position/Base Expense	Description	(Column A) Agreement Allocation of Time/Fees	(Column B) Amount Salary and Benefit Fee	(Column C) 27.26% Overhead	Total Equals Column A * (B+C)
Supervisor Mary Doran RN	Provides supervision of Public health nurses & Admin Support	60%	\$83,959	\$22,887	\$64,107
Public Health Nurse Mary Margaret Fouse RN	Provides direct home visitation to TANF clients	80%	\$70,262	\$19,153	\$71,532
Public Health Nurse Katie Mousel RN	Provides direct home visitation to TANF clients	75%	\$74,994	\$20,443	\$71,577
Public Health Nurse Deborah Herrold RN	Provides direct home visitation to TANF clients	10%	\$59,604	\$16,248	\$7,585
Public Health Nurse	Provides direct home visitation to TANF clients	100%	\$73,008	\$19,901	\$92,909
Public Health Nurse	Provides direct home visitation to TANF clients	50%	\$73,008	\$19,901	\$46,454
Administrative Assistant Veronica Gonzales	Provides clerical	50%	\$46,725	\$12,737	\$29,731
Total of Base Expenses:					\$

Budget Item	Description	Amount
Base Expenses	Equals total of Base Expenses	\$383,895
Tuition for Training Courses	Amount in contract for training courses for nurses (6 X \$600)	\$ 3,600
Office Supplies	Paper, pens, toner, etc.	\$ 1,000
Mileage	Reimbursement of miles traveled by staff for home visitation	\$ 9,500
Total:		\$397,995

not only provides preventative health services within the clinic setting, but also is extensively involved in multitude of Adams County community boards, advisory committees and coalitions examples are the 1451 Interagency Committee, Adams County Youth Initiative, and Adams County Early Childhood Council. Staff also participates in the Adams County Resource Committee as well as the Multidisciplinary Review Treatment (MRT) review team conducted by Adams County Child Welfare.

The Nursing Division of TCHD will implement, manage and support Adams County Human Services Department by assessing and addressing the needs of families on TANF in Adams County. We are working towards our agency’s mission “To protect, promote, and improve the health and environment and quality of life for the residents of Adams, Arapahoe and Douglas Counties”. The Nursing Division has a long history and extensive expertise in providing home visitation programs in the community. Nursing home visitation services around the country have existed for over two decades, and have demonstrated that these programs improve family life and reduce child abuse. They reduce mothers’ problems with substance abuse, as well as reducing her children’s alcohol, drug, and cigarette and crime statistics once they grow to be teens.

In 1999, TCHD contracted with Adams County Human Service Department (ACHSD) for the Mothers First Program. In 2004, health and parenting classes were added. The nurse provides health and parenting classes for ACHSD clients being served at community partner sites. Since 1999, TCHD has continuously provided ACHSD with these services.

Mothers First (MOF) is a long-term nurse case management program for pregnant and parenting women, most of whom receive TANF from ACHSD. Families may receive case management services for up to two years, depending on risk factors and needs of the family. The goal of the program is to enhance family function, expand parenting skills, increase self-sufficiency, and improve pregnancy outcomes. Families are referred to TCHD by ACHSD and ACHSD contractors (i.e., Community College of Aurora [CCA], Workforce Business Center [WBC], Goodwill, and the Center for Work, Education and Employment [CWEE]).

Table 1. MOF Program Referrals, Home Visits, and Clients, TCHD, 2007-2011

	2007	2008	2009	2010	2011
Referrals	201	180	173	177	200
Home Visits	739	989	948	1332	1269
Clients	108	123	94	101	112

Data Source: TCHD, Internal Program Data

Program Report and Evaluation:

For the past year TCHD has been exploring programs that would provide a method of documentation of nursing outcomes achieved by the MOF staff. During the past 8 months the nurses have piloted and trained on the implementation of the Omaha System. This system has

been implemented for over 30 years to evaluate both nursing and public health outcomes. As of October 1, 2012 the staff is utilizing this program with the Adams' County MOF program. The following is a brief description of the system.

The Omaha System was developed and revised through the use of four federally funded research projects from 1975 to 1993. It is a research-based, comprehensive practice and documentation standardized taxonomy or classification designed to document client care from admission to discharge. The Omaha System consists of three interrelated, reliable and valid components: the Problem Classification Scheme, the Intervention Scheme and the Problem Rating Scale for Outcomes. These three components provide a way to document client needs and strengths, describe interventions carried out by practitioners and measure the resulting client outcomes. It is meant to generate meaningful data following documentation of client care. TCHD will be using the Omaha System to document public health nursing practice in the Mothers First program. Use of the Omaha System in this program will allow the agency to accurately capture, describe and measure what the nurses in these programs do on a daily basis. In addition it will allow the programs to evaluate and compare program outcomes with other programs across the country.

In addition, a customer satisfaction survey is also conducted bi - annually to monitor not only client satisfaction, but quality assurance factors as well. The results of this report have been shared during contract meetings over time. The February 2012 customer service report is included as Addendum C.

Organizational Experience

The Nursing Division has a long history and extensive expertise in providing home visitation programs in the community. Nurse home visitation services around the country have existed for over two decades, and have demonstrated that these programs improve family life and reduce child abuse. They reduce mothers' problems with substance abuse, as well as reducing her children's alcohol, drug, and cigarette and crime statistics once they grow to be teens. Furthermore, TCHD has received both state and federal funding to implement the Nurse Family Partnership (NFP) program for over 10 years and is currently serving 300 families and has graduated over 200 families from this evidenced based nurse home visitation program in Adams, Arapahoe, and Douglas County. TCHD implemented the first Colorado NFP site in Adams County. The research conducted with the NFP supports that nurses are more successful in achieving short and long term goals through home visitation than paraprofessionals. (*Home Visitation by Paraprofessionals and by Nurses: A Randomized Controlled Trial*, David L. Olds, et. al., Pediatrics, 2002; 110 (3): 486-496). Each full time nurse (14 nurses) carries an ongoing caseload of 25 clients. The clients are all first time low – income mothers and the cumulative ETO (Efforts to Outcomes) data indicates that their demographics in Adams County are: White non-Hispanic, 43.4%, Hispanic 49.3%, Black, 3.9%, Asian, 2.1%, American Indian or Alaskan Native, 1.8 %. A recent Colorado Department of Public Health and Environment needs assessment completed to apply for federal funding indicated that Adams County and Pueblo had

the highest need for this program in the state. Mary Martin, Home Visitation Programs Unit Manager, Colorado Department of Public Health and Environment, is listed below as a reference for this program. A recent program budget and quarterly outcomes report is included as Addendum D and E.

Furthermore, TCHD began contracting with Arapahoe County Department of Human Services (ACDHS) in November of 2007 to provide nurse case management services to families with young children. This program focuses on enhancing family function, increasing positive parenting skills, health promotion, and optimizing self – sufficiency with the goal of decreasing the need for public assistance in the future. Since this time this program has provided these services to 450 families. Tammy Hoffman, Colorado Works Administrator, ACDHS, is listed as reference below for this program. A program report is included as Addendum F. The payment and fee schedule is included a Addendum G.

These are examples of comparable programs we provide. TCHD manages multiple state implemented public health programs that involve both state and federal funding. In the past two years TCHD was awarded a national 10 million dollar grant and met the federal fiscal and reporting requirements successfully with excellent outcomes.

Expertise and Personnel

Name and credentials	Position/Job Title	Experience	Portion of Time
Jeanne North, MSN, RN	Director of Nursing	13 year program development and over site MOF, Adams County, 7 years current position	.01%
Rita Beam , MS, RN	Perinatal Nurse Manager	6 years MOF over site, 12 years' experience home visiting, training and program development National Service office Nurse Family Partnership, 40 + years MCH experience	.025%
Mary Doran, BS RN	Nurse Program Coordinator	PHN in Mothers First Program at TCHD for 4 years. Previous experience includes pediatric nursing and domestic violence shelter casework	60%
Mary Margaret Fouse-Bishop, BS RN	Public Health Nurse (PHN)	PHN in Mothers First Program at TCHD for 5 years. Previous experience includes AmeriCorps and elementary education	80%
Katie Mousel, BS RN	Public Health Nurse	PHN in Mothers First Program at TCHD for 4 years. Previous experience includes women's health in hospital and office setting	75%
Deborah Herold, BS RN	Public Health Nurse	PHN in Mothers First Program at TCHD for 3 years. Previous experience includes overseas medical missionary work	10%
Vacant, recruitment and interviews initiated	Public Health Nurse	Minimum of bachelor of nursing degree, with related experience required	100%
Vacant, new hire will start October 22, 2012	Public Health Nurse	Minimum of bachelor of nursing degree, with related experience required	50%

Veronica Gonzalez	Administrative Assistant	Administrative assistant in MOF for 4 months and at TCHD for 5 years. Previous experience includes WIC educator ,immunization support	50%
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All nurses are graduates from either a Bachelors of Science in Nursing accredited program or a graduate level master's program. Each nurse is screened with an extensive background check before hire and attends a full orientation to the Public Health Nursing role immediately upon hire. During orientation these nurses are educated regarding confidentiality and HIPAA policies as well as all other TCHD policies, including Mandatory Reporting and core values.

An agency summary is included as Addendum H.

References for similar projects:

Mary Webb Martin, MSW, LCSW
Home Visitation Programs Unit Manager (Nurse Family Partnership)
Prevention Services Division, Women's Health Branch
Colorado Department of Public Health and Environment
4300 Cherry Creek Drive South, PSD-A4
Denver, CO 80246-1530
303-692-2321 | 800-886-7689 x2321 | FAX 303-691-7957
mary.w.martin@state.co.us

Tammy Hoffman
CO Works Administrator
Arapahoe County Dept. of Human Services
303-636-1771
thoffman@co.arapahoe.co.us

Angela W. Lytle
Children, Youth and Family Services
Division Manager
303-636-1966
aLytle@co.arapahoe.co.us

**Adams County
Mother's First/Brief Parenting
Report for
September 2012**

Tri-County Health Department/ Adams County Contracts
Mothers Fris/Brief Parenting

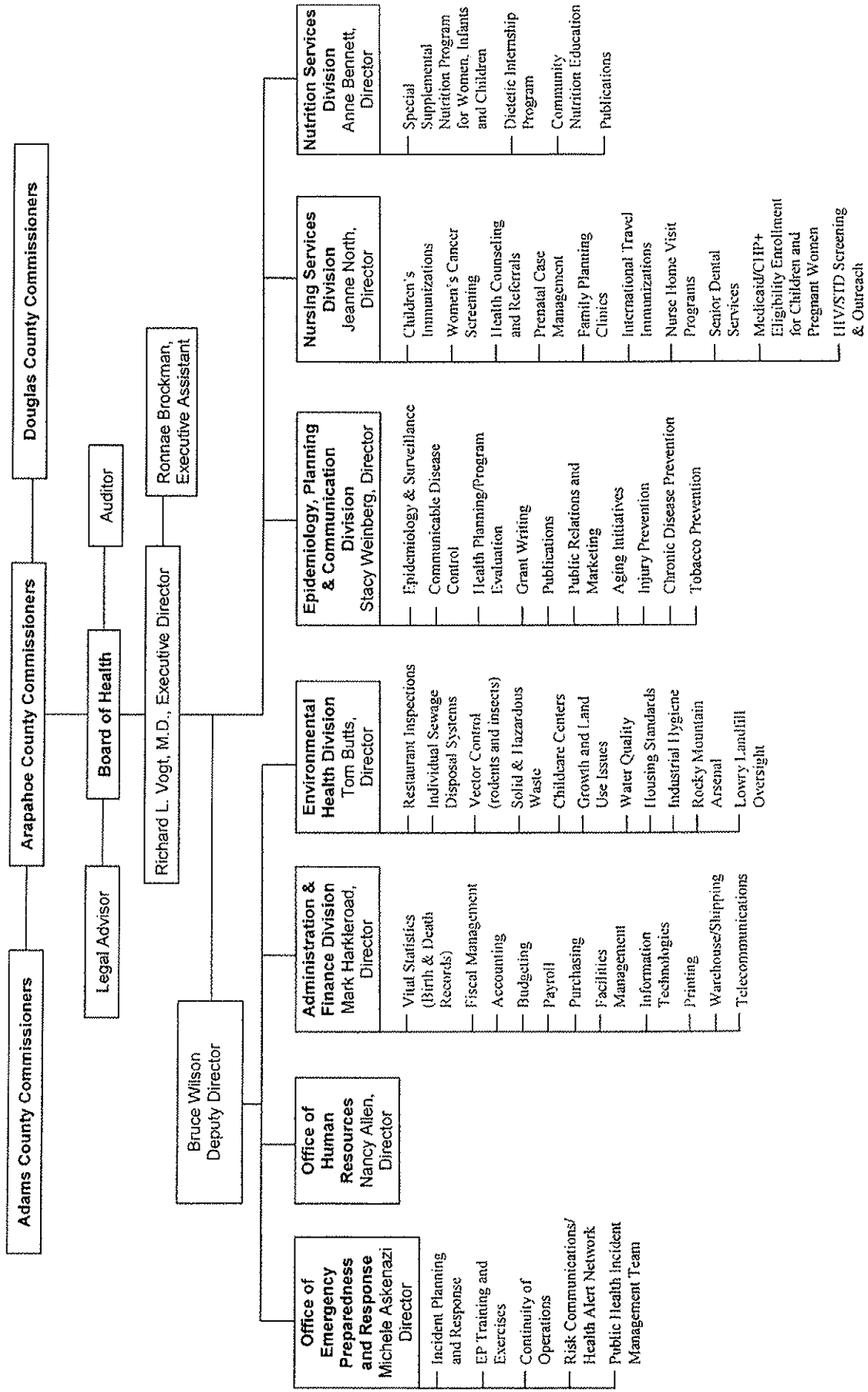
	Calendar Year 2012												2011		2010		
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD	YTD	YTD	YTD	
Total Number Referrals for Mothers Fris/Brief Parenting	16	21	16	22	17	22	16	30	*				160	112	95	95	
Number of Eligible Referrals Enrolled	11	19	14	7	8	11	11	9	*				90	53	64	64	
Number of Ineligible Referrals Referred to Other Programs	82	112	123	116	114	90	36	61	*				734	762	1184	1184	
Referrals Enrolled into program	4	6	5	0	2	4	14	8	*				43	8	0	0	
Referrals Pending	12	11	7	18	14	14	20	32	*				128	43	0	0	
Referrals not opened	0	4	4	4	1	4	4	12	*				33	61	0	0	
* Report Change- Numbers reflected here are the addition of both programs below, plus other TCHD program information.																	
Mother's First																	
2012																	
Calendar Year-to-Date																	
Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD	YTD	YTD	YTD	YTD	YTD
64	60	67	66	62	59	57	56	44				535	440	432	432		
13	20	9	16	13	15	17	26	A				129	102	89	89		
9	17	11	5	5	8	11	7	9				82	48	58	58		
13	10	12	9	8	10	12	17	7				98	53	49	49		
(A) Report Change- Numbers reflected here is the addition of both pending and waitlist.																	
Number involved with active Domestic violence	2	1	0	0	1	3	1	2				11	9	7	7		
Number on TANF	37	44	40	36	34	38	38	30				336	229	214	214		
Number in Protective Services	5	8	6	6	10	9	8	11				75	57	63	63		
Number Reporting Using Birth Control *	26	28	29	36	32	32	39	34				295	263	279	279		
Number Pregnant or Postpartum	32	34	32	22	25	25	21	24				235	137	144	144		
Quitline	2	4	2	0	1	3	2	3				17	8	14	14		
Total Number of Home Visits Completed	86	109	96	98	86	89	96	87				820	613	680	680		
Telephone Consults	4	12	7	6	10	1	2	2				45	10	6	6		
Number of Home Visits Attempted & Not Found	21	12	19	19	25	32	13	5				162	154	103	103		
Active Caseload at End of Month	60	67	66	62	59	57	56	44				517	435	441	441		
Brief Parenting Program																	
2012																	
Calendar Year-to-Date																	
Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD	YTD	YTD	YTD	YTD	YTD
5	5	6	9	9	8	10	11	10				73	38	32	32		
3	1	7	6	4	7	3	4	B				35	10	6	6		
2	2	3	2	3	3	3	1	1				20	5	6	6		
2	1	0	2	4	1	2	2	2				16	10	3	3		
(B) Report Change- Numbers reflected here is the addition of both pending and waitlist.																	
Number involved with active Domestic violence	0	0	1	0	0	1	2	1				5	0	1	1		
Number on TANF	5	4	7	7	8	8	9	11				69	18	15	15		
Number in Protective Services	2	1	2	4	3	3	2	3				20	16	17	17		
Number Reporting Using Birth Control *	6	5	8	8	9	7	10	12				73	36	18	18		
Number Pregnant or Postpartum	0	0	0	0	1	1	0	0				2	6	0	0		
Quitline	0	0	1	1	1	1	1	2				8	4	1	1		
Total Number of Home Visits Completed	6	9	14	14	15	16	21	13				118	48	52	52		
Telephone Consults	1	2	1	2	0	6	0	1				13	5	1	1		
Number of Home Visits Attempted & Not Found	3	3	2	8	2	3	1	5				32	13	4	4		
Active Caseload at End of Month	5	6	9	9	8	10	11	10				77	33	35	35		

Referring Sources: CCA_5_ CWEE_2_ Goodwill_6_ WBC_1_ Other_8_

Tri-County Health Department
 Adams County Contracts
 Mothers First/Brief Parenting
 Fiscal Year 2012-2013

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	FYTD	11-12 YTD	10-11 YTD
Total number of referrals for Mothers First Program and Brief Parenting	16	30	*										46	217	213
Number of eligible referrals enrolled	11	9	*										20	124	105
Number of ineligible referrals referred to other programs	36	61	*										97	1178	1671
Referrals enrolled into program	14	8	*										22	42	NA
Referrals pending	20	32	*										52	136	NA
Referrals not opened	4	12	*										16	40	NA
* Report Change- Numbers reflected here are the addition of both programs below, plus other TCHD program information.															
Mothers First															
FY 12-13															
Active Caseload at Beginning of Month	57	56	44										57	68	75
Total Number of referrals eligible for Mother's First	17	26	A										43	184	190
Total Number enrolled into Mother's First (any month)	11	7	9										27	119	91
Total Number of Closures (any month)	12	17	7										36	132	100
(A) Report Change- Numbers reflected here is the addition of both pending and waitlist.															
Number Involved with active Domestic violence	3	1	2										3	1	1
Number on TANF	39	38	30										39	38	40
Number in Protective Services	8	12	11										8	10	10
Number On Active Birth Control	39	39	34										39	34	45
Number Pregnant or Postpartum	21	24	20										21	31	26
Outline	2	3	0										2	2	2
Total Number of Home Visits Completed	96	87	73										96	102	105
Telephone Consults	2	2	1										2	5	2
Number of Home Visits Attempted & Not Found	13	5	16										13	23	24
Active Caseload at End of Month	56	44	46										56	67	74
FY 12-13															
Brief Parenting															
Active caseload at Beginning of month	10	11	10										10	6	7
Total number of referrals eligible for Brief Parenting	3	4	B										7	33	23
Total Number Enrolled into Brief Parenting (any month)	3	1	1										5	23	16
Total Number of Closures (any month)	2	2	2										6	18	20
(B) Report Change- Numbers reflected here is the addition of both pending and waitlist.															
Number involved with active Domestic violence	2	1	0										2	0	0
Number on TANF	9	11	10										9	5	5
Number in Protective Services	2	3	0										2	2	2
Number Reported Using Birth Control	10	12	8										10	6	6
Number Pregnant or Postpartum	0	0	0										0	0	1
Outline	1	2	1										1	1	1
Total Number of Home Visits Completed	21	13	10										21	11	9
Telephone Consults	0	1	0										0	1	0
Number of Home Visits Attempted & Not Found	1	5	5										1	3	3
Active Caseload at End of Month	11	10	9										11	6	6
FY 12-13															
Classes	Total Hours		Location		# Hours YTD		# Classes YTD								
Birth Control	1:15	1	CHAFEE	Birth Control		3	Birth Control								
Relationship Parenting				Relationship Parenting		0	Relationship Parenting								
STI	1:15	1	CHAFEE	STI		3	STI								

Tri-County Health Department Organizational Chart



Addendum C

Mothers First – Arapahoe County Client Satisfaction Survey results

Surveys were sent in August 2012 to all active cases. 83 surveys sent, 12 returned as undeliverable, 6 returned completed, 22% response rate.

1. What did you like most about the program?

- Just having someone to get useful information from!
- Nurse was patient with my situation
- I like that my nurse is knowledgeable, has a lot of resources, and can meet me just about anywhere
- That my nurse is very attentive to my needs
- I like that the nurse knew what I was dealing with

2. What did you like least about the nursing visit program?

- Difficult to get into the program
- No complaints!
- Nothing-3
- My nurse didn't look professional

3. How likely are you to recommend this program to a friend or family member (1 being not likely and 5 being very likely)?

Average 3.83 (#5 - 3, #3-2, #2-1)

4. Did the nurse complete tasks, follow through with information, in a timely manner?

- Yes-4
- Absolutely!

5. How knowledgeable was the nurse that visited you (1 being not knowledgeable and 5 being very knowledgeable)?

Average 4.16 (#5 -3, #4-1, #3-2)

6. How often was your nurse late to your appointments (1 being often and 5 being never)?

Average 4.33 (#5 - 3, #4 - 2, #3-1)

10. Anything else you'd like us to know?

- She is great! I feel blessed that she is my nurse.
- She is always very kind and patient. Appears to be very dedicated to her line of work. Very informative young lady.
- She knew what info I would need or got it to me right away. She even helped us get info to help pay some bills and look for new doctor's to take the kids too. I love this program!
- She is an excellent nurse, always positive with good advice, always has good suggestions. Thank you so much to my nurse and Mothers First
- The nursing program has been great in helping me maintain and reach my goals.
- My nurse is awesome!
- My nurse is a remarkable home nurse. She went above and beyond for our family and she always gave us something to look forward to, our home visits. Excellent employee!
- Not only was my nurse very knowledgeable and helpful, she was just very pleasant to be around. We enjoyed working with her very much.
- My nurse is a great nurse. =)
- My nurse is great. My son enjoys her and so do I. I am very grateful for her.
- My nurse is an awesome nurse!!

NHVP Attachment C1

Addendum D

FY2012-13 Proposed Budget for the period of July 1, 2012 through June 30, 2013

COUNTY:

Project Name:

	Annual Salary Rate	No. of months Budget	FTE	FY 12/13 BUDGET 2012 to June 30, 2013			July 1,	TOTAL CDPHE FY12/13 CONTRACT BUDGET (B+C)
				A. Other Sources of Funding *1	B. Medical Estimate *2	C. CDPHE FUNDING (NHVP) *3		
PERSONAL SERVICES (Detail Expenses)				BUDGET				
Personal Services (Title and Name)								\$0
Carlson, Lori - PHN	40839	12	0.80			\$32,671		\$32,671
Dawson, Karen - PHN	32691	12	0.60			\$19,615		\$19,615
Herington, Sarah - PHN	49804	12	1.00			\$49,804		\$49,804
Johnson, Melissa - PHN	48759	12	1.00			\$48,759		\$48,759
MacLeod, Sarah - PHN	52469	12	1.00			\$52,469		\$52,469
Maldonado, Melissa - Bus Suppt	33618	12	1.00			\$33,618		\$33,618
Milner, Lindsay - PHN	40065	12	0.80			\$32,052		\$32,052
Montgomery, Angela - PHN	49804	12	1.00			\$49,804		\$49,804
Moua, Lisa - Clinic Supt	13858	12	0.50			\$6,929		\$6,929
Pederson, Mary - PHN	49825	12	1.00			\$49,825		\$49,825
Russell, Chris - PHN	52882	12	0.80			\$42,306		\$42,306
Stevenson, Kathryn - PHN	37570	12	0.75			\$28,178		\$28,178
Welch, Anne - PHN	63214	12	1.00			\$63,214		\$63,214
Bahrenburg, Diane - PHN	15676	12	0.25			\$3,919		\$3,919
								\$0
								\$0
								\$0
								\$0
								\$0
								\$0
								\$0
Contractual/Fee for Service								\$0
								\$0
								\$0
								\$0
								\$0
Supervising Personnel								\$0
Bahrenburg, Diane - Nurse Supv	31351	12	0.50			\$15,676		\$15,676
Haron, Barbara - Nurse Supv	48104	12	0.75			\$36,078		\$36,078
								\$0
								\$0
								\$0
Fringe Benefits: Rate =	35%					\$197,721		\$197,721
								\$0
1. TOTAL PERSONAL SERVICES								\$762,838
OPERATING (Detail Expenses)				BUDGET				
Office Operating Expenses (i.e. supplies, pens, etc)				\$3,750				\$0
Client Support Materials				\$5,700				\$0
Printing & Publications				\$7,760				\$0
Postal & Shipping Services				\$750				\$0
Communications (long distance, cellular and network service)				\$12,132				\$0
Medical Supplies				\$600				\$0
Outside Services				\$0				\$0
								\$0
								\$0
2. TOTAL OPERATING				\$30,692	\$0	\$0		\$0
EQUIPMENT (Detail Expenses)				BUDGET				

Addendum E

Nurse-Family Partnership Quarterly Report for CO - Tri-County NFP Data through 30JUN12

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Table 1: 2nd Quarter 2012 - Enrollment and Caseload

NFP Team	New Clients Enrolled		Graduation & Attrition		Caseload		YTD	
	New Clients Enrolled	All Clients Enrolled by 15 Weeks Gestation	Client's Transferred Out	Client's Transferred In	Client's Served	Client's at End of Year	Value Added	Value Returned
Tri-County Team 1	27	43.5% (10)	3	18	161	155	237	304
Tri-County Team 2	36	36.7% (11)	19	6	107	124	221	237
Tri-County NFP TOTAL	63	41.2% (21)	22	24	268	279	458	541
CO State Total	360	41.1% (131)	202	11	2402	2090	2635	4652
National Total	5048	46.7% (2083)	1872	54	27225	19021	41061	45871

Infancy - Child is less than 12 months of age.
 Toddler - Child is 12 to 24 months of age.
 All numbers in this table were based on non-cumulative data for the quarter ending 30JUN12.
 \$ % (n) n = frequency. Only those clients who had a Maternal Health Assessment Form entered into the ETO and had EDD information on the form are included in this analysis.
 † Includes client chibros:
 - client has not been dietitized.
 - the client is less than 28 months old.
 - the client has not had a follow-up visit or informative encounter within 6 months of the end of the quarter.
 # Clients who transferred into program from another program. Not included in enrolled count.
 * Clients who transferred out of program and enrolled in a different program. This number is included in the drop count and attrition calculations.
 Note: Data should be interpreted carefully when sample sizes are small.
 Note: In interpreting these data, it is important to note that they are based upon nurses' interviews with mothers and nurses' reports of visits; they reflect the health and behavior of those participants who remained in the program at the specified time periods, and there is no control group.

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Table 2: 2nd Quarter 2012 - Client Characteristics at Intake

NFP Team	New Clients Enrolled	% (n) in Each Age Group									
		0-15	16-24	25-34	35-44	45-54	55-64	65-74	75-84	85-94	95-104
Tri-County Team 1	27	0% (0)	14.8% (4)	23.3% (7)	44.4% (12)	14.8% (4)	0% (0)	0% (0)	0% (0)	0% (0)	15% (4)
Tri-County Team 2	36	2.8% (1)	5.6% (2)	16.7% (6)	56.6% (20)	13.9% (5)	5.6% (2)	0% (0)	0% (0)	0% (0)	21.4% (8)
Tri-County NFP TOTAL	63	1.6% (1)	9.5% (6)	20.6% (8)	50.8% (26)	14.3% (8)	3.2% (2)	0% (0)	0% (0)	0% (0)	18.8% (8)
CO State Total	360	4.6% (6)	14.7% (56)	24.4% (60)	37.6% (143)	15.5% (56)	1.8% (6)	1.8% (6)	0% (0)	0% (0)	23.8% (87)
National Total	5048	2.6% (13)	21.8% (109)	28.2% (132)	31.7% (155)	10.7% (52)	5.9% (29)	8% (39)	17.1% (85)	12.1% (60)	30.0% (150)

NFP Team	Use of Financial Assistance		
	% (n) Poor	% (n) Free	% (n) TANF
Tri-County Team 1	18.5% (5)	55.3% (16)	3.7% (1)
Tri-County Team 2	2.8% (1)	52.8% (19)	0% (0)
Tri-County NFP TOTAL	14.3% (9)	55.6% (35)	1.6% (1)
CO State Total	14.2% (51)	59.8% (226)	3.4% (13)
National Total	27% (1361)	70.5% (2568)	4.7% (237)

All numbers in this table were based on non-cumulative data for the quarter ending 30JUN12.
 \$ % (n) n = frequency. EDD and health care coverage other than Medicaid began October 1, 2008.
 # Income ranges changed as of 1/01/10 to conform to Federal data collection.
 * Clients reported as dependent on Parent or Guardian excluded from household income calculation.
 Note: Clients without a valid date of birth excluded from age calculations.
 Note: Age group numbers may not total to clients enrolled due to missing values.
 Use of financial assistance: Denominator is the number of clients with a completed Use of Government and Community Form at intake. Clients may choose multiple services.

Note: Data should be interpreted carefully when sample sizes are small.
 Note: In interpreting these data, it is important to note that they are based upon nurses' interviews with mothers and nurses' reports of visits; they reflect the health and behavior of those participants who remained in the program at the specified time periods, and there is no control group.

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Table 6: Cumulative - Race and Ethnicity

NFP Team	New Clients Enrolled	Ethnicity				Race				
		(N) % Hispanic (D) White	(N) % Hispanic (D) White	(N) % Hispanic (D) White	(N) % Hispanic (D) White	(N) % White (D) Black	(N) % White (D) Black	(N) % White (D) Black	(N) % White (D) Black	
Tri-County Team 1	769	43.4% (334)	0.8% (6)	6.5% (50)	1.8% (14)	2.1% (16)	3.9% (30)	48.5% (373)	5.5% (41)	35.9% (281)
Tri-County Team 2	824	51.8% (423)	35.8% (293)	0.5% (4)	2.1% (17)	0.3% (3)	0.2% (2)	27.5% (226)	4.7% (38)	36% (297)
Tri-County NFP TOTAL	1593	48.9% (777)	42.8% (352)	0.6% (5)	1.9% (15)	2.2% (17)	9% (70)	43.3% (343)	4.2% (33)	35% (283)
CO State Total	14866	48.2% (7362)	44.1% (6612)	0.4% (60)	2.6% (385)	1.4% (203)	4% (603)	48.5% (7247)	3% (455)	37.1% (5585)
National Total	145208	85% (94358)	23.4% (24029)	0.5% (774)	3.9% (5232)	1.6% (211)	22.6% (29843)	42.7% (57048)	4.1% (5453)	22.1% (29222)

\$ (%): n = clients enrolled
 Note: Data shown in this table were based on cumulative data from program initiation through the end of the quarter.
 Note: Data shown in this table were based on cumulative data from program initiation through the end of the quarter.
 Note: In interpreting these data, it is important to note that they are based upon nurses' interviews with mothers and nurses' reports of visits; they reflect the health and behavior of those participants who remained in the program at the specified time periods; and there is no control group.

Note: Race and ethnicity data collected prior to 10/1/2010 has been reclassified to newer categories which are not applicable. Clients who had been classified as belonging to the old "Race" categories are now classified as "White Non-Hispanic" or "Black Non-Hispanic" and their race will equal "Missing". Clients formerly classified as "White Non-Hispanic" now show up with a Race of White and Ethnicity of "Not Hispanic or Latino". Clients previously identified as American Indian, African-American or Asian/Pacific Islander retain the same Race but will show an Ethnicity of "No Response".

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Table 5: Cumulative - Client Characteristics at Intake

NFP Team	New Clients Enrolled	Use of Financial Assistance									
		(N) % Medicaid (D) Private Health Insurance	(N) % Medicaid (D) Private Health Insurance	(N) % Medicaid (D) Private Health Insurance	(N) % Medicaid (D) Private Health Insurance	(N) % Medicaid (D) Private Health Insurance	(N) % Medicaid (D) Private Health Insurance	(N) % Medicaid (D) Private Health Insurance	(N) % Medicaid (D) Private Health Insurance	(N) % Medicaid (D) Private Health Insurance	(N) % Medicaid (D) Private Health Insurance
Tri-County Team 1	769	3.8% (29)	32.4% (249)	8.5% (65)	2.5% (19)	45.0% (341)	7% (49)	18.9% (144)	19.1% (145)	18.9% (144)	
Tri-County Team 2	824	3.8% (31)	31.4% (259)	9.6% (79)	3.4% (28)	50.5% (415)	3.4% (28)	18% (148)	18% (148)	20.2% (167)	
Tri-County NFP TOTAL	1593	3.7% (29)	31.9% (254)	9.0% (72)	2.9% (23)	47.8% (382)	3.8% (30)	18.4% (146)	18.4% (146)	19.5% (155)	
CO State Total	14589	2.4% (363)	32.3% (4729)	10.3% (1504)	5.5% (802)	48.5% (7022)	3.8% (554)	18.4% (2653)	18.4% (2653)	21.8% (3165)	
National Total	145208	2.8% (4172)	35.8% (51827)	9.4% (13625)	4.2% (6023)	47.4% (68493)	3.8% (5493)	18.4% (2653)	18.4% (2653)	21.8% (3165)	

NFP Team	Median Household Income (Dollars)	Use of Financial Assistance			
		(N) % Medicaid (D) Private Health Insurance	(N) % Medicaid (D) Private Health Insurance	(N) % Medicaid (D) Private Health Insurance	(N) % Medicaid (D) Private Health Insurance
Tri-County Team 1	15000 (3000 - 45000)	11.4% (88)	86.8% (673)	1.8% (14)	84.1% (657)
Tri-County Team 2	15000 (3000 - 45000)	10.8% (90)	83.1% (673)	3.8% (31)	72.2% (592)
Tri-County NFP TOTAL	15000 (3000 - 45000)	11.2% (92)	85.9% (673)	2.8% (23)	78.4% (625)
CO State Total	15000 (3000 - 45000)	12.6% (1826)	87.3% (11965)	3.2% (477)	66.5% (9242)
National Total	5000 (3000 - 45000)	19.7% (28640)	65.7% (95375)	6.2% (9028)	70.8% (102422)

\$ (%): n = frequency
 All numbers in this table were based on cumulative data from program initiation through the end of the quarter.
 Data collection of GED completion began October 1, 2006.
 Income ranges changed as of 1/1/10 to conform to Federal data collection practices. Reported median represents the midpoint of the median range.
 Clients reported as dependent on Parent or Guardian excluded from household income calculation.
 Clients who transferred into program from another program. Not included in enrolled count.
 Clients who transferred out of program and enrolled in a different program. This number is included in the drop count and attrition calculations.

Note: Data should be interpreted cautiously when sample sizes are small.
 Note: In interpreting these data, it is important to note that they are based upon nurses' interviews with mothers and nurses' reports of visits; they reflect the health and behavior of those participants who remained in the program at the specified time periods; and there is no control group.

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Table 9: Cumulative - Gestational Age at Intake

NFP Team	# of Clients Enrolled	Mean Gestational Age (Months of Intake)	% of Clients Enrolled at 18 Months or Greater	% of Clients Enrolled at 20 Months or Greater
Tri-County Team 1	707	18	45% (304)	30.4% (213)
Tri-County Team 2	743	20	35.9% (267)	37.3% (278)
Tri-County NFP TOTAL	1450	19	39.4% (571)	33.8% (491)
CO State Total	14094	18	45.5% (6405)	35.3% (5010)
National Total	134889	18	45% (60655)	33.3% (45017)
NFP Objective			57% of clients	100%

All numbers in this table were based on cumulative data from program initiation through the end of the quarter.
 %: n = frequency
 # Number of clients with a Maternal Health Survey who reported an expected due date (EDD).

Note: Data should be interpreted carefully when sample sizes are small.

Note: In interpreting these data, it is important to note that they are based upon nurses' interviews with mothers and nurses' reports of visits; they reflect the health and behavior of those participants who remained in the program at the specified time periods, and there is no control group.

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Table 10: Cumulative - Attrition During Pregnancy

NFP Team	Total Pregnancies	% of Total Pregnancies	% of Total Pregnancies	% of Total Pregnancies	% of Total Pregnancies	% of Total Pregnancies	% of Total Pregnancies	% of Total Pregnancies	% of Total Pregnancies	% of Total Pregnancies	% of Total Pregnancies	% of Total Pregnancies
Tri-County Team 1	705	12.6% (89)	1.3% (9)	2.3% (16)	3.5% (25)	0% (0)	0% (0)	0.3% (2)	1.1% (8)	0% (0)	0.4% (3)	0.4% (3)
Tri-County Team 2	754	8.5% (67)	1.6% (12)	2.1% (15)	2.1% (16)	0% (0)	0% (0)	0.1% (1)	0.5% (4)	0% (0)	0% (0)	0.1% (1)
Tri-County NFP TOTAL	1459	10.7% (156)	1.4% (21)	2.2% (32)	2.8% (41)	0% (0)	0% (0)	0.2% (3)	0.8% (12)	0% (0)	0.2% (3)	0.2% (4)
CO State Total	14165	13% (1840)	1.7% (237)	4.2% (585)	2.2% (307)	0% (0)	0% (0)	0.3% (44)	0.5% (64)	0.1% (18)	0.1% (18)	0.2% (27)
National Total	132675	15.7% (20878)	1.8% (2443)	3.2% (4290)	3.3% (4395)	2%	0%	0.4% (584)	0.6% (778)	0.2%	0.1% (145)	0.2% (233)
NFP Objective		10% of clients										

All numbers in this table were based on cumulative data from program initiation through the end of the quarter.
 %: n = frequency
 # Number of clients who were in the program at the time of the birth of the child.

Note: Data should be interpreted carefully when sample sizes are small.

Note: In interpreting these data, it is important to note that they are based upon nurses' interviews with mothers and nurses' reports of visits; they reflect the health and behavior of those participants who remained in the program at the specified time periods, and there is no control group.

Table 11(cont): Cumulative - Attrition During Infancy

NFP Team	% (n) Prenatal Attrition Due to Ineligibility	% (n) Attrition Due to Ineligibility	% (n) Attrition Due to Ineligibility	% (n) Attrition Due to Ineligibility	% (n) Attrition Due to Ineligibility	% (n) Attrition Due to Ineligibility	% (n) Attrition Due to Ineligibility	% (n) Attrition Due to Ineligibility	% (n) Attrition Due to Ineligibility
Tri-County Team 1	32.2% (194)	0.2% (1)	0% (0)	0% (0)	0% (0)	0% (0)	0.2% (1)	0% (0)	0% (0)
Tri-County Team 2	34.5% (235)	0% (0)	0% (0)	0.1% (1)	0% (0)	0% (0)	0.5% (6)	0% (0)	0% (0)
Tri-County NFP TOTAL	33.4% (429)	0.1% (1)	0% (0)	0.1% (1)	0% (0)	0% (0)	0.5% (7)	0% (0)	0% (0)
CO State Total	33.8% (4,197)	0.1% (8)	0.8% (77)	0% (1)	0.3% (40)	0% (5)	4.7% (555)	0% (1)	0% (0)
National Total	33.4% (39,370)	0% (51)	0.5% (577)	0% (40)	0.4% (40)	0% (35)	5.4% (6,383)	1.8% (2,161)	0% (1)
NFP Cohort	33.4%	0%	0%	0%	0%	0%	5.4%	1.8%	0%

Infancy phase extends from the first postpartum visit to infant age < 12 months.
 All numbers in this table were based on cumulative data from program initiation through the end of the quarter.
 \$ % (n) : n = frequency
 * Clients who have, or should have completed infancy had they remained in the program.
 Note: Data should be interpreted carefully when sample sizes are small.
 Note: In interpreting these data, it is important to note that they are based upon nurses' interviews with mothers and nurses' reports of visits; they reflect the health and behavior of those participants who remained in the program at the specified time periods; and there is no control group.

Table 12: Cumulative - Attrition During Toddlerhood

NFP Team	% (n) Prenatal Attrition Due to Ineligibility	% (n) Attrition Due to Ineligibility	% (n) Attrition Due to Ineligibility	% (n) Attrition Due to Ineligibility	% (n) Attrition Due to Ineligibility	% (n) Attrition Due to Ineligibility	% (n) Attrition Due to Ineligibility	% (n) Attrition Due to Ineligibility	% (n) Attrition Due to Ineligibility	% (n) Attrition Due to Ineligibility	% (n) Attrition Due to Ineligibility	% (n) Attrition Due to Ineligibility
Tri-County Team 1	4.8% (23)	0% (0)	0% (0)	0.4% (2)	0% (0)	1.8% (8)	0% (0)	0.2% (1)	0% (0)	0% (0)	0% (0)	0% (0)
Tri-County Team 2	5.4% (32)	0% (0)	0% (0)	1% (6)	0% (0)	1.6% (11)	0.5% (3)	0% (0)	0.2% (1)	0.2% (1)	0.2% (1)	0.2% (1)
Tri-County NFP TOTAL	5.1% (55)	0% (0)	0% (0)	0.7% (5)	0% (0)	1.7% (12)	0.7% (5)	0% (0)	0.2% (1)	0.2% (1)	0.2% (1)	0.2% (1)
CO State Total	5.7% (649)	0% (4)	0% (1)	1.4% (163)	0% (1)	1.1% (122)	0.7% (79)	0% (1)	0% (1)	0% (1)	0% (1)	0% (1)
National Total	4.3% (3,850)	0.1% (85)	0% (7)	2.7% (2,807)	0% (16)	0.7% (785)	0.5% (525)	0% (22)	0% (22)	0% (22)	0% (22)	0% (22)
NFP Cohort	4.3%	0.1%	0%	2.7%	0%	0.7%	0.5%	0%	0%	0%	0%	0%

Toddlerhood phase extends from infant age > 12 months to 24 months.
 All numbers in this table were based on cumulative data from program initiation through the end of the quarter.
 \$ % (n) : n = frequency
 * Clients who have, or should have completed toddlerhood had they remained in the program.
 Note: Data should be interpreted carefully when sample sizes are small.
 Note: In interpreting these data, it is important to note that they are based upon nurses' interviews with mothers and nurses' reports of visits; they reflect the health and behavior of those participants who remained in the program at the specified time periods; and there is no control group.

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Table 14: Cumulative - Frequency and Duration of Visits During Infancy

NFP Team	Number of Clients Who Could Have Completed Infancy		Mean Number of Completed Infancy Visits (Mean (Range))		Mean Visit Time (Minutes)		Mean Percent of Completed Infancy Visits	
	N Potential Completers	N Actual Completers	N Potential Completers (Mean (Range))	N Actual Completers (Mean (Range))	N Potential Completers (Mean (Range))	N Actual Completers (Mean (Range))	% Potential Completers	% Actual Completers
Tri-County Team 1	595	333	15.2 (1-36)	19.2 (1-36)	68 (5-755)	68 (0-300)	45%	68%
Tri-County Team 2	565	389	14.2 (1-30)	17.7 (1-30)	69 (0-300)	69 (0-300)	44%	83%
Tri-County NFP TOTAL	1260	722	14.7 (1-36)	18.4 (1-36)	68 (0-755)	69 (0-300)	45%	66%
CO State Total	12481	6921	15.7 (1-43)	19.9 (1-43)	70 (0-1530)	70 (0-1530)	46%	72%
National Total	114836	58967	14.3 (1-66)	18.3 (1-66)	72 (0-47037)	72 (0-9045)	41%	65%
NFP Objective			17.8 (Target)	27 (Max)	At least 60 minutes	At least 60 minutes	65% (Target)	65% (Target)

Includes clients who remained in the program after the birth of their child and whose child would have reached 12 months of age prior to the end of the report quarter.
 All numbers in this table were based on cumulative data from program initiation through the end of the quarter.
 † Total clients includes all clients who have completed the infancy phase of the program, or would have completed infancy by the end of the quarter if they had stayed in the program.
 ‡ Infancy completers refer to clients who have had at least one visit after 11 months post-partum.
 § Other than through 12 months post-partum.
 ¶ NFP Objective is that clients will receive 17 standard visits (17-19 visits).
 Clients who have chosen flexible scheduling will have an individualized visit schedule which may vary from the standard schedule. Table 14 assesses all clients according to the standard visit schedule, without adjustment for flexible scheduling.

Note: Data should be interpreted carefully when sample sizes are small.

Note: In interpreting these data, it is important to note that they are based upon nurses' interviews with mothers and nurses' reports of visits; they reflect the health and behavior of those participants who remained in the program at the specified time periods; and there is no control group.

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Table 15: Cumulative - Frequency and Duration of Visits During Toddlerhood

NFP Team	Number of Clients Who Could Have Completed Toddlerhood		Mean Number of Completed Toddlerhood Visits (Mean (Range))		Mean Visit Time (Minutes)		Mean Percent of Completed Toddlerhood Visits	
	N Potential Completers	N Actual Completers	N Potential Completers (Mean (Range))	N Actual Completers (Mean (Range))	N Potential Completers (Mean (Range))	N Actual Completers (Mean (Range))	% Potential Completers	% Actual Completers
Tri-County Team 1	450	187	12.6 (1-34)	15.5 (4-34)	88 (5-190)	89 (5-170)	20%	66%
Tri-County Team 2	580	227	11.7 (1-29)	14.1 (1-29)	87 (0-660)	87 (0-660)	26%	62%
Tri-County NFP TOTAL	1030	414	12.1 (1-34)	14.8 (1-34)	88 (0-660)	88 (0-660)	27%	65%
CO State Total	11866	4371	14 (1-65)	16.6 (1-65)	70 (0-1570)	70 (0-1570)	30%	73%
National Total	100179	37695	12.6 (1-59)	15 (1-59)	71 (0-9078)	72 (0-9078)	25%	61%
NFP Objective			12.5 (Target)	22 (Max)	At least 60 minutes	At least 60 minutes	60% (Target)	60% (Target)

All numbers in this table were based on cumulative data from program initiation through the end of the quarter.
 † Includes all clients who have completed the toddler phase of the program, or would have completed toddlerhood by the end of the quarter if they had stayed in the program.
 ‡ Toddler phase completers refer to clients who have had at least one visit after 23 months post-partum.
 § The standard visit schedule during toddlerhood is every other week from 13 to 20 months post-partum; then once a month from 21 to 24 months post-partum.
 ¶ NFP Objective is that clients will receive 60% of standard visits.
 Clients who have chosen flexible scheduling will have an individualized visit schedule which may vary from the standard schedule. Table 15 assesses all clients according to the standard visit schedule, without adjustment for flexible scheduling.

Note: Data should be interpreted carefully when sample sizes are small.

Note: In interpreting these data, it is important to note that they are based upon nurses' interviews with mothers and nurses' reports of visits; they reflect the health and behavior of those participants who remained in the program at the specified time periods; and there is no control group.

Table 18: Cumulative - Content of Home Visits and Client Engagement During Toddlerhood

NFP Team	Mean Percent of Time Spent on Each Topic Area				Employment of Mother at the Home Visit		
	Personal Health	Environmental Health	Life Course Development	National Risk	Friends	Daycare	Unemployment
Tri-County Team 1	14.5%	9.3%	14.6%	43.2%	18.2%	4.8	1.1
Tri-County Team 2	15.6%	11.8%	17.7%	37.7%	16%	4.5	1.1
Tri-County NFP TOTAL	15.7%	10.6%	16.2%	40.3%	17%	4.7	1.1
CO State Total	15.8%	10.5%	15.8%	43.6%	14.7%	5.3	1
National Total	16.5%	12.2%	15.5%	41.7%	14%	4.6	1.1
NFP Change	10.1%	2.0%	16.2%	40.1%	10.5%	1.1	0.4

Toddlerhood extends from infant age >= 12 months through 24 months
 All numbers in this table were based on cumulative data from program initiation through the end of the quarter.
 Employment is rated on a scale from 1 (low) to 5 (high).
 -- Data with a sample size less than 10 are not identified separately. Table assesses all clients according to the standard content domains.

Note: Data should be interpreted carefully when sample sizes are small.

Note: In interpreting these data, it is important to note that they are based upon nurses' interviews with mothers and nurses' reports of visits; they reflect the health and behavior of those participants who remained in the program at the specified time period, and there is no control group.

Table 19: Cumulative - Change in Maternal Smoking During Pregnancy

NFP Team	Total Clients Who Smoked at Least One Cigarette	Pregnancy	
		At 36 Weeks	At 42 Weeks
Tri-County Team 1	485	12% (58)	9.1% (44)
Tri-County Team 2	528	10.8% (57)	16.5% (85)
Tri-County NFP TOTAL	1014	11.5% (115)	8.8% (89)
CO State Total	10334	12.8% (1333)	10.2% (1058)
National Total	43	25.1% (10826)	21.2% (9125)
NFP Change	-43	11.6%	16.7%

All numbers in this table were based on cumulative data from program initiation through the end of the quarter.
 \$ no clients who reported having smoked one or more cigarettes in the previous 42 hours
 * Only clients who answered smoking questions at intake and 36 weeks of pregnancy on the Health Habits Survey are included in this analysis
 +- Relative change = (percent after - percent before) / percent before

Note: Data should be interpreted carefully when sample sizes are small.

Note: In interpreting these data, it is important to note that they are based upon nurses' interviews with mothers and nurses' reports of visits; they reflect the health and behavior of those participants who remained in the program at the specified time periods, and there is no control group.

Table 22: Cumulative - Premature Birth by Race/Ethnicity

NFP Team	Total Number of Births	Premature Birth By Ethnicity				Premature Birth By Race			
		% (n) Hispanic Of Labors	% (n) Hispanic Of Labors Who Initiated Program	% (n) Asian or Pacific Islander	% (n) Black or African American	% (n) White	% (n) Unknown	% (n) Unknown	% (n) Unknown
Tri-County Team 1	551	11.9% (66)	11.1% (61)	16.7% (9)	11.1% (61)	10.5% (59)	15.8% (8)	23.8% (13)	8.8% (5)
Tri-County Team 2	625	9.8% (61)	9.2% (58)	11.0% (7)	13.4% (9)	8.2% (5)	10.7% (7)	10% (7)	8.9% (6)
Tri-County NFP TOTAL	1176	10.7% (127)	10.1% (119)	13.8% (16)	12.4% (18)	9.4% (8)	12.8% (10)	17.1% (10)	8.8% (8)
CO State Total	11515	8.9% (1030)	8.3% (953)	10.2% (104)	10.9% (111)	9% (9)	8.7% (83)	11% (117)	8.2% (83)
National Total	99500	9.7% (9627)	9.1% (8844)	10.4% (946)	11.7% (1053)	8.9% (808)	9.5% (839)	8.7% (769)	8.9% (799)

All numbers in this table were based on cumulative data from program initiation through the end of the quarter.
 % (n) = number of births which occurred at least than 37 weeks gestation
 n = number of births reported on infant birth surveys. In the case of multiple births, one infant is selected randomly for the calculation of premature birth rate.
 † Percentage of premature births for each ethnic/racial group.

Note: Data should be interpreted carefully when sample sizes are small.
 Note: In interpreting these data, it is important to note that they are based upon nurses' interviews with mothers and nurses' reports of visits; they reflect the health and behavior of those participants who remained in the program at the specified time periods; and there is no control group.

Table 23: Cumulative: Premature Birth by Client Age at Infant Birth

NFP Team	Total Number of Births	Premature Birth by Client Age at Infant Birth									
		% (n) 15-17	% (n) 18-19	% (n) 20-24	% (n) 25-29	% (n) 30-34	% (n) 35-39	% (n) 40-44	% (n) 45-49	% (n) 50-54	% (n) 55-59
Tri-County Team 1	551	10.6% (59)	5.9% (3)	9.2% (5)	10.7% (6)	10.7% (6)	10.7% (6)	10.7% (6)	10.7% (6)	10.7% (6)	10.7% (6)
Tri-County Team 2	625	9.2% (56)	9% (6)	9.2% (5)	7.8% (5)	10.7% (6)	10.7% (6)	10.7% (6)	10.7% (6)	10.7% (6)	10.7% (6)
Tri-County NFP TOTAL	1176	10% (118)	7.4% (6)	9.2% (5)	9.2% (5)	10.7% (6)	10.7% (6)	10.7% (6)	10.7% (6)	10.7% (6)	10.7% (6)
CO State Total	11515	8.9% (1030)	11% (121)	9.4% (108)	9.4% (108)	9.6% (111)	9.6% (111)	9.6% (111)	9.6% (111)	9.6% (111)	9.6% (111)
National Total	99500	8.7% (9627)	12% (121)	9.5% (1089)	9.5% (1089)	9.3% (1089)	9.3% (1089)	9.3% (1089)	9.3% (1089)	9.3% (1089)	9.3% (1089)

All numbers in this table were based on cumulative data from program initiation through the end of the quarter.
 % (n) = number of births which occurred at least than 37 weeks gestation
 n = number of births reported on infant birth surveys. In the case of multiple births, one infant is selected randomly for the calculation of premature birth rate.
 † Percentage of premature births for each age group.

Note: Data should be interpreted carefully when sample sizes are small.
 Note: In interpreting these data, it is important to note that they are based upon nurses' interviews with mothers and nurses' reports of visits; they reflect the health and behavior of those participants who remained in the program at the specified time periods; and there is no control group.

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Table 26: Cumulative - Occurrence of Breastfeeding

NFP Team	1 month		3 months		12 months		18 months	
	Number of Clients Breastfeeding	% (n)	Number of Clients Breastfeeding	% (n)	Number of Clients Breastfeeding	% (n)	Number of Clients Breastfeeding	% (n)
Tri-County Team 1	485	87.8% (426)	308	25.3% (78)	232	14.7% (54)	61	3.7% (6)
Tri-County Team 2	550	91.6% (504)	350	32.6% (114)	266	19.2% (57)	199	9% (18)
Tri-County NFP TOTAL	1035	89.7% (930)	658	29.2% (192)	498	17.1% (85)	360	6.7% (24)
CO State Total	10946	90.3% (12424)	6956	34.8% (12424)	5389	20.1% (10880)	4068	8.8% (261)
National Total	76503	78.9% (60396)	30851	26.1% (11208)	29431	16.7% (4765)	21022	8.5% (1792)

All numbers in this table were based on cumulative data from program initiation through the end of the quarter.

% (n) = clients who are or have breastfed

n = Number of Clients includes those who had provided information about breastfeeding at a given time point.

Note: Data should be interpreted carefully when sample sizes are small.

Note: In interpreting these data, it is important to note that they are based upon nurses' interviews with mothers and nurses' reports of visits; they reflect the health and behavior of those participants who remained in the program at the specified time periods; and there is no control group.

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Table 27: Cumulative since 2006 - Percent of Infants as Being Current with Immunizations*

NFP Team	5 months		12 months		18 months		24 months	
	Number of Children with Immunization Data	% (n)	Number of Children with Immunization Data	% (n)	Number of Children with Immunization Data	% (n)	Number of Children with Immunization Data	% (n)
Tri-County Team 1	221	89.1% (197)	171	84.2% (144)	132	92.2% (123)	125	92.8% (116)
Tri-County Team 2	237	85% (211)	201	83.6% (168)	157	82.2% (128)	136	84.1% (128)
Tri-County NFP TOTAL	458	89.1% (408)	372	83.9% (312)	289	87.2% (252)	261	93.5% (244)
CO State Total	4653	87.6% (4252)	3972	85.4% (3182)	3203	87.6% (2815)	2869	90% (2587)
National Total	20822	87.2% (20680)	17010	86.1% (23231)	20418	88.2% (18011)	17213	91.2% (15702)

Infants are assessed by Nurse Home Visits as being current with immunizations based on either the report of the mother or health records.

All numbers in this table were based on cumulative data from program initiation through the end of the quarter.

% (n) = frequency

n = immunization data collected prior to 10/1/2006 were not included in this table.

Note: Data should be interpreted carefully when sample sizes are small.

Note: In interpreting these data, it is important to note that they are based upon nurses' interviews with mothers and nurses' reports of visits; they reflect the health and behavior of those participants who remained in the program at the specified time periods; and there is no control group.

Table 30: Cumulative since 2006 - Ages and Stages Social and Emotional (ASQ-SE) **

NFP Team	6 months		12 months		18 months		24 months	
	% (n)	% (n)	% (n)	% (n)	% (n)	% (n)	% (n)	% (n)
Tri-County Team 1	77.4% (171)	0.6% (1)	74.9% (131)	0.8% (1)	80.9% (106)	1.9% (2)	82.5% (104)	4.8% (5)
Tri-County Team 2	76.1% (85)	1.1% (2)	75.4% (83)	0.7% (1)	74.5% (119)	4.2% (5)	78.8% (110)	4.5% (5)
Tri-County NFP TOTAL	76.7% (257)	0.9% (2)	75.1% (214)	0.7% (2)	77.6% (225)	3.1% (7)	80.5% (214)	4.7% (10)
CO State Total	88.7% (4319)	2.9% (125)	89.5% (357)	2.3% (81)	89.5% (2876)	3.4% (89)	89.5% (2592)	2.9% (75)
National Total	72.8% (22455)	3.8% (1658)	72.5% (21388)	2.7% (955)	72.6% (18354)	4.3% (1708)	74% (14222)	4.8% (885)

All numbers in this table were based on cumulative data from October 1, 2006 through the end of the quarter.
 % (n), n = frequency
 * This percentage includes all children who had an ASQ scored within a range indicating the need for further evaluation on any subscale.
 ** NFP implementing agencies began collecting ASQ scores on October 1, 2008.
 + Scores indicating need for further evaluation changed in 2010, as older assessments are compared using the new scores.

Note: Data should be interpreted carefully when sample sizes are small.

Note: In interpreting these data, it is important to note that they are based upon nurses' interviews with mothers and nurses' reports of visits; they reflect the health and behavior of those participants who remained in the program at the specified time periods; and there is no control group.

Table 31: Cumulative - Subsequent pregnancy at 6, 12, 18 and 24 Months Postpartum *

NFP Team	5 Months Postpartum		12 Months Postpartum		18 Months Postpartum		24 Months Postpartum	
	% (n)	% (n)	% (n)	% (n)	% (n)	% (n)	% (n)	% (n)
Tri-County Team 1	352	3.1% (11)	276	11.2% (41)	188	21.8% (41)	172	26.7% (46)
Tri-County Team 2	404	4% (16)	300	19% (69)	230	24.2% (65)	197	28.9% (57)
Tri-County NFP TOTAL	756	3.6% (17)	576	12.2% (70)	418	23.2% (67)	369	27.9% (103)
CO State Total	7789	3.2% (252)	6110	11.2% (682)	4694	21.9% (1028)	4065	26.5% (1200)
National Total	60348	3.7% (2239)	46057	12.1% (5587)	32814	22% (7214)	28976	26.1% (8433)

* Numbers of clients is based on completion of form for time period, and increasing question about subsequent pregnancy.
 All numbers in this table were based on cumulative data from program initiation through the end of the quarter.
 % (n), n = frequency

Note: Data should be interpreted carefully when sample sizes are small.

Note: In interpreting these data, it is important to note that they are based upon nurses' interviews with mothers and nurses' reports of visits; they reflect the health and behavior of those participants who remained in the program at the specified time periods; and there is no control group.

Table 34: Cumulative - Education Status over Time for Clients without HS Diploma/GED at 24 Months Postpartum †

NFP Team	Number of Clients	All Diplomas/GED		Cumulative Diplomas/GED	
		N (%)	% (n)	N (%)	% (n)
Tri-County Team 1	71	33.8% (24)	0% (0)	32.4% (23)	18.3% (13)
Tri-County Team 2	75	52% (24)	15% (11)	35.3% (25)	18.7% (14)
Tri-County NFP TOTAL	146	32.5% (48)	14.4% (21)	32.9% (48)	18.5% (27)
CO State Total	1772	42.3% (749)	18.2% (333)	25.1% (444)	13.1% (232)
National Total	12802	37.8% (4843)	21.2% (2712)	25.5% (3281)	13.9% (1782)

All numbers in this table were based on cumulative data from program initiation through the end of the quarter.
 \$ % (n); n = frequency
 † All participants who completed demographics form for time period, and answered question about HS diploma/GED status are included.
 ‡ Missing answer to question about school enrollment, but had form for specified time period.

Note: Data should be interpreted carefully when sample sizes are small.
 Note: In interpreting these data, it is important to note that they are based upon nurses' telephone interviews with mothers and nurses' reports of visits; they reflect the health and behavior of those participants who remained in the program at the specified time periods; and there is no control group.

Table 35: Cumulative - Education Status over Time for Clients with HS Diploma/GED at Intake †

NFP Team	Number of Clients	8 Months		12 Months		16 Months		20 Months		
		N (%)	% (n)	N (%)	% (n)	N (%)	% (n)	N (%)	% (n)	
Tri-County Team 1	370	18.6% (69)	17% (16)	19.3% (24)	139	21.6% (20)	96	16.7% (16)	86	19.8% (17)
Tri-County Team 2	391	22.3% (87)	21.2% (21)	21.2% (45)	156	23.7% (57)	123	22% (27)	102	23.5% (44)
Tri-County NFP TOTAL	761	20.5% (156)	19.2% (19)	20.4% (79)	295	22.7% (67)	219	19.6% (43)	188	21.6% (41)
CO State Total	7407	19.8% (1464)	21% (852)	21% (852)	3195	22.7% (724)	2427	22.3% (555)	2114	22.7% (501)
National Total	68848	21.8% (15123)	20.2% (6845)	20.2% (6845)	23425	24.1% (5652)	16822	23.9% (5915)	14684	21.8% (5352)

All numbers in this table were based on cumulative data from program initiation through the end of the quarter.
 \$ % (n); n = frequency
 † All participants who completed demographics form for time period, and answered question about HS diploma/GED status are included.

Note: Data should be interpreted carefully when sample sizes are small.
 Note: In interpreting these data, it is important to note that they are based upon nurses' telephone interviews with mothers and nurses' reports of visits; they reflect the health and behavior of those participants who remained in the program at the specified time periods; and there is no control group.

Table 38: Current Education and Work Status for Active Clients †

NFP Team	Number of Clients	HS/GED Status			Enrollment Status			Working Status		
		M/1 High School Diploma	% (n)	SD/1 GED	% (n)	Enrolled in School	% (n)	All of Working Hours	% (n)	Not Working
Tri-County Team 1	185	53.5% (99)	11% (17)	25% (40)	32.5% (59)	61.3% (109)	13.5% (21)	25.2% (39)	33.5% (52)	
Tri-County Team 2	124	53.4% (66)	6.7% (8)	22.4% (28)	32.8% (41)	58.7% (74)	17.9% (22)	23.9% (30)	38.8% (50)	
Tri-County NFP TOTAL	289	58.1% (168)	9% (26)	26% (75)	32.5% (91)	60.5% (174)	15.6% (45)	24.6% (71)	38% (104)	
CO State Total	2090	59.8% (1249)	6.9% (145)	29% (607)	30.8% (643)	58.8% (1233)	16% (333)	24.7% (516)	36.7% (766)	
National Total	22187	54.1% (12003)	4.7% (1048)	36.6% (8135)	35.5% (8109)	60.5% (13502)	12.2% (2702)	19.8% (4384)	41.1% (9222)	

† Status as of the last Demographics - Update survey available.
 ‡ % (n); n = frequency

Note: Data should be interpreted carefully when sample sizes are small.

Note: In interpreting these data, it is important to note that they are based upon nurses' interviews with mothers and nurses' reports of visits; they reflect the health and behavior of those participants who remained in the program at the specified time periods, and there is no control group.

Table 39: 2012 Government and Community Services Used To Date

Category	Service	At-Risk		Priority		At-Risk		Priority		At-Risk		Priority	
		N	%	N	%	N	%	N	%	N	%	N	%
Government Assistance	Food Stamps	16	14.3%	11	13.3%	10	22.2%	9	26.5%	15	41.7%	12	33.3%
	Medicaid Child	5	4.5%	43	59.7%	42	93.3%	28	82.4%	28	77.8%	24	70.6%
	Medicaid Child	80	71.4%	48	66.7%	24	53.3%	19	56.0%	18	50.0%	21	61.8%
	SCHIP Child	4	3.6%	4	5.6%	2	4.4%	1	2.9%	0	0%	0	0%
	Social Security	2	1.8%	0	0%	0	0%	0	0%	0	0%	0	0%
	Subsidized Child Care	0	0%	0	0%	1	2.2%	0	0%	1	2.8%	0	0%
	TANF	3	2.7%	4	5.6%	2	4.4%	2	5.9%	0	0%	3	8.3%
	Unemployment	3	2.7%	0	0%	1	2.2%	1	2.9%	2	5.6%	0	0%
	WIC	66	58.9%	52	72.2%	41	91.1%	25	73.5%	24	66.7%	28	82.4%
	Crisis Intervention												
Mental Health Services	CPS - Child	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	CPS - Client	0	0%	0	0%	2	4.4%	0	0%	0	0%	0	0%
	Domestic Violence	1	0.9%	0	0%	0	0%	1	2.9%	0	0%	1	2.9%
	Early Childhood Intervention	0	0%	0	0%	1	2.2%	0	0%	1	2.8%	1	2.9%
	Relationship Counseling	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	Mental Health Services	3	2.7%	1	1.4%	5	11.1%	1	2.9%	4	11.1%	0	0%
	Alcohol Abuse	0	0%	0	0%	0	0%	0	0%	0	0%	1	2.9%
	Drug Abuse	0	0%	0	0%	0	0%	0	0%	0	0%	2	5.6%
	Smoking Cessation	4	3.6%	3	4.2%	1	2.2%	0	0%	0	0%	0	0%
	Health Care Services												
Health Care Services	Child	0	0%	40	55.6%	38	84.4%	22	64.7%	18	50%	20	56.8%
	Client	39	31.3%	39	41.7%	20	44.4%	10	29.4%	15	41.7%	15	41.7%
	Dental Services Child	0	0%	0	0%	0	0%	0	0%	0	0%	2	5.6%
	Dental Services Client	1	0.9%	0	0%	1	2.2%	0	0%	2	5.6%	0	0%
	Private Insurance Child	0	0%	1	1.4%	2	4.4%	1	2.9%	1	2.8%	4	11.8%
	Private Insurance Client	11	9.6%	2	2.6%	3	6.7%	1	2.9%	2	5.6%	7	20.6%
	Special Needs Child	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	Special Needs Client	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	Developmental Referral												
	Client	2	1.8%	0	0%	0	0%	0	0%	0	0%	0	0%
Education	Education Beyond HS	8	7.1%	0	0%	4	8.9%	4	11.8%	3	8.3%	5	14.5%
	GED / Alternative HS	2	1.8%	3	4.2%	5	11.1%	1	2.9%	1	2.8%	2	5.6%
	Adoption Services	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	Charitable Services	2	1.8%	3	4.2%	1	2.2%	4	11.8%	2	5.6%	2	5.6%
	Child Care	0	0%	1	1.4%	1	2.2%	0	0%	0	0%	0	0%

Table 40: 2011 Government and Community Services Used During Year

Category	At least one service		During Pregnancy		3-5 Months		6-11 Months		12-23 Months		18-24 Months	
	N	%	N	%	N	%	N	%	N	%	N	%
Child Support	0	0%	3	2%	0	0%	3	3%	1	1%	1	2%
Children's Education	7	4.3%	5	3.3%	1	0.5%	2	2.2%	0	0%	0	0%
Housing	1	0.5%	1	0.7%	2	1.8%	1	1.1%	1	1.0%	0	0%
Injury Prevention	0	0%	9	5%	3	2.6%	2	2.2%	2	3.2%	3	7%
Job Training	1	0.5%	1	0.7%	1	0.9%	7	7.6%	1	1.5%	1	2.3%
Lactation Services	0	0%	18	11.9%	3	2.6%	1	1.1%	0	0%	0	0%
Legal Services	0	0%	1	0.7%	4	3.5%	4	4.3%	2	3.2%	2	4.7%
OTHER	5	3%	4	2.5%	2	1.8%	2	2.2%	4	5.5%	0	0%
Paternity Services	0	0%	2	1.3%	2	1.8%	2	2.2%	0	0%	0	0%
Transportation	0	0%	3	2%	1	0.9%	1	1.1%	3	4.0%	1	2.3%
Used at least one service	158	96.3%	126	83.4%	110	95.5%	87	84.6%	86	90.3%	35	81.4%

Based on information collected on Use of Government & Community Services form.
Or Demographics and Infant Birth forms prior to 3/1/09.

Table 41: 2012 Government and Community Service Referrals To Date

Category	Service	Referrals Made	Distribution Category
Government Assistance	Food Stamps	10	0.7%
	Medicaid Child	13	0.5%
	Medicaid Client	11	0.6%
	SCHIP Child	0	0%
	SCHIP Client	0	0%
	Social Security	0	0%
	Supervised Child Care	1	0.1%
	TANF	2	0.1%
	Unemployment	0	0%
	WIC	16	1.2%
Crisis Intervention			
	CPS - Child	0	0%
	CPS - Client	1	0.1%
	Domestic Violence	2	0.1%
	Relationship Counseling	6	0.4%
Mental Health Services			
	Mental Health Services	19	1.4%
Substance Abuse			
	Alcohol Abuse	0	0%
	Drug Abuse	0	0%
	Smoking Cessation	4	0.3%
Health Care Services			
	Child	15	1.1%
	Client	22	1.6%
	Dental Services Child	0	0%
	Dental Services Client	5	0.4%
	Private Insurance Child	1	0.1%
	Private Insurance Client	4	0.3%
	Special Needs Child	0	0%
	Special Needs Client	0	0%
Developmental Referrals			
	Client	0	0%
	Early Childhood Intervention	6	0.4%
Education			
	Education Beyond HS	8	0.6%
	GED / Alternative HS	6	0.4%
Other Services			
	Adoption Services	0	0%
	Charitable Services	53	3.9%
	Child Care	8	0.6%

Nurse-Family Partnership
 Quarterly Report for Carroll County NFP
 Data through 30 JUN 12

Table 42: 2011 Government and Community Service Referrals During Year

Category	Referrals Made	Distribution By Category
Child Support	3	0.2%
Children Education	18	1%
Housing	42	2.4%
Highly Prenatal	5	0.3%
Job Training	36	2.1%
Legal Services	34	1.9%
Legal Services	21	1.2%
Other	136	7.8%
Prenatal Services	6	0.3%
Transportation	9	0.5%
Total	1754	100%

Tri-County Health Department
 Arapahoe County Contracts
 Mothers First
 Calendar Year 2012

Addendum F

2012 Calendar Year- to- Date	2011												2010		
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD	YTD	
Total Number Referrals for Mothers First	13	15	22	17	21	28	14	5	*				135	113	124
Number of Eligible Referrals Enrolled	2	3	6	2	4	5	1	3	*				26	72	64
Number of Ineligible Referrals Referred to Other Programs	62	70	69	116	62	0	75	85	*				539	688	859
Pending cases	10	7	13	15	14	21	13	5	2				100	87	89
Never Opened	1	4	3	0	3	2	1	26	7				47	44	64
Number of referrals received that did not qualify for any program	0	0	0	0	0	0	0	0	*				0	0	0
Number of referrals already enrolled in other Tri-County programs	0	1	0	0	0	0	0	0	*				1	1	2
* Report Change- discontinued reporting these numbers															
Active Caseload at Beginning of Month															
Total Number of Referrals eligible for Mother's First	58	55	53	48	49	48	53	48	38				450	344	267
Total Number enrolled into the program	13	15	22	17	21	28	14	5	A				135	113	124
Total Number of Closures	9	6	9	10	9	10	4	3	0				60	72	64
	12	8	14	9	10	5	11	13	12				94	60	61
Number Involved with active Domestic violence															
Number on TANF	2	2	0	1	0	1	0	0	0				6	1	3
Number in Protective Services	34	31	31	27	25	31	29	21	11				240	234	185
Quiltine	1	2	4	2	3	3	0	0	0				15	7	5
Number Reporting Using Birth Control *	2	3	5	1	1	2	1	0	0				15	12	14
Number Pregnant or Postpartum	24	22	30	16	20	21	18	18	18				187	170	98
Total Number of Home Visits Completed	27	22	19	24	12	19	20	8	4				155	139	111
Number of Home Visits Attempted & Not Found	67	45	64	70	67	71	48	35	31				498	420	366
Active Caseload at End of Month	23	16	19	24	19	17	10	10	5				143	192	191
	55	53	48	49	48	53	48	38	26				418	356	270

A. This is reflected in ' Number of Referrals opened' in new report (See Fiscal Year Report)

Referring Sources

CCA 3 CWEE 1 Goodwill 12 ADW 2 Other 8

III. OUTCOMES

- A. The program will report on the following outcomes and measures.
1. Number of referrals received;
 2. Number of home visits attempted, and made;
 3. Number of unsuccessful contact attempts;
 4. Number of negative actions reversed from the County's reports;
 5. Number and type of resource connections made;
 6. Number of participants recommended for a different Basic Cash Assistance ("BCA") program and name of the program.

IV. TERM

- A. This Agreement shall commence July 1, 2012 and shall continue for one year until June 30, 2013, or until earlier terminated as set forth in paragraph IV(B) and/or paragraph V(C), herein.
- B. Either party may terminate this Agreement by giving the other party not less than ninety (90) days prior written notice, subject to the provisions of Section V(C), herein.

V. PAYMENT AND FEE SCHEDULE

The County shall pay the Contractor for services furnished under this Agreement and the Contractor shall accept as full payment for those services, a sum not to exceed the amount of \$225,000.00 as more fully described below.

- A. Arapahoe County shall pay the following monthly fees for each of the programs, not to exceed the maximum amount specified:
- i. Home Visit Compliance Program: \$9375.00 per month, not to exceed \$112,500.00.
 - ii. Mother's First Program and Reducing Unintended Pregnancies: \$9375.00 per month, not to exceed \$112,500.00.
- B. Invoice. Invoices and reports are due on the 5th of each month except when the 5th is on a Saturday or a Sunday in which case the report is due the following Monday, or if Monday is a holiday, on the following business day by Close of Business. TCHD agrees that any invoices not submitted to the County within 60 days of the date that the TCHD rendered services to the County will not be paid by the County. TCHD agrees to submit invoices on a form to be provided by the Colorado Department of Human Services

Addendum H

Tri-County Health Department Budget Summary

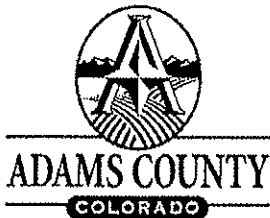
	2012	
	Adopted	
<u>Revenue Sources</u>	<u>Budget</u>	<u>%</u>
County Per Capita	\$ 8,666,299	27.0%
Non Per Capita County	\$ 1,612,548	5.0%
Grants & Contracts	\$ 608,442	1.9%
Fees	\$ 3,263,195	10.2%
State Funds	\$ 4,775,448	14.9%
Federal Pass Through Funds	\$ 8,727,669	27.2%
Federal Funds	\$ 1,967,906	6.1%
In Kind Revenue	\$ 2,500,000	7.8%
TOTAL	\$ 32,121,507	100.0%

Population	1,377,790
County per capita	\$ 6.2900

	2012	
	Adopted	
<u>Expenditures</u>	<u>Budget</u>	<u>%</u>
Wages	\$ 15,808,289	49.2%
Fringe Benefits	\$ 5,609,584	17.5%
Contracts for Services	\$ 2,896,911	9.0%
Operating Expenses	\$ 3,304,917	10.3%
Travel	\$ 476,513	1.5%
Operating Supplies	\$ 1,220,830	3.8%
Capital Equipment / LHI	\$ 304,462	0.9%
In Kind Expense	\$ 2,500,000	7.8%
TOTAL	\$ 32,121,507	33.3%

Population	1,377,790
Per capita expense	\$ 23.31

ATTACHMENT E



2012.227

**Pregnancy, Prevention Health, and Substance Abuse Services for
Temporary Assistance for Needed Families (TANF)**

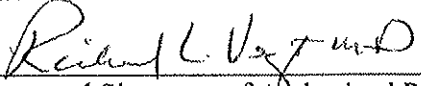
OFFEROR'S STATEMENT/SIGNATURE PAGE

I have read and fully understand all the special conditions herein set forth in the foregoing paragraphs, and by my signature set forth hereunder, I hereby agree to comply with all said special conditions as stated or implied. In consideration of the above statement, the following bid is hereby submitted.

WE THE UNDERSIGNED HEREBY ACKNOWLEDGE RECEIPT OF

Addenda # _____ through Addenda # _____

(If None, Please write NONE)

<u>Tri-County Health Department</u> Company Name	<u>10-18-2012</u> Date
<u>6162 S. Willow Drive #100</u> Address	<u></u> Name and Signature of Authorized Person
<u>Greenwood Village, CO 80111</u> City, State Zip, Code	<u>Richard L. Vogt M.D.</u> Printed Name
<u>Arapahoe</u> County	<u>Executive Director</u> Title
<u>303 220-9200</u> Telephone	<u>303 220-9208</u> FAX
<u>rvogt@tchd.org</u> Email Address	

Attachment D

OFFEROR'S CERTIFICATION OF COMPLIANCE

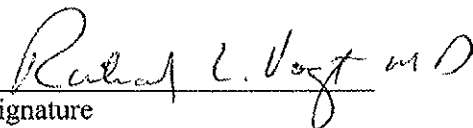
Pursuant to Colorado Revised Statute, § 8-17.5-101, *et. seq.*, as amended 5/13/08, as a prerequisite to entering into a contract for services with Adams County, Colorado, the undersigned Contractor hereby certifies that at the time of this certification, Contractor does not knowingly employ or contract with an illegal alien who will perform work under the attached contract for services and that the Contractor will participate in the E-Verify Program or Department program, as those terms are defined in C.R.S. § 8-17.5-101, *et. seq.* in order to confirm the employment eligibility of all employees who are newly hired for employment to perform work under the attached contract for services.

OFFEROR:

Tri-County Health Department
Company Name

10-18-2012
Date

Richard L. Vogt M.D.
Name (Print or Type)


Signature

Executive Director
Title

Note: Registration for the E-Verify Program can be completed at: <https://www.vis-dhs.com/employerregistration>. It is recommended that employers review the sample "memorandum of understanding" available at the website prior to registering.



ADDENDUM OF SOLICITATION

SOLICITATION NUMBER: 2012.229
SOLICITATION DATE: Friday, September 28, 2012
DESCRIPTION: Pregnancy Prevention, Health, and Substance Abuse Services for Temporary Assistance for Needy Families (TANF)
ADDENDUM NUMBER: One (1)
ADDENDUM DATE: October 15, 2012

The hour and date specified for receipt of RFP 2012.229[] is [X] is not extended to the following new hour and date: The above-numbered solicitation is amended as set forth below. Offeror must acknowledge receipt of this addendum prior to the hour and date specified in the solicitation or as amended by signing this form below or by acknowledging receipt of this addendum on each copy of the proposal submitted. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF PROPOSAL PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR PROPOSAL. If by virtue of this addendum you desire to change an offeror already submitted, such change may be made by letter, provided the letter makes reference to the solicitation and this addendum, and is received prior to the hour and date specified.

DESCRIPTION OF ADDENDUM:

- A. This Addendum is being issued to provide answers to the questions received for RFP 2012.229 on Thursday, October 3, 2012:

QUESTIONS AND ANSWERS:

- Q1. Our company currently provides only outpatient services. Is it a requirement that a single vendor have the ability to provide inpatient and outpatient services?
A1: **Yes. The offeror will be required to provide inpatient and outpatient services.**
- Q2. On page three of the solicitation it states that substance abuse providers complete the fee schedule page only for the proposal. If responding to only the substance abuse section does section XXI proposal preparation instructions on page 14 need to be completed as well
A2: **Yes. However, you will not need to complete the fee schedule Attachment C.**
- Q3. We provide other human services to low income families in Adams County. Is it a requirement that we have 5 years experience providing specific treatment services to low income families?
A3: **Yes, the Offeror must meet the requirements of the scope of services and must be able to provide references for the services for at least five (5) years.**
- Q4. Who is the current Substance Treatment provider?
A4: **The County Human Services Department is currently contracted with Arapahoe House for these services.**
- Q5. What is the current fee rate for group and individual treatment?
A5: **The offeror must submit their fees to provide the services per the solicitation specifications.**

- Q6. On page 14, it states that the county will conduct a debriefing regarding this solicitation. Would this debriefing take place prior to the proposal being awarded? Please provide contact information...
- A6: Yes, the County Purchasing Department would be happy to provide a debriefing to the offerors. Once the offeror's received an unsuccessful letter with all information and Procurement contact, then an appointment to meet to discuss the offerors submitted proposal strengths, and weakness that were identified from the evaluation process; not before.**
- Q7. An RFP opening will occur October 18, 2012 at 4:00 pm. How will offerors be notified of all proposals that are submitted?
- A7: The RFP process in not formal; the opening will consist of only the name(s) of the Agencies who submitted a proposal will be announced on 10/18 at 4:00 p.m. If you are interested in getting the names of the agencies, you can call Purchasing the next day.**
- Q8. On what date will the responses to the proposal questions be posted for review?
- A8: All questions will is issued by an Addendum and uploaded to Rocky Mountain E-Procurement prior to the solicitation due date.**
- Q9. I am writing in regards to the Adams County Request for Proposal 2012.229. I have been reviewing the requirements necessary for completing the proposal and had several questions. Section XXI, sub-point 3.) states that organizations must provide information about location or service area. Do we need to provide a list of the schools and churches we serve or Memorandums of Understanding? If we must provide MOUs, are they included in the ten page limit for the proposal?
- A9: NO. The offeror will need to include the MOUs in their submitted proposal.. Offeror can list them.**
- Q10. Section XXI, sub-point 5.) states that organizations must include at least three references for similar projects. Are we required to get letters of reference from the schools or churches we serve, and if so do those letters of reference count towards the ten page limit of the proposal?
- A10: No reference letters are needed just provide three reference names you currently are providing the services identified in this RFP scope of work.**

B. Except as provided herein, all terms and conditions of the solicitation remain unchanged and in full force and effect.

Purchasing Services

EXHIBITA

(Documents following this page of the Agreement)

Exhibits:

1. Adams County RFP 2012.229 Specifications and Statement of Service

The remainder of this page left blank intentionally

EXHIBIT A1

REQUEST FOR PROPOSAL

2012.229

**Pregnancy Prevention, Health, and Substance
Abuse Services for
Temporary Assistance for Needy Families
(TANF)**

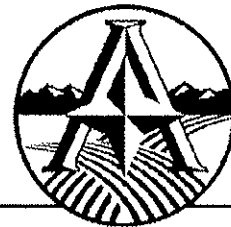
RFP Issuance Date: Friday, September 28, 2012

RFP Questions Due: Thursday, October 4, 2012
at 4:00 p.m.

RFP Opening Date: Thursday, October 18, 2012

RFP Opening Time: 4:00 p.m.

RFP Opening Place: Adams County Administration Bldg.
4430 South Adams County Parkway,
4th Floor, Purchasing Department
Brighton, Colorado 80601



ADAMS COUNTY
COLORADO

THE RFP OPENING WILL ONLY ANNOUNCE THE NAMES OF THE OFFERORS WHO SUBMITTED A PROPOSAL. ALL OFFERORS WILL BE NOTIFIED IF THERE ARE ANY QUESTIONS WITH THEIR RESPONSE. ALL OFFERORS WILL BE NOTIFIED OF THE AWARDED CONTRACTOR.

STATEMENT AND SCOPE OF SERVICE

I. STATEMENT OF SERVICES:

Adams County Board of Commissioners (BOCC) through its Purchasing Department is seeking the services of qualified organizations to assist Adams County Government in serving TANF, who are low-income and in need of services in accordance with the Colorado Works Program Act §§ 26-2-701, et seq., C.R.S. for Adams County Human Services Department (ACHSD). ACHSD is looking for providers who will deliver an array of health and education programs to TANF eligible families including substance abuse prevention and treatment services (which includes inpatient drug treatment), pregnancy prevention services through nurse home visitation programs, and in-school health education and youth character development programs aimed at pregnancy prevention.

Offerors may respond to one or more of the goals:

1. **Nurse Home Visit Program:** To improve the health and life-course of low-income mothers and their children, through nurse home visit consultation and support to mothers who are clients of ACHSD (either TANF Basic Cash Assistance clients and/or Child Welfare clients), or who are low-income and may benefit from nurse home visitation program services.
 - To improve pregnancy outcomes by helping women practice sound health-related behaviors
 - To improve child health and development by helping parents improve parenting skills.
2. **School based Pregnancy Prevention:** To reduce high-risk behaviors among teenagers, such as drug and alcohol use and sexual activity, through school based curriculum conducted at multiple school sites throughout the county.
3. **School Based Clinics:** To provide education by health care professionals concerning adolescent high-risk behaviors, teenage pregnancy prevention (including making positive choices and abstinence), building self-esteem, and prenatal education including the importance of immunizations. The Offeror may also educate families on other preventative health topics such as the use of car seats and seat belts, the value of proper diet and exercise, and the dangers of smoking.
4. **Substance Abuse Treatment Services:** Inpatient and outpatient drug rehabilitation services.

II. SCOPE OF SERVICES:

All qualified offerors' programs will be required to be fully operational by January 1, 2013 and address one or more of the following:

- Provide prenatal and postnatal counseling, including emphasis in family planning and early childhood development.
- Provide school-based pregnancy prevention education, including addressing related high-risk behaviors such as drug and alcohol use.
- Provide pregnancy education and referrals at a school-based clinic or in schools.
- Provide inpatient and outpatient drug rehabilitation services and demonstrate expertise in substance abuse treatment.

STATEMENT AND SCOPE OF WORK continued

Option 1. Nurse Home Visit Program

The Offeror must have at least five years experience providing nurse visitation programs. The nurse home visit intervention services will focus on prenatal and postnatal care, parenting education and support for TANF participants referred to the Offeror by ACHSD staff or contractors. Through the program, participating clients will:

1. Increase participation in preventive health care services, including family planning services
2. Increase participation in prenatal clinic visits and compliance with core provider recommendations
3. Increase participation in school or work, as appropriate
4. Reduce incidence of having child abuse/neglect reports filed against them
5. Increase attachment with their new baby
6. Strengthen their parenting skills
7. Receive education and support while moving toward self-sufficiency.

The Offeror will perform and provide the following services to clients referred into the program. The Offeror will serve individual clients for a minimum period of three months and up to a maximum of two years. Pregnancy prevention services will be delivered to an average of 70 low-income mothers per month through a nurse home visitation program that provides information on prenatal and postnatal care as well as early childhood education. Nurse home visits will be conducted weekly for individual participants during the first month of the program and bi-weekly thereafter.

The clients served through this program will include:

Women who have had a child/children placed in custody of ACHSD through the child welfare system and are now pregnant again.

- Pregnant Teens.
- Non-pregnant, parenting teens.
- Pregnant teens who have an active case in the ACHSD child welfare system or mothers referred by the ACHSD Child Welfare Division.
- Low-income women who are over 28 weeks pregnant with or without other children.

The following are additional expectations of the program:

When providing parenting education during a nurse home visit, teaching module-training materials shall be provided to families including but not limited to, books for the mother and child as well as educational toys.

1. Interpreters shall be provided to assist in serving monolingual Spanish speaking clients and families.
2. Appropriate consultation will occur between the nurse, ACHSD and partner agencies staff.
3. Nurses will provide clients with referrals to community resources as appropriate.
4. The offeror will provide at least 75 health education classes per year to ACHSD contractors who serve TANF eligible clients, and other community agencies. Topics will be related to birth control, STD, and parenting.

STATEMENT AND SCOPE OF WORK continued

Option 2. School-based Pregnancy Prevention

The Offeror will provide education for students in multiple Adams County school districts and other community agencies to reduce high risk behaviors such as premarital sexual activity, tobacco use and other drug abuse. The educational program should include character building education and a mentoring component. The Offeror shall provide curriculum materials that promote abstinence as well as address topics such as high-risk behaviors, communication skills, conflict resolution, goal setting, critical thinking about life choices, healthy relationships and assertiveness.

The Offeror should have relationships with at least five Adams County schools in two or more districts and have at least five years experience serving Adams County youth. The Offeror will provide training to the following groups of people who interact with teens, so that these individuals can increase their effectiveness in delivering pregnancy prevention messages to teens:

- Teachers, so that they can train teens in classroom settings or to community professionals such as doctors, nurses, youth pastors who will use the training materials in school assemblies, religious organizations, and community settings such but not limited to Quinceañera programs, Teen mentors who work with younger teens, and parents.
- The offeror is expected to serve approximately 4,000 students and 40 teachers and at least three churches or other community organizations.

Option 3. School Based Health Clinics

The Offeror must have at least five years of experience offering health services to teens in a school based setting. The Offeror shall have relationships within the Adams County school system. The Offeror's program shall be aimed at preventing negative health outcomes among teens through education provided by health care professionals in schools. Topics included in the health education program should address adolescent high-risk behaviors, teenage pregnancy prevention, positive choices including abstinence, and building self-esteem. For teens who are pregnant or who already have a child, the program shall deliver prenatal education including the importance of immunizations. The Offeror may also provide education on the importance of using car seats and seat belts, the value of proper diet and exercise, and the dangers of smoking.

The offeror is expected to serve approximately 4,000 individuals largely comprised of students which includes physical health and mental health appointments.

Option 4. Substance Abuse Services Provision

Substance Abuse Providers COMPLETE Fee Schedule Page ONLY for proposal

The purpose of the substance abuse provider program will be to assist up to 12 TANF participants with substance abuse problems to:

- Eliminate and recover from substance abuse;
- Improve family functioning and parenting skills;
- Improve mental health;
- Arrange for safe housing; and
- Provide drug screening.

STATEMENT AND SCOPE OF WORK continued

All substance abuse services shall be delivered to TANF participants upon referrals from ACHSD TANF Contract staff or contractors. Substance Abuse Treatment services are to be provided in outpatient and residential settings. These services will focus on enhancing personal responsibility and self-sufficiency along with developing support systems for ongoing recovery. The duration of services may extend up to four (4) months of treatment for New Directions and an additional eight (8) weeks continuing care.

The Offeror is also expected to offer Family Functioning Mental Health services to TANF participants that address parenting skills and provide family therapy. These services should be designed to address the issues for families exposed to substance abuse. Education on the effects of maternal substance abuse and the interaction of violence and substance abuse are to be addressed in these sessions.

Other Services shall be offered to TANF participants based on their individual needs such as: Social Detoxification, Emergency Treatment Unit, Adult and Adolescent Rehabilitation, Day Treatment, Physician Services, Psychiatric Exams, Medications, Laboratory Services, Room and Board for TANF participants and their children while the mother is undergoing substance abuse treatment, Individual or Family Evaluation, Group Therapy and Education, Individual or Family Therapy, Urine Screening, Antabuse Physicals and Monitoring, and Breathalyzer Screenings.

The Offeror must have at least five years of experience providing substance abuse prevention and treatment services. The Offeror shall provide an available CACII counselor for evaluation and referrals for treatment, as authorized by ACHSD in the timeline coordinated by ACHSD and the offeror.

All qualified offerors' programs will be required to:

- Have at least five years experience serving Adams County low-income families.
- Understand the TANF federal statutes and regulations, Colorado Works statutes and regulations and abide by Adams County policies and procedures and ethics policy.
- Understand ACHSD child welfare reporting requirements.
- Have at least five years history serving low-income families with similar services
- Understand Adams County community resources and how to access them.
- Cooperate with Adams County staff and contracted programs to help families receive needed and timely services.
- Be responsible to for providing outstanding customer service to the participants and ACHSD staff.
- Treat participants from an advocate perspective and philosophy.
- Review for the employees assigned to this project the criminal background investigation (CBI) report for negative information, such as a criminal history, discrepancies between what an applicant claims and what is reported by schools, prior employers, etc. The Offeror will compare the criminal history to the applicant's job qualifications in order to evaluate the applicant's ability to do the designated job, and to ensure that the public, the County, fellow employees, and families served in the program are safe and protected from harm. The period for state CBI's is five years; if the applicant has lived out of state prior to five years then a nationwide CBI should be conducted.

STATEMENT AND SCOPE OF WORK continued

- Provide adequate office space, meeting space, computer, printer, access to copying, file cabinets, direct telephone lines and telephones, direct fax line and fax machine, postage, and electronic mail access. These costs are to be included in the total cost of this program.

III. REPORTS:

The offeror will be responsible for submitting and coordinating with the County Project Manager monthly reports summarizing the results of intervention and services provided to families. The format and content areas of the report will be provided by ACHSD. Reports shall include, but not be limited to, the number of families served and types of services provided including number of individuals served and types of services provided. All reporting formats, due dates, and content shall be designated by the County Project Manager.

IV. INCIDENT REPORT REQUIREMENT

The offeror shall report all incidents of suspected theft, fraud, or other employee misconduct to County Purchasing Manager and the County Project Manager immediately upon discovery, of each incident. This applies to employees and contracted employees for the Offeror who will be providing services or who will be handling confidential materials, supplies, or monies, for the County under the awarded agreement. The Offeror, employee and contracted employees must comply and cooperate with the County on requests for information and assistance relevant to each incident reported and any ensuing investigation.

VI. CONFIDENTIALITY

Both parties acknowledge that information obtained and exchanged about clients in the performance of this contract is confidential. Both parties will protect all confidential information pursuant to the requirements of state and federal law. Both parties acknowledge that release of this information is subject to the requirements of federal and state law.

VII. CONFIDENTIAL INFORMATION-COUNTY RECORDS

Offeror, its employees and contracted employees shall comply with the County's terms if it becomes privy to confidential information in connection with its performance hereunder. Confidential information includes, but is not necessarily limited to, any county records, personnel records, and information concerning individuals. Such information shall not include information required to be disclosed pursuant to the Colorado Open Records Act, CRS §24-72-101, et seq.

Confidentiality

Offeror, its employees and contracted employees shall keep all County records and information confidential at all times and comply with all laws and regulations concerning confidentiality of information. Any request or demand by a third party for County records and information in the possession of Offeror shall be immediately forwarded to County's principal representative.

Notification

Offeror shall notify its agent, employees, subcontractors and assignees who may come into contact with County records and confidential information that each is subject to the confidentiality requirements set forth herein, and shall provide each with a written explanation of such requirements before permitting them to access such records and information.

Use, Security, and Retention

Confidential information of any kind shall not be distributed or sold to any third party or used by Offeror or its agents in anyway, except as authorized by this Offeror approved in writing by the County. Offeror shall provide and maintain a secure environment that ensures confidentiality of all County records and other confidential information wherever located. Confidential information shall not be retained in any files or otherwise by Offeror or its agents, except as permitted in the Agreement or approved in writing by County.

Disclosure-Liability

Disclosure of County records or other confidential information by Offeror for any reason may because for legal action by third parties against Offeror, County or their respective agents. Offeror shall indemnify, save, and hold harmless County its employees and agents, against any and all claims, damages, liability and court awards including costs, expenses, and attorney fees and related costs, incurred as a result of any act or omission by Offeror, or its employees, agents, subcontractors, or assignees.

Standard and Manner of Performance

Offeror shall perform its obligations in accordance with the highest standards of care, skill and diligence in Offeror's industry, trade, or profession and in the sequence and manner set forth in the scope of work.

VIII. FEE SCHEDULE

The offeror must submit fees for the line items identified on the **Fee Schedule (Attachment B)**. Offeror must provide fees for the initial year of the award and the two (2) option years as listed on the Fee Schedule. The Offeror's fees for the options years will be used for evaluation and award consideration.

IX. INVOICE BILLING

Offeror must submit detailed invoices to the Project Manager for the previous month of service. Invoices and reports will be required to be submitted at the same time. Offeror must submit detailed monthly invoice billing statements, to include, the dates and types of services.

X. BASIS OF AWARD

Award will be made to the single responsive, responsible, and qualified offeror who submits the most technically acceptable proposal. Adams County Board of Commissioners reserves the right not to award proposals to the most responsive and responsible offeror and may require new proposals, or to interview the shortlisted firms.

XI. HOURS OF WORK

The Adams County Government normal work hours are from 8:00 a.m. to 4:30 p.m., Monday through Friday, excluding holidays.

XII. TERM OF AGREEMENT

Award of this solicitation will result in the establishment of a County agreement for a period from the date of issuance of the notice to proceed (NTP) with two (2) additional one-year renewal periods, not to exceed three (3) years, at the sole option of the Adams County Board of Commissioners.

XIII. RIGHTS IN DATA, DOCUMENTS, AND COMPUTER SOFTWARE

Any software, research, reports, studies, data, photographs, negatives or other documents, drawings, models, materials, or Work Product of any type, including drafts, prepared by Offeror in the performance of its obligations under the Agreement shall be the exclusive property of the County and, all Work Product shall be delivered to the County by Offeror completion or termination of the Agreement. The County's exclusive rights in such Work Product shall include, but not be limited to, the right to copy, publish, display, transfer, and prepare derivative works. Offeror shall not use, willingly allow, cause or permit such Work Product to be used for any purpose other than the performance of Offeror's obligations hereunder without the prior written consent of the County.

XIV. SOFTWARE PIRACY PROHIBITION. Governor's Executive Order D 002 00. County, State or other public funds payable under the agreement shall not be used for the acquisition, operation, or maintenance of computer software in violation of federal copyright laws or applicable licensing restrictions. Offeror certifies and warrants that, during the term of the Agreement and any extensions, Offeror has and shall maintain in place appropriate systems and controls to prevent such improper use of public funds. If the County determines that Offeror is in violation of this provision, the County may exercise any remedy available at law or in equity or under the agreement, including, without limitation, immediate termination of the agreement and any remedy consistent with federal copyright laws or applicable licensing restrictions.

XV. INDEPENDENT CONTRACTOR. Offeror shall perform its duties hereunder as an independent contractor and not as an employee. Neither Offeror nor any agent or employee of Offeror shall be deemed to be an agent or employee of the County. Offeror and its employees and agents are not entitled to unemployment insurance or workers compensation benefits through the County and the County shall not pay for or otherwise provide such coverage for Offeror or any of its agents or employees. Unemployment insurance benefits will be available to Offeror and its employees and agents only if such coverage is made available by Offeror or a third party. Offeror shall pay when due all applicable employment taxes and income taxes and local head taxes incurred pursuant to the Agreement. Offeror shall not have authorization, express or implied, to bind the County to any contract, liability or understanding, except as expressly set forth in the agreement. Contractor shall (a) provide and keep in force workers' compensation and unemployment compensation insurance in the amounts required by law, (b) provide proof thereof when requested by the County, and (c) be solely responsible for its acts and those of its employees and agents.

XVI. INSURANCE

Offeror shall not commence work under this solicitation until they have submitted to the County and received approval thereof, certificates of insurance showing that they have complied with the foregoing insurance.

- 1) The offeror will be required to procure and maintain, at his own expense and without cost to the County, the kinds and minimum amounts of insurance as follows:
- 2) Comprehensive General Liability, in the amount of not less than \$1,000,000 per person and \$2,000,000 general aggregate. Coverage to include,
 - Premises
 - Products/Completed Operations
 - Broad Form Comprehensive, General Liability
 - Adams County shall be named as Additional Insured

- 3) Comprehensive Automobile Liability, in the amount not less than \$1,000,000 dollars minimum combined coverage.
- 4) Employers Liability and Workers' Compensation. The offeror shall secure and maintain employer's liability and Workers' Compensation Insurance in compliance with the laws of the State of Colorado to protect them against any and all claims resulting from injuries to and death of workers engaged in work.
- 5) Professional Liability, offeror shall maintain Professional Liability (sometimes referred to as errors and omissions insurance) in amounts not less than \$500,000 dollars.
- 6) All referenced insurance policies and/or certificates of insurance shall be issued to include Adams County as an "additional insured." The name of the proposal or project must appear on the certificate of insurance.
- 7) Underwriters shall have no right of recovery or subrogation against Adams County; it being the intent of the parties that the insurance policies so affected shall protect both parties and be primary coverage for any and all losses covered by the described insurance.
- 8) The clause entitled "Other Insurance Provisions" contained in any policy including Adams County as an additional insured shall not apply to Adams County.
- 9) The insurance companies issuing the policy or policies shall have no response against Adams County for payment of any premiums due or for any assessments under any form of any policy. Any and all deductibles contained in any insurance policy shall be assumed by and at the sole risk of the offeror.
- 10) If any of the said policies shall be or at any time become unsatisfactory to the County as to form or substance, or if a company issuing any such policy shall be or at any time become unsatisfactory to the County, the offeror shall promptly obtain a new policy, submit the same to the Purchasing Department of Adams County for approval and thereafter submit a certificate of insurance as herein above provided. Upon failure of the offeror to furnish, deliver and maintain such insurance as provided herein, this contract, at the election of the County, may be immediately declared suspended, discontinued or terminated. Failure of the offeror in obtaining and/or maintaining any required insurance shall not relieve the offeror from any liability under the agreement, nor shall the insurance requirements be construed to conflict with the obligations of the offeror concerning indemnification.

XVII . COMPLIANCE WITH C.R.S. § 8-17.5-101, ET. SEQ. AS AMENDED 5/13/08:

Pursuant to Colorado Revised Statute (C.R.S.), § 8-17.5-101, *et. seq.*, as amended 5/13/08, the Offeror shall meet the following requirements prior to signing this Agreement (public contract for service) and for the duration thereof:

The Offeror shall certify participation in the E-Verify Program (the electronic employment verification program that is authorized in 8 U.S.C. § 1324a and jointly administered by the United States Department of Homeland Security and the Social Security Administration, or its successor program) or the Department Program (the employment verification program established by the Colorado Department of Labor and Employment pursuant to C.R.S. § 8-

17.5-102(5)) on the attached certification. The Offeror shall not knowingly employ or contract with an illegal alien to perform work under this public agreement for services.

The Offeror shall not enter into a contract with a subcontractor that fails to certify to the Offeror that the subcontractor shall not knowingly employ or contract with an illegal alien to perform work under this public agreement for services.

At the time of signing this public agreement for services, the Offeror has confirmed the employment eligibility of all employees who are newly hired for employment to perform work under this public agreement for services through participation in either the E-Verify Program or the Department Program.

The offeror shall not use either the E-Verify Program or the Department Program procedures to undertake pre-employment screening of job applicants while the public agreement for services is being performed.

If the offeror obtains actual knowledge that a subcontractor performing work under the public agreement for services knowingly employs or contracts with an illegal alien, the offeror shall: notify the subcontractor and the County within three days that the bidder has actual knowledge that the subcontractor is employing or contracting with an illegal alien; and terminate the subcontract with the subcontractor if within three (3) days of receiving the notice required pursuant to the previous paragraph, the subcontractor does not stop employing or contracting with the illegal alien; except that the offeror shall not terminate the agreement with the subcontractor if during such three days the subcontractor provides information to establish that the subcontractor has not knowingly employed or contracted with an illegal alien.

The offeror shall comply with any reasonable requests by the Department of Labor and Employment (the Department) made in the course of an investigation that the Department is undertaking pursuant to the authority established in C.R.S. § 8-17.5-102(5).

If offeror violates this section, of the Agreement, the County may terminate this agreement for breach of agreement. If the agreement is so terminated, the offeror shall be liable for actual and consequential damages to the County.

XVIII. SUPPLEMENTAL FEDERAL PROVISIONS

Supplemental Provisions for Contracts, Grants, and Purchase Orders for Federal Funds received pursuant to the Federal Funding Accountability and Transparency Act (FFATA) of 2006 and 2008. Amendments as of October 1, 2010.

The contract, grant, or purchase order to which these Supplemental Provisions are attached has been funded, in whole or in part, with federal funds. In the event of a conflict between the provisions of these Supplemental Provisions, the Special Provisions, the contract or any attachments or exhibits incorporated into and made a part of the contract, the provisions of these Supplemental Provisions shall control.

1. **Definitions.** For the purposes of these Supplemental Provisions, the following terms shall have the meanings ascribed to them below:

- 1.1.1. **“Award”** means an award of Federal Financial assistance that a non-Federal Entity receives or administers in the form of:
- 1.1.2. Grants,
- 1.1.3. Contracts,
- 1.1.4. Cooperative agreements (which does not include cooperative research and development agreements (CRDA) pursuant to the Federal Technology Transfer Act of 1986, as amended (15 U.S.C. 3710a)),
- 1.1.5. Loans,
- 1.1.6. Loan Guarantees,
- 1.1.7. Subsidies,
- 1.1.8. Insurance,
- 1.1.9. Food commodities,
- 1.1.10. Direct appropriations, or
- 1.1.11. Other financial assistance transactions that authorize the non-Federal Entities’ expenditure of Federal Funds.

Award does *not* include:

- 1.1.12. Technical assistance, which provides services in lieu of money;
 - 1.1.13. A transfer of title to Federally-owned property provided in lieu of money, even if the award is called a grant;
 - 1.1.14. Any classified award; or
 - 1.1.15. Any award funded in whole or in part with Recovery funds, as defined in section 1512 of the American Recovery and Reinvestment Act (ARRA) of 2009 (Pub. L. 111-5).
- 1.2. **“Central Contractor Registration (CCR)”** means the Federal repository into which an Entity must provide information required for the conduct of business as a recipient.
 - 1.3. **“Data Universal Numbering System (DUNS) Number”** means the nine-digit number established and assigned by Dun and Bradstreet, Inc. to uniquely identify business entities.
 - 1.4. **“Entity”** means all of the following as defined at 2 CFR part 25, subpart C;
 - 1.4.1. A governmental organization, which is a State, local government, or Indian Tribe,
 - 1.4.2. A foreign public entity,
 - 1.4.3. A domestic or foreign non-profit organization,
 - 1.4.4. A domestic or foreign for-profit organization, and
 - 1.4.5. A Federal Agency, but only a subrecipient under an award or subaward to a non-Federal entity.
 - 1.5. **“Subaward”** means a legal instrument to provide support for the performance of any portion of the substantive project or program funded by federal funds to a Prime Recipient that a Prime Recipient awards to a Subrecipient.
 - 1.6. **“Contract”** means the contract to which these Supplemental Provisions are attached and includes all award types in §1.1.
 - 1.7. **“Contractor”** means the party or parties to the Contract other than the Prime Recipient and includes a grantee, subgrantee, Subrecipient, or a borrower. For purposes of FFATA reporting, Contractor is either a Subrecipient or a Vendor under this Contract.

- 1.8. **“FFATA”** means the Federal Funding Accountability and Transparency Act of 2006 (Public Law 109-282). Also referred to as the “Transparency Act.”
- 1.9. **“Prime Recipient”** means a Colorado State Agency or Institution of Higher Education that receives federal funds directly from a Federal Agency in the form of an award in §1.1.
- 1.10. **“Subrecipient”** means a non-Federal Entity receiving Federal funds through a Prime Recipient to support the performance of the Federal project or program for which the federal funds were awarded. A Subrecipient is subject to the terms and conditions of the Federal award to the Prime Recipient, including program compliance requirements. The term “Subrecipient” includes and may be referred to as Subgrantee.
- 1.11. **“Supplemental Provisions”** means these Supplemental Provisions for Contracts, Grants, and Purchase Orders using Federal funds except those funds provided under the American Recovery and Reinvestment Act of 2009, as may be revised pursuant to ongoing guidance from the relevant Federal or State of Colorado Agency or Institution of Higher Education.
- 1.12. **“Total Compensation”** means the cash and noncash dollar value earned by the executive during the Prime Recipient’s or Subrecipient’s preceding fiscal year and includes the following,
 - 1.12.1. Salary and bonus,
 - 1.12.2. Awards of stock, stock options, and stock appreciation rights. This amount shall equal the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2005) (FAS 123R), Shared Based Payments,
 - 1.12.3. Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives and are available generally to all salaried employees,
 - 1.12.4. Change in pension value, this amount shall equal the change in present value of defined benefit and actuarial pension plans,
 - 1.12.5. Above-market earnings on deferred compensation which is not tax-qualified, and
 - 1.12.6. Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds \$10,000.

“Vendor” means a dealer, distributor, merchant or other seller providing goods or services required for a project or program funded by Federal funds. A Vendor is not subject to all the terms and conditions of the Federal award, and all program compliance requirements do not pass through to a Vendor.

Compliance. Contractor shall comply with all applicable provisions of the Transparency Act and the regulations issued pursuant thereto, including but not limited to these Supplemental Provisions. Any revisions to such provisions or regulations shall automatically become a part of these Supplemental Provisions, without the necessity of either party executing any further instrument. Adams County may provide written notification to Contractor of such revisions, but such notice shall not be a condition precedent to the effectiveness of such revisions.

2. Central Contractor Registration (CCR) and Data Universal Numbering System (DUNS) Requirements.

2.1. CCR - Contractor shall maintain the currency of its information in the CCR until the Contractor submits the final financial report required under this award or receives final payment, whichever is later. Contractor shall review and update the CCR information at least annually after the initial registration, and more frequently if required by changes in its information.

2.2. DUNS – Contractor shall provide its DUNS number to its Prime Recipient, and shall update its information in Dun & Bradstreet at least annually after the initial registration, and more frequently if required by changes in its information.

3. Total Compensation – Contractor shall include total compensation in CCR for each of its five most highly compensated executives for the preceding completed fiscal year if:

3.1. the total Federal funding authorized to date under this award is \$25,000 or more, and in the preceding fiscal year, Contractor received:

3.1.1. 80 percent or more of its annual gross revenues from Federal procurement contracts and subcontracts and Federal financial assistance subject to the Transparency Act, and

3.1.2. \$25,000,000 or more in annual gross revenues from Federal procurement contracts and subcontracts and Federal financial assistance subject to the Transparency Act, and

3.2. the public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d) or section 6104 of the Internal Revenue Code of 1986.

4. Reporting. Contractor shall include data elements in its CCR and report to its Prime Recipient Entity the data elements required in §7 if Contractor is a Subrecipient for the award types of grants, contracts, and cooperative agreements (which does not include cooperative research and development agreements (CRDA) pursuant to the Federal Technology Transfer Act of 1986, as amended (15 U.S.C. 3710a).

No direct payment shall be made to Contractor for providing any reports required under these Supplemental Provisions, as the cost of producing such reports shall be deemed included in the Contract price. The reporting requirements in §7 are based on guidance from the US Office of Management and Budget (OMB), and as such are subject to change at any time by OMB. Any such changes shall be automatically incorporated into this Contract and shall become part of Contractor's obligations under this Contract.

Adams County may provide written notice to Contractor of any such change in accordance with §2 above, but such notice shall not be a condition precedent to Contractor's duty to comply with revised OMB reporting requirements.

5. **Effective Date and Dollar Threshold for Reporting** – The reporting requirements in §7 apply for new Federal grants, contracts, and cooperative agreements (except CRDA) as of October 1, 2010, if the initial award is \$25,000 or more. If the initial award is below \$25,000 but subsequent award modifications result in a total award of \$25,000 or more, the award is subject to the reporting requirements as of the date the award exceeds \$25,000.

If the initial award is \$25,000 or more, but funding is subsequently de-obligated such that the total award amount falls below \$25,000, the award continues to be subject to the reporting requirements.

6. **Subrecipient Reporting Requirements.** If Contractor is a Subrecipient, Contractor shall report as set forth below.

6.1 To CCR. A Subrecipient shall register in CCR and report the following data elements in CCR:

- 6.1.1 Subrecipient DUNS Number
- 6.1.2 Subrecipient DUNS Number + 4 if more than one electronic funds transfer (EFT) account
- 6.1.3 Subrecipient Parent DUNS Number
- 6.1.4 Subrecipient's address, including: Street Address, City, State, Country, Zip + 4, and Congressional District
- 6.1.5 Subrecipient Officers' Names of top 5 highly compensated officials if the criteria in §4 are met.
- 6.1.6 Subrecipient Officers' Total Compensation of top 5 highly compensated officials if criteria in §4 met.

7. **To Prime Contractor.** A Subrecipient shall report to its Prime Recipient, upon the effective date of the contract, the following data elements:

7.1.1 Primary Place of Performance Information, including: Street Address, City, State, Country, Zip code + 4, and Congressional District.

8. **Vendor** – There are no Transparency Act reporting requirements for vendors.
9. **Event of Default.** Failure to comply with these Supplemental Provisions shall constitute an event of default under the Agreement and Adams County Government; Board of Commissioners may terminate the Agreement upon 30 days prior written notice if the default remains uncured five (5) calendar days following the notice period. This remedy will be in addition to any other remedy available to Adams County Government, Board of Commissioners under the Agreement, at law or in equity.

XIX. All proposals shall be enclosed in an envelope, sealed, and clearly labeled as follows:

PROPOSAL DOCUMENTS
Name of Firm
RFP Number and Name of Project
RFP Date and Time Due

XX. Format

Offeror must submit sealed proposal in **one (1) original** and four (4) copies to the office of the Purchasing Agent, Adams County Administration Building, 4430 South Adams County Parkway, First Floor Reception Desk, Brighton, Colorado, 80601, up to 4:00 p.m., Thursday, October 18 2012. Proposals may be mailed or delivered in person, but must be in a sealed envelope, labeled with Company name, RFP number with name of project and time of proposal opening. No proposals will be accepted after the time and date established for the solicitation, except by written addendum.

Submittal of Proposal Questions

All questions relating to RFP 2012.229 must be reduced to writing and sent to the County's Purchasing Department for the attention of Heidi Casteel, Purchasing Agent. Questions can be faxed to 720.523.6058, emailed to hcasteel@adco.gov or sent by U.S. Mail until the close of business on or before Thursday, October 18, 2012.

Debriefing

Should your firm desire to come in for a debriefing, we will be happy to debrief you and help you become more competitive on future solicitations.

XXI. PROPOSAL PREPARATION INSTRUCTIONS

Proposal should not exceed ten (10) pages, excluding the solicitation required signed pages. Submit only on single sided, single column typed 8.5" x 11" size. The page count limitation applies to the actual technical proposal contained in the submittal. The only exceptions to the page count are the front and back cover and appendices. There is a minimum twelve (12) point font requirement for the basic text of the entire proposal submittal. Any charts, graphs, table of organizations, etc., must be of readable size. Appendices can be used.

- 1) **Qualifications:** All offeror's to this solicitation must provide detailed information regarding their organization's qualifications to meet the County scope of work for this project.
- 2) **Responses:** Qualifications and experience will be primary consideration for the award of this solicitation. Please provide responses in the below order and make sure your agency addresses each of the following in your proposal.
- 3) **Organizational Experience:**
 - Summary of organizational budget.
 - An introduction of your organization including mission statement, history and current organizational chart.
 - Unique organizational expertise, infrastructure and resources that will add value to the program.
 - Project location or service area
 - Your organization's experience and capacity to provide the services that are described in the proposal and in the Scope of Work.

4) Program Expertise and Personnel:

Provide a list of all managers, supervisors and staff who are being proposed for working in the Adams County program, even if only a portion of their time will be dedicated to the program. Include name, qualifications, experience working on any comparable project and proposed portion of time dedicated to the Adams County program for each. Include current or future counseling and key staff, and others who will work directly with participants.

5) Comparable Projects:

A detailed description of at least one similar program providing services described in the Scope of Work. The description should include:

- Name, location and budget of the program
- Experience providing services described in the Scope of Work
- Average monthly caseload size, individuals and/or families counseled, or served, types of services provided and other metrics which describe the breadth of the program
- Demographics and other descriptors of the population served
- A sample of monthly reports created for the project
- Annual outcomes produced from the program (five years of outcomes is strongly suggested)
- Submit Fee Schedule in the same format as Attachment B and submit with your proposal.
- At least three (3) references shall be provided for similar projects.
- A W-9 form shall be completed and returned with proposal.

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XXII. EVALUATION FACTORS FOR AWARD

Award will be made to the single responsive, responsible offeror who submits the most technically acceptable proposal.

A review committee consisting of members, appointed by the County, will make recommendation to the County management, and the County Board of Commissioners. The evaluation is based on the firm's qualifications. The committee may request additional information from offerors or request personal interviews with offerors.

The evaluation criteria are listed below in descending order of importance. Based on the responses of the offerors, the panel may award zero points for no response to the criteria or up to the maximum specified if the offeror demonstrates in their proposal exceptional responses or abilities.

<u>CRITERIA</u>	<u>POINTS</u>
1. Offeror's ability to provide all services as defined in the Scope of Service, Experience and knowledge of working with low-income mothers or youth. Experience and education of key staff. Understanding of child welfare reporting requirements.	0-50
2. Offeror's fee structure for performing the services.	0-25
3. Organizational budget including ability to provide services on a reimbursement basis as described in the scope of service, infrastructure for delivery of services, and organizational leadership.	0-25
Total	100

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**ATTACHMENT A
FEE SCHEDULE**

Please present the fees associated with your proposal in the following format following this page being referenced as **Attachment C**. Submitted Fee Schedule must be for a twelve (12) month period. Offeror's fees shall be firm through the entire term of the Agreement.

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**ATTACHMENT C
FEE SCHEDULE FOR SUBSTANCE ABUSE PROVIDERS ONLY**

Residential Treatment (including detoxification)		
Social Detox	Including room, board, and routine services	
Emergency Treatment Unit		
Adult Rehab		
Adolescent Rehab		
Day Treatment Half day		
Day Treatment Full Day		
History and Physical		
Physician Services		
Psychiatric Exam		
Medications (Rx)		
Laboratory Services (Each)		
Adult Rehab with children staying with parent in facility		
Transitional Residential Treatment		
Outpatient Treatment		
Evaluation (Individual or Family)		
Intake		
Group Session		
Group Education		
Individual Therapy		
Family Therapy		
Urine Screen (Negative)		
Urine Screen (Positive)		
Antabuse Monitoring		
Breathalyzer		
Antabuse Physical		
Drug Screen		
GCMS (re-test for positive urine screen)		
Bad Check		
Adolescent Residential Deposit		
Adult Residential Deposit		
Residential Treatment (including detoxification)		
Social Detox	Including room, board, and routine services	
Emergency Treatment Unit		
Adult Rehab		
Adolescent Rehab		
Day Treatment Half day		
Day Treatment Full Day		
History and Physical		
Physician Services		
Psychiatric Exam		
Medications (Rx)		
Laboratory Services (Each)		
Adult Rehab with children staying with parent in facility		
Transitional Residential Treatment		
Outpatient Treatment		
Evaluation (Individual or Family)		
Intake		
Group Session		
Group Education		

Individual Therapy	
Family Therapy	
Urine Screen (Negative)	
Urine Screen (Positive)	
Antabuse Monitoring	
Breathalyzer	
Antabuse Physical	
Drug Screen	
GCMS (re-test for positive urine screen)	
Bad Check	
Adolescent Residential Deposit	
Adult Residential Deposit	

**Attachment C
SAMPLE Budget Sheet**

Please present the costs associated with your proposal in the following format (without the examples). Please note in the "2012-2013 Base Expenses" section how the row totals are calculated for Cost to Contract in column D. For instance, the supervisor's salary and benefits is \$45,000 and overhead is \$2,500, however, since the supervisor would only work 50% of the time in the program, the Cost to Contract is only \$23,750 (50% * (\$45,000 + \$2,500) = \$23,750. The sum of the rows in the Base Expenses section should equal the line item amount of Base Expenses in your proposal. The total of Base Expenses is added to the other line items in your proposal in the last section of the sheet the total of these line items is the total amount of the contract. Please note the County will only reimburse for actual expenses, thus some line items may not be exhausted by the end of the agreement term.

Base Expenses (show fees for a 12 month period)					
Position/Base Expense	Description	(Column A) Agreement Allocation of Time/Fees	(Column B) Annual Salary and Benefit Fee	(Column C) Overhead	Total Equals Column A * (B + C)
i.e. Supervisor (example)	Provides supervision of case workers	50%	\$45,000	\$2,500	\$23,750
i.e. Manager (example)	Provides supervision for entire program	35%	\$55,000	\$2,900	\$20,265
i.e. Case Worker (example)	Provides direct case mgt. service to TANF clients	75%	\$40,000	\$2,100	\$31,575
i.e. Case Worker (example)	Provides direct case mgt. service to TANF clients	80%	\$40,000	\$2,100	\$33,680
i.e. Case Worker (example)	Provides direct case mgt. service to TANF clients	100%	\$40,000	\$2,100	\$42,100
i.e. Job Developer (example)	Develops internships, job placements, and builds business relationships	50%	\$45,000	\$2,500	\$23,750
i.e. Rent (example)	Office space	30%	\$30,000	\$0	\$9,000
i.e. Utilities (example)	Gas, electric and water	30%	\$7,000	\$0	\$2,100
					\$0
					\$0
Total of Base Expenses:					\$186,220
Budget Item	Description	Amount			
Base Expenses (example)	Equals total of Base Expenses	\$186,220			
Tuition for Training Courses (example)	Amount in contract for training courses for clients	\$20,000			
Criminal Background Funding (example)	Amount in contract for criminal background checks	\$2,000			
Supplies (example)	Paper, toner, staples etc.	\$3,000			
Mileage (example)	Reimbursement of miles traveled for staff	\$4,000			
GED Materials (example)	Books, tests, etc.	\$2,000			
Total (example):					\$233,220