Exhibit II
Contract between the Division of Public Health, Department of Health Services and the City of Racine for Reducing Fetal and Infant Mortality and Morbidity "Racine Healthy Babies"

Program Requirements

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

This contract between the City of Racine (City) and the Division of Public Health (DPH) of the Department of Health Services (DHS) is intended to promote a comprehensive strength-based approach to serving families using coordinated, family-centered, community-driven, and culturally-competent services, including home visiting.

The City will use Racine County and the County's vendors to directly perform services as provided in Exhibit I. The vendors selected to implement this contract are to use innovative approaches to reduce poor outcomes, specifically low birth weight, premature birth, and infant mortality; to improve maternal health; to improve family functioning; and to promote child health, safety and development–for pregnant women and their infants to 12 months of age, residing in zip codes 53402-53406 of the City of Racine.

The vendors must perform in accordance with Wis. Stat. 253.16. As such, its work plans and policies and procedures must incorporate the following requirements.

1. **Collaboration with academic institutions and a hospital, to identify and implement best and evidence-based practices.**
    - Healthy Families America (HFA) is the evidence-based home visiting model that will be used for the services provided under this contract, and HFA affiliation is required.
    - Collaboration with the following Racine agencies and programs providing similar and complementary services is required, to maximize the use of these funds, and to meet the requirement that 90% of the funds be used for direct services to clients.
        - Department of Children and Families (DCF) Home Visiting Contractors
        - Prenatal Care Coordination (PNCC)and Child Care Coordination (CCC) Providers
        - Racine Lifecourse Initiative for Healthy Families (LIHF)
    - Vendors must establish formal memoranda of understanding with these and other similar organizations, to assure a coordinated and comprehensive program of services is implemented, as intended by Wis Stats 253.16.
    - In addition, the vendors must establish or participate in a Stakeholder's Advisory Group, to help guide the work of this project, including participation in planning, review of services and activities, and recommendatons for program changes. The advisory group must include active participation by recipients or family members of the services.

2. **Preconception, prenatal, and postnatal services, and assess the availability of these services for women who lack insurance or are recipients of BadgerCare Plus/Medicaid.**
    - Program staff must assist women with early enrollment into BadgerCare Plus/Medicaid, PNCC and CCC (for those eligible), and any voluntary programs of pregnancy support for those not eligible for BadgerCare Plus/Medicaid.
    - Eligibility for BadgerCare Plus/Medicaid is not a requirement for participation in this program. However, if a mother or child is BadgerCare Plus/Medicaid eligible, then billing Medicaid must be maximized as appropriate.

- Vendors providing PNCC and CCC must be Medicaid certified within 6 months of the start of funding, maintain that certification, and provide PNCC and CCC services, as allowed.

- Vendors must use standardized assessment tools to identify families in need of services.
  - Screening tools, including the PNCC Pregnancy Questionnaire and CCC Family Questionnaire used to determine eligibility for this home visiting program, must meet the requirements for billing BadgerCare Plus/Medicaid for eligible families whether or not the tool is used for a BadgerCare Plus/Medicaid eligible family.
  - Other standardized methods of identification of family needs and strengths must be used at time of enrollment into the home visiting program.

- Prenatal and postnatal home visits for the mother may be funded by the general purpose revenue (GPR) funds provided through this contract. However, if any prenatal or postnatal services provided to BadgerCare Plus/Medicaid eligible women are covered services under Medicaid through the PNCC benefit or otherwise, then Medicaid must be billed and these GPR funds may not be used.

- Home visiting services for infants through 12 months of age may be funded by these GPR funds. However, the case management portion of home visiting services provided to BadgerCare Plus/Medicaid eligible children (up to age two) are covered services under Medicaid through the CCC benefit and Medicaid must be billed and these GPR funds may not be used.

- **Flexible Funds**
  An annual allocation of up to $250.00 per family enrolled in the program must be identified and made available as flexible funds to assist enrolled families achieve outcomes specified in their care plan. Flexible funds assist families and the home visitor/case manager to obtain goods or services that are needed immediately for family safety and functioning, and for which there is no other source of payment. Examples of allowable costs include those for parenting classes, transportation to classes, infant cribs, car battery, minor home repairs, eviction prevention, etc.

3. Develop and implement models of care for all women who meet the risk criteria, and provide comprehensive prenatal and postnatal care coordination and other services, including home visits.

- **Risk Criteria**
  Vendors must initiate services and maintain an ongoing continuous average caseload of 40 families, according to the following risk criteria and caseload mix:

  Level 1: at least 25% of the caseload must include pregnant African American women who have had a previous preterm birth, low birth weight birth, fetal or infant death (death after 20 weeks gestation through the first year of life).

  Level 2: up to 50% of the caseload may include African American pregnant or parenting (within the first 60 days of life) women who do not meet the criteria for Level 1.

  Level 3: up to 25% of the caseload may include pregnant or parenting (within the first 60 days of life) women of all other racial and ethnic groups who have had a previous preterm birth, low birth weight birth, fetal or infant death (death after 20 weeks gestation through the first year of life) or who have 4 of the 28 risk factors for the Medicaid Prenatal Care Coordination benefit.

- **Healthy Families America Affiliation**
  Vendors will be required to obtain and maintain Healthy Families America (HFA) affiliation. See www.healthyfamiliesamerica.org. The model features frequent home visits, based on

individual needs assessment and care plans, during the prenatal period, with continuity, engagement, support, and connection to needed community services.

HFA is designed for parents facing challenges such as single parenthood, low income, childhood history of abuse, substance abuse, mental health issues, and/or domestic violence. HFA requires that families must be enrolled prenatally or within the first 3 months after a child's birth. This program requires families to be enrolled prenatally or within 60 days of a child's birth.

HFA can be implemented alone or with other home visiting models and curricula, such as Parents as Teachers (PAT).

- **Review and revise, as needed to make more applicable, the existing Policies and Procedures Manual developed by Empowering Families of Milwaukee of the City of Milwaukee Health Department, including[1]:**
  - Incorporating the 12 Critical Elements and the following:
    - Outreach/Community Education Plan
    - Services to clients including assessment, needs-based referrals, follow-up and transition
    - Minimum expectations of use of screening tools with families
    - Employee recruitment and hiring
    - New employee orientation
    - Client rights and responsibilities, including grievance procedures
    - Confidentiality of client records
    - Visit frequency based on case intensity
    - Supervisor responsibilities, including case reviews
    - Caseload assignments
    - Staff evaluations
    - Staff discipline and discharge
    - Ongoing staff training program.
    - Exit Interview process for staff and for participants when they leave program
  - The written outreach plan must address the "voluntary" participation concept in the criteria used to determine intensity and duration of visits set up with the family, under the 12 Critical Elements.
  - Written policies and procedures specify the maintenance of case records to assure adequate protection of family's confidentiality in accordance with state and federal privacy laws including those in Title XIX, the Health Insurance Portability and Accountability Act (HIPAA), and/or the Family Educational Rights and Privacy Act (FERPA).
  - Vendors are required to collaborate with the health care providers for each woman, including the state-contracted HMOs, to provide support to medical prenatal care, including any Centering Pregnancy® and Centering Parenting programs, and group educational sessions to enhance health care for women during the pre-conception and inter-conception periods.
  - All families have established a medical home to ensure that their infant receives regular and preventive health care services.
  - Vendors are required to coordinate services with service providers that care for women and their families in Racine to improve referrals for supportive services, such as hospitals and NICUs; other home visiting programs, WIC, Food Share, child care subsidy program, family violence, mental health and substance abuse services, programs from the Department of Workforce Development (e.g., W-2 and Child Care), the Department of Public Instruction and the Racine Unified School District, Racine County Human Services, faith-based organizations, housing, economic assistance, and others.

[1] The Policy and Procedure Manual will be made available electronically for revision.

- Vendors adopt strategies that support high quality transitions within the home visiting program, including changes in staff and from pregnancy to parenthood to assure continuous services to families.

- **Staffing model and training requirements must also be incorporated into the revised policies and procedures:**

  The staffing model for this program must include a registered nurse who meets the qualifications of a public health nurse, as specified in Wis. Stat. s.250.06(1), and/or a licensed social worker as defined in Wis. Stat. s.252.15 (1) (er), paired with paraprofessional, trained community health worker(s) /home visitors, with experience in working or living in targeted zip codes. At least 25% of staff should reflect the target population based on race/ethnicity and culture.

  - Offer culturally competent services with staff and materials that reflect the populations being served.
    - Recruit and hire staff that represent the families they visit, who can identify with the families and earn their trust, and are able to respect individual and family values/beliefs, including understanding the impact of low income, poverty, and culture of young families.
    - Maintain written training plan on cultural awareness and competency.
    - Provide training and curriculum that enhances services to cultural groups and reflects knowledge of the needs of the population served, including education and employment.
    - Identify resources that address the unique cultural issues of families served.
    - Provide access to interpreter services and materials in the primary language of families residing in the targeted zip codes.
  - Limit staff caseloads so home visitors can have adequate time with each family.
    - Policy on weighted caseload decisions will be based on documented research. The Racine Healthy Babies home visiting policy is that a full-time community home visitor will have a balance caseload of no more than 25 families. Supervisor(s) makes assignments to home visiting staff considering the worker skills and abilities and based on the following caseload criteria, at a minimum:
      - √ Nature of problems encountered by family
      - √ Amount of time needed to work with family
      - √ Need for continuing assessment to provide assistance and intervention with family crises
      - √ Travel time, documentation needs, number of contacts with other service providers
      - √ Extent of other resources in the community to assist in meeting family needs
  - Select appropriately prepared staff who are skilled and experienced in working with diverse communities.
    - Program develops strategies for recruiting, hiring and evaluating home visiting staff that includes assessment of relational skills.
    - Home visitors possess receptive, sensitive, non-judgmental personalities to establish the rapport required to provide effective services.
    - Home visitor should have knowledge of community resources and educational or experiential background in child development, and parent support.
    - Home visitor must be able to work with diverse family structures and meet varying needs.
    - Staff should reflect the racial, ethnic, and cultural background of the families served.
    - Program establishes networks with other community resources for future employee recruitment of home visitors.
  - Select staff whose education and/or experience enable them to handle working with families with complex issues.
    - Include as part of the responses solicited in the staff interview process: demonstrated education or life experience(s) related to the practice of positive

parenting, enhancing appropriate child development, and knowledge of community resources.
    - Advertise for applicants with education and/or experience working with children and their families.
- Provide staff with intensive training specific to family assessment and home visitation.
    - Racine Healthy Babies program staff will have minimum training using adult training principles and a variety of didactic methods and experiences and attend core trainings provided by the home visiting training contractor(s)[2] as well as training required by the chosen model.
- Staff will have minimum training using adult training principles and a variety of didactic methods and demonstrate competency on prenatal health care for women that addresses the following topics:
    - Basic nutrition and dietary practices related to pregnancy. (Nursing staff are expected to be competent working with therapeutic diets.)
    - Promotion and support of breastfeeding
    - Importance of early continuous prenatal care
    - Normal changes due to pregnancy
    - Self-care during pregnancy
    - Pregnancy complications
    - High-risk medical and health behaviors that impact on pregnancy outcome
    - Postpartum care
    - Family planning/reproductive health
- Additional training activity topics may include:
    - Infant care
    - Infant nutrition
    - Child development and health
    - Language development
    - Role of culture in parenting
    - Family Violence
    - Substance Abuse
    - Mental health (focus on perinatal and postpartum depression)
    - Parental issues
    - HIV/AIDS
    - Knowledge of local resources
    - Case management skills
    - Skill to develop individualized family support plans
    - Knowledge of public benefit programs, Food Share, Badger Care Plus, W-2 etc.
    - Safe sleep
    - Shaken baby syndrome
    - Traumatic brain injury
    - Child passenger safety
    - Poisoning
    - Fire safety
- Continuous assessment of staff training is based on needs and performance.
- Ensure that staff receive ongoing supervision so they can develop realistic and effective plans to help families meet their objectives, aid those who may not be making progress, and discuss their concerns to solve problems and avoid stress-related burnout.
    - Project management for the home visiting program must include adequate supervision of field home visitors. If the program uses an interdisciplinary team, the professionally trained team members must work closely with the paraprofessional home visitors and provide frequent communication, planning and joint visits to families who are receiving program services.

[2] The vendors must work with the DPH and DCF to coordinate the training of home visitors. It will be the responsibility of the County to assure attendance of all home visitors at these training sessions.

- Supervisors schedule quarterly in-home visits with home visitor staff.
- A mechanism is in place for home visiting staff to have access at all times to a supervisor for urgent consultation.
- Provide reflective supervision sessions on a monthly basis or with the frequency prescribed by HFA. Supervision may be provided individually and in a group setting. Ideally a practitioner who is trained and knowledgeable in early child hood development or early childhood mental health and utilizes reflective practice principles would provide supervision. Supervision sessions must be accurately documented.
- Review all screening tools for cut off scores and assure referrals are made to services when appropriate.
- Ensure that all evaluation materials are completed and entered into SPHERE and other agency data bases as required in a timely manner.
- Ensure home visitors are implementing the curriculum prescribed by the model employed.
- Review status of acquisition of medical home.
- Program holds monthly staff meetings that promote service provision and program accountability.

  - Supervisors must review active files every quarter.

The County will be required to consult with DPH on basic training that will be available in Racine at minimal cost. Training will be provided in areas including, but not limited to: pregnancy-related nutrition and health; strength-based family support; normal child growth and development; cultural competency; poverty; issues of adult mental health, substance abuse and domestic violence; child abuse and neglect and the effects of same on adults; issues faced by drug-exposed infants; and available supportive community resources.

4. Conduct social marketing, including outreach, to assure health care access, public awareness programs, community health education, and other evidence-based and best practices.

- Vendor work plans must include an outreach plan about how to promote engagement and referral into the Racine Healthy Babies program, to community networks and families that employ creative, culturally appropriate outreach methods for identification of families to promote early entry into medical care and prenatal care coordination services.
- Vendors are expected to collaborate with similar programs and agencies within Racine to maximize the potential and effectiveness of outreach programs to reduce fetal and infant mortality and morbidity.
- Outreach materials reflect the voluntary program policy and all the relevant provisions within the approved Policy and Procedure Manual.

5. Evaluate the quality and effectiveness of the services.

Successfully implementing the home visiting program will affect the outcomes that are achieved at the program and individual levels. It is expected that the vendor will enroll the majority of women during pregnancy and the family may choose to continue with services until the child reaches his/her first birthday (second birthday for CCC services for BadgerCare Plus/Medicaid-eligible children). Performance will be measured to determine the program's effectiveness and results, using a combination of process and outcome objectives that can be achieved during the grant-funding period. Continued renewal of the grant allocation is contingent upon funding availability and performance; additional outcome performance measures may be implemented at the time of contract renewal negotiations.

Vendors' work plans must reflect the following evaluation requirements:

- For the period of July 1, 2011 to June 30, 2013, program methods will be reviewed and the following performance expectations will be measured.

- Activities to be completed within the first six months of performing services under this Exhibit II:
    1. All processes used to collect and report standardized data in the Secure Public Health Electronic Records Environment (SPHERE) data system of the DPH or other state databases have been established.
    2. Basic training of all professional, paraprofessional, and supervisory staff has occurred.
    3. Standardized program policy and procedures, including common forms that meet the requirements of documentation and the Wisconsin Medicaid program, have been developed or adopted from HFA, the evidence-based model required under this contract and adopted by the home visiting contractors with the Department of Children and Families (DCF).
- The program evaluation will include process and outcome measures that will require data collection, data entry, quality control, running reports, and analysis. Confidentiality must be assured and all staff must be trained and supervised to assure that the evaluation is successfully executed.
- In the attached draft Indicators for the Evaluation of Racine Healthy Babies Home Visiting Program, DHS/DPH adopted a number of the same and/or similar indicators as those used by the DCF home visiting program. The County or its vendors will work with DPH to develop a final version which will then replace the draft and be in effect.
- Vendors will collect data for each participant enrolled, and over time. DPH will determine when sufficient data is collected to determine a baseline for purposes of measuring future performance. DPH will notify the vendors when a baseline is established and at what point in time the vendors' performance will be measured to determine improvement.
- In addition to the attached "Indicators for the Evaluation of the Racine Healthy Babies Home Visiting Program", the following data that are to be collected and reported include:
    1. The number and percent of women by risk criteria categories, enrolled by trimester of pregnancy
    2. Caseload retention
    3. Client contacts per pregnant woman or family enrolled
    4. Medicaid reimbursement
    5. Use of flexible funds

6. Maximize and leverage additional resources, including Medicaid reimbursement.

- Vendors will be required to bill Medicaid for PNCC and CCC covered services as appropriate. All reimbursement is to be reinvested in the home visiting program.
- Vendors will work with DHS to explore ways to maximize the use of federally qualified health centers for the Racine Healthy Babies home visiting program.
- The general purpose revenue funds are to be leveraged to bring additional funds and resources into the community to support the purpose of the program. Processes will require effective billing for eligible BadgerCare Plus/Medicaid services and use of reimbursements to enhance program services. The program should be in a strong position to apply for federal Healthy Start funding or other federal or state funding when the opportunity comes available again. This overall evaluation process improves the program's capacity to determine effectiveness of selected strategies and report regularly using consistent data elements for measurement over time.

7. Prepare an annual report, derived in part from FIMR, to the City of Racine, DHS, the legislature, and the governor.

- Reports will inform the program and key stakeholders.

- Vendors will work with DHS/DPH on the required format for the reports.
- Required reports include:
  - Monthly caseload reports
  - Monthly SPHERE data reports
  - Quarterly program reports that include a narrative description of the progress made for each of the components #1 through #4, and #6, and a summary of the data collected in #5
  - An annual report, derived in part from a review of fetal and infant deaths in the City of Racine, must be prepared and submitted to the City, DHS, the legislature, and the governor