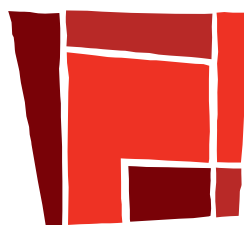




MATERNAL, INFANT, & EARLY CHILDHOOD
HOME VISITING (MIECHV) PROGRAM

RESOURCE MANUAL

(UPDATED September 2016)



ARIZONA DEPARTMENT
OF HEALTH SERVICES

MATERNAL, INFANT, & EARLY CHILDHOOD HOME VISITING (MIECHV) PROGRAM

RESEARCH SOURCE MANUAL



ARIZONA DEPARTMENT
OF HEALTH SERVICES

ARIZONA DEPARTMENT OF HEALTH SERVICES
BUREAU OF WOMEN'S AND CHILDREN'S HEALTH
OFFICE OF CHILDREN'S HEALTH

MATERNAL & INFANT EARLY CHILDHOOD HOME VISITING (MIECHV) PROGRAM

RESOURCE MANUAL

TABLE OF CONTENTS

	<u>Section</u>
CONTRACT MANAGEMENT AND MONITORING	1
<u>Subtitle:</u> Contract Monitoring and Site Visits	
<u>Subtitle:</u> Preapproval of Expenditures/Allowable Expenditures	
<u>Subtitle:</u> Arizona Procurement Code Rulemaking Changes	
<u>Subtitle:</u> Work Group Development	
<u>Subtitle:</u> ETO/Help Desk	
COMMUNICATIONS AND MARKETING FOR STRONG FAMILIES ARIZONA (SFaz)	2
<u>Subtitle:</u> SFaz Constant Contact Guidelines	
<u>Subtitle:</u> SFaz Marketing Materials Approval Process, General Brand Standards & External Communications	
<u>Subtitle:</u> SFaz Consumer-Facing Side of Website & Home Visitor Portal	
PROFESSIONAL DEVELOPMENT	3
<u>Subtitle:</u> Technical Assistance (TA) for Home Visitors	
<u>Subtitle:</u> Professional Development Marketing & Evaluation	
EVALUATION	4
<u>Subtitle:</u> Continuous Quality Improvement (CQI) Process	
<u>Subtitle:</u> State & Community Level Program Evaluation & Management of Data Collection	

DATA SHARING

Section

5

Memorandum of Understanding (MOU) Agreement

HOME VISITING PROGRAMS

6

Subtitle: Nurse-Family Partnership (NFP)/ Healthy Families America (HFA)
& Parents As Teachers (PAT) Model Requirements

Subtitle: Family Spirit (FS) Model Requirements

COMMUNITY CAPACITY BUILDING

7

Subtitle: Family Engagement Guidelines

Subtitle: Coalition Member Agency Agreement Guidelines

Subtitle: Community Capacity Building Process

Subtitle: Home Visitor Coordinator (HVC) Requirements

INSTITUTIONAL REVIEW BOARD (IRB)

8

Subtitle: ADHS IRB Process and Requirements

FEDERAL GRANT COMPLIANCE

9

Subtitle: ADHS Federal Grant Compliance Requirements

Subtitle: Federal Funding Accountability & Transparency Act (FFATA)

Subtitle: Administrative Costs Limitation on Grant Funds

MONITORING TOOLS

10

Subtitle: MIECHV Monthly Monitoring Tools for Staff

APPENDIX

Subtitle: Meeting Planning Checklist

Subtitle: Workgroup Formation Guide



ARIZONA DEPARTMENT OF HEALTH SERVICES

Arizona Department of Health Services
Bureau of Women's and Children's Health

Office of Children's Health

Maternal Infant and Early Childhood Home Visiting (MIECHV) Program

RESOURCE MANUAL

SUMMARY

The Arizona Department of Health Services (ADHS), Bureau of Women's and Children's Health (BWCH) strives to improve the health of Arizona's women and children. To this end, the Office of Children's Health within the Bureau administers the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) federal grant which is funded by the Health Resources and Services Administration (HRSA). The MIECHV Program concentrates on a statewide system of evidence based home visiting in order to best serve the most at-risk families of Arizona.

The Office of Children's Health (OCH) MIECHV Resource Manual is a compilation of all major components of the MIECHV Program and includes contract and program requirements as well as monitoring procedures. It is broken down into ten subject areas, including 1) Contract Management and Monitoring, 2) Communications and Marketing, 3) Professional Development, 4) Evaluation, 5) Data Sharing, 6) Home Visiting Programs, 7) Community Capacity Building, 8) Institutional Review Board process, 9) Federal Grant Compliance and 10) Monitoring Tools. An Appendix containing additional general forms has also been added. The documents and attendant attachments contained within the first nine areas provide a background and overview of each component, as well as contract and grant requirements and policies and procedures for ADHS staff and individuals associated with the MIECHV program and responsible for the administration of grant components.

Section 10 of the OCH MIECHV Resource Manual includes Monitoring Tools for staff required for monthly monitoring of appropriate grant components such as the Nurse-Family Partnership program, Healthy Families America program, Family Spirit Model, and Parents As Teachers Model. The MIECHV Resource Manual will be updated as needed.

The MIECHV Resource Manual can be found at: <http://azdhs.gov/documents/prevention/womens-childrens-health/childrens-health/homevisiting/miechv-resource-manual.pdf>

We would like to acknowledge **Diane Ziple**, MS, for her leadership and guidance in completing this manual. Date Last Revised: August 2016
September 2014 Original Print Date:

Bureau of Women's and Children's Health (BWCH) Resource Manual	DATE: September 2014; Revised September 2015; Revised July 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health

SUBTITLE: Contract Management and Monitoring including Site Visits

PURPOSE

The purpose of this document is to provide written guidelines for Contract Management and Monitoring within the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program to ensure services are delivered pursuant to the terms and conditions of the contract.

POLICY

Contract Management and Monitoring of the MIECHV grant will be conducted by appropriate Arizona Department of Health Services staff, including the Program Manager (PM), to ensure all tasks and deliverables are completed per contract requirements. Contract monitoring will follow the procedures outlined in Part 1.4 of the ADHS Procurement Policy and Procedure Manual, Contract Monitoring Process.

AUTHORITY

The implementation and enforcement of this policy is at the discretion of the Chief, Office of Children's Health, BWCH.

APPLICABILITY

This policy and procedure applies to all individuals working within the MIECHV Program.

DEFINITIONS

SITE REVIEW NOTIFICATION LETTER (Attachment A) – Prior to sending out any letter on ADHS official letterhead the PM shall send the letter to the MIECHV Program Director. This letter notifies the Contractor of the date of the site review. On-site reviews must be scheduled a minimum of five (5) business days in advance of the review. Ideally, the date will be mutually agreed upon well in advance of the review. The letter serves to confirm the date and arrangements. This letter must include a copy of the monitoring guide, a draft agenda, and a list of review team members. This letter must also clearly state any information that must be submitted prior to the review,

Bureau of Women’s and Children’s Health (BWCH) Resource Manual	DATE: September 2014; Revised September 2015; Revised July 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children’s Health

SUBTITLE: Contract Management and Monitoring including Site Visits

and any information that will be required the day of the review, including all financial files.

MONITORING REPORT LETTER (Attachment B) – This is a cover letter that goes with the first draft of the monitoring report. The Contractor is given the opportunity to review and respond to the draft monitoring report. The Contractor must respond within seven (7) days of notification.

MONITORING REPORT (Attachment C) – This report summarizes the findings of the site review. It shall include three sections, among others:

Strengths: Specific examples where the Contractor has exceeded contractual expectations and delivered high quality services that meet the needs of families.

Recommendations for Improvement: Examples where the quality or efficiency of service delivery could be improved, although the Contractor is essentially in compliance with the contract.

Required Corrections: Each instance in which the Contractor is out of compliance with the contract must be included. The specific portion of the contract or policy and procedure manual must be cited, and the documentation that indicated non –compliance and what needs to be done to bring the Contractor into compliance.

FINAL MONITORING REPORT LETTER (Attachment D) – This is a cover letter that is sent to the Contractor with the final monitoring report. The Contractor may be required to prepare and submit a written plan of corrective action within fourteen (14) days of receipt. The Contractor is informed that the corrective action plan will be reviewed and accepted or changes to the plan will be requested. Once the plan is accepted, the Program Manager or other appropriate ADHS staff monitors progress and provides technical assistance in support of the plan.

Bureau of Women’s and Children’s Health (BWCH) Resource Manual	DATE: September 2014; Revised Sept 2015; Revised July 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children’s Health

SUBTITLE: Contract Management and Monitoring including Site Visits

REQUEST FOR FURTHER INFORMATION/CLARIFICATION OF PLAN OF CORRECTIVE ACTION (Attachment E) – This is a letter sent to the Contractor when changes/further information/clarification to the plan of corrective action are necessary. The Contractor is required to submit the requested information within 14 days of receipt of the letter.

ACCEPTANCE OF PLAN OF CORRECTIVE ACTION (Attachment F) – A letter sent to the Contractor when the plan of corrective action has been reviewed and accepted.

VENDOR DEFICIENCY REPORT (Attachment G) – If the Contractor is in non-compliance, or a major contract performance issue results, the Program Manager or appropriate ADHS staff is to notify the Chief, Office of Children’s Health and the Procurement Administrator on a Vendor Deficiency Report Form (SPO 123). The Procurement Administrator will notify the Contractor within seven (7) business days of receipt and determine further recourse.

SITE VISIT TRACKING SHEET (Attachment H) – The Site Visit Tracking Sheet shall be used by appropriate staff to document the Fiscal Year of the Site Visit, the date the Site Review Notification Letter was sent, the Site Visit date, and date the Site Visit Report was sent to the Contractor.

PROCEDURE

A. General

1. All PMs or other appropriate ADHS staff who monitor contracts shall maintain a file for each contract. The file shall include the current contract, copies of invoices, correspondence, site review summaries and all documentation that pertains to the contract including a determination that all expenditures are

Bureau of Women's and Children's Health (BWCH) Resource Manual	DATE: September 2014; Revised Sept 2015; Revised July 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health

SUBTITLE: Contract Management and Monitoring including Site Visits

allowable and allocable in accordance with all applicable legal and policy requirements.

2. When a Program Manager receives notification that a contract or program is being audited, or they receive an audit report, the Program Manager or other appropriate ADHS staff shall provide a copy for the Chief, Office of Children's Health, and maintain a copy in the contract file.
 3. The Program Manager or other appropriate ADHS staff will conduct monthly contract monitoring of all grant sub-recipients and is responsible for completion of Monthly Monitoring Reports (See Section 10 of Resource Manual), and LIA Compliance Reports (See Section 10 of Resource Manual)) including but not limited to Nurse Family Partnership, Healthy Families Az, Parents as Teachers, and other programs as added.
- B. Preparation for Contract Monitoring
- 1) When a contract is established, the Program Manager or other appropriate ADHS staff that is responsible for the contract will develop a monitoring plan including, but not limited to, Sections A1 and A3 above. This plan will state how the contract will be monitored to ensure services were delivered pursuant to the terms and conditions, including a determination that all expenditures are allowable and allocable. The level of the review shall be appropriate to the complexity and size of the contract. The contracting monitoring plan may include activities such as reviewing invoices, reports and programmatic data, meetings and/or conversations with the Contractor, and review of contract deliverables, and formal site visits. To ensure adequate compliance of documentation, the plan will also include a review of at least five (5) contractor financial files that includes but is not limited to: time sheets, and payroll records for any salary

Bureau of Women’s and Children’s Health (BWCH) Resource Manual	DATE: September 2014; Revised Sept 2015; July 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children’s Health

SUBTITLE: Contract Management and Monitoring including Site Visits

charges, including supporting schedules, maintenance costs and expenses, equipment or contractor charges, expense/travel vouchers for any travel expenses, receipts, and other attachments that support the invoiced amounts.

Most programmatic contracts to provide public health services at the local level shall require a site review. The recommended frequency is once per year, unless the Management Team has approved a different schedule and plan.

2. For contracts requiring an on-site review and monitoring, the following shall be implemented:

a) The Program Manager or other appropriate ADHS staff shall prepare and provide to each Contractor a Site Review Evaluation packet. The guide must include the following sections:

Standard – The specific contractual agreement you are reviewing and a statement from the contract or policy and procedure manual with specific citation

Source – The source of information you will use to verify that the agreement is being carried out. Sources for documentation fall into one of the following categories:

- Information currently available from databases, regular & special reports, & invoices
- Information requested prior to the site review such as copies of training records, certificates, licenses, QA plans, etc.
- Information gathered at the on-site review from review of client records, interviews, and observations. Program Managers or other appropriate ADHS staff must document their process for the selection of client records reviewed. At least five (5) randomly selected financial files shall be reviewed at each site visit. See Section B1 above for specific required documentation of files. An On-Site Review Guide Example form must be developed to ensure that interview, client record review and observations are conducted and recorded in a consistent manner.

Compliance – A determination if the Contractor is in compliance or out of compliance with the standard under review.

Comments – An opportunity for the reviewer to provide pertinent information.

Bureau of Women's and Children's Health (BWCH) Resource Manual	DATE: September 2014; Revised Sept 2015; Revised July 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health

SUBTITLE: Contract Management and Monitoring including Site Visits

C. On-Site Review Process

1. The PM, or other appropriate ADHS staff member conducting the Site Review shall use the Site Visit Tracking Sheet (Attachment H) to document the Fiscal Year of the Site Visit, the date the Site Review Notification Letter was sent, the Site Visit date, and date the Site Visit Report was sent to the Contractor.
2. Feedback shall be provided to the Contractor following the on-site review in an exit conference.
3. The Program Manager or other appropriate ADHS staff will issue a draft monitoring report within three weeks of the site visit. The draft monitoring report must be mailed to the Agency Administrator. The Program Manager can also e-mail the report if the document does not include any client identifying information. The Contractor shall have the opportunity to review the report and respond within seven (7) days of notification.
4. After consideration of the Contractor's input on the draft report, the Program Manager or other appropriate ADHS staff will prepare the final monitoring report within thirty (30) days which identifies strengths, recommendations for improvement, and any required corrective actions. If a written plan of corrective action is required, the Contractor shall submit such a plan within fourteen (14) days of receipt of the final monitoring report.
5. When the Contractor is required to submit a plan of corrective action, the person responsible for the contract will review the plan and accept the plan or request further information/clarification of the plan. The Program Manager or other appropriate ADHS staff will notify the Contractor within 21 days of receipt of the Request For Further Information/Clarification of Plan of Corrective Action (Attachment E) or the Acceptance of Plan of Corrective Action (Attachment F).

Bureau of Women's and Children's Health (BWCH) Resource Manual	DATE: September 2014; Revised Sept 2015; Revised July 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health

SUBTITLE: Contract Management and Monitoring including Site Visits

6. When further information/clarification is required, the person responsible for the contract will notify the Contractor of his/her availability to provide technical assistance.
7. Once the plan of corrective action is accepted, the person responsible for the contract shall monitor progress and provide technical assistance in support of the plan.
8. The monitoring report, Contractor's plan of corrective action, and all pertinent work papers, shall be maintained in the program files for future review.

D. Resolving Compliance and Billing Issues

1. If the Contractor fails to comply, or a major contract performance issue results, the Program Manager is to notify the Bureau Chief and the Procurement Administrator on a Vendor Deficiency Report Form (SPO 123), (Attachment G). The Procurement Administrator will notify the Contractor within seven business days of receipt and determine further recourse.
2. If any indication is found that fraud may be involved, the Program Manager is not to discuss it with the Contractor. The review shall include the necessary probing to determine the facts. The Program Manager will report the findings to the Bureau Chief to formulate a course of action.
3. If the Contractor has not met the terms of the contract and is not billing according to the terms of the contract, the Program Manager is to contact the Contractor within three (3) business days of discovery to resolve the issue. The Program Manager must document the notification to the Contractor.
4. The Program Manager must document notification to the Contractor if Contractor's invoice cannot be processed within 5 business days of receipt due to unresolved issues.

Bureau of Women's and Children's Health (BWCH) Resource Manual	DATE: September 2014; Revised Sept 2015; July 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health

SUBTITLE: Contract Management and Monitoring including Site Visits

5. When the invoice is approved for payment, the documented notification, a copy of the Purchase Order, along with the invoice must be submitted to the Business and Finance Section for payment.

E. Sub-Recipient Monitoring & Management - Post-Award Requirements Per Federal Law 45 CFR Part 75 -

1.1 Per Federal Regulation 75.351, Sub-recipient and Contractor determinations:

A pass-through entity must determine for each agreement it makes whether the disbursement of Federal program funds casts the party receiving the funds in the role of a sub-recipient or a contractor. This is defined as follows:

- Sub-recipients.- A sub-award is for the purpose of carrying out a portion of a Federal award and creates a Federal assistance relationship with the sub-recipient. Characteristics of a Federal Assistance Relationship include:

- (1) Determining who is eligible to receive what Federal assistance;
- (2) Having its' performance measured in relation to whether objectives of a Federal program were met;
- (3) Having responsibility for programmatic decision making;
- (4) Being responsible for adherence to applicable Federal program requirements specified in the Federal award; and
- (5) In accordance with its agreement, using the Federal funds to carry out a program for a public purpose specified in authorizing statute, as opposed to providing goods or services for the benefit of the pass-through entity.

- Contractors – A contract is for the purpose of obtaining goods and services for the non-Federal entity's own use and creates a procurement relationship with the contractor.

Characteristics of a procurement relationship include:

- (1) Providing the goods and services within normal business operations;
- (2) Providing similar goods or services to many different purchasers;
- (3) Normally operating in a competitive environment;

Bureau of Women's and Children's Health (BWCH) Resource Manual	DATE: September 2014; Revised Sept 2015; July 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health

SUBTITLE: Contract Management and Monitoring including Site Visits

- (4) Providing goods or services that are ancillary to the operation of the Federal program; and
- (5) Is not subject to compliance requirements of the Federal program as a result of the agreement, though similar requirements may apply for other reasons.

1.2 Requirements for Pass-through Entities -
All pass-through entities must:

- (1) Clearly identify to the sub-recipient as a sub-award.
- (2) Impose requirements on the sub-recipient so that the Federal award is used in accordance with Federal statutes, regulations and the terms and conditions of the Federal award.
- (3) Impose additional requirements on the sub-recipient in order for the pass-through entity to meet its own responsibility to the Federal awarding agency including identification of any required financial and performance reports;
- (4) Require that the sub-recipient permit the pass-through entity and auditors to have access to the sub-recipient's records and financial statements as necessary.
- (5) Evaluate each sub-recipient's risk of noncompliance with Federal statutes, regulations, and the terms and conditions of the sub-award for purposes of determining the appropriate sub-recipient monitoring.
- (6) Monitor the activities of the sub-recipient as necessary to ensure that the sub-award is used for authorized purposes, in compliance with Federal statutes, regulations, and the terms and conditions of the sub-award; and that sub-award performance goals are achieved.
- (7) Verify that every sub-recipient is audited.
- (8) Consider taking enforcement action against noncompliant sub-recipients.

Approved:



Irene Burnton, Chief, Office of Children's Health

Date:

8/30/16

The Primary Position of Responsibility for this policy is the Bureau of Women's and Children's Health. Users are encouraged to suggest improvements regarding this policy and procedure.

EVIDENCE BASED SITE VISIT NOTIFICATION LETTER TEMPLATE (use ADHS letterhead) (Updated July 2016 to conform with new federal regulations)

Date

Name of identified Contract contact person

Organization

Street Address

City, State Zip

Dear Mr/Ms:

The Arizona Department of Health Services is responsible for the evaluation and monitoring of contracts. Periodic site reviews are scheduled to ensure that services are delivered pursuant to the terms and conditions of the contract, applicable statutes, rules, and other policies applicable or made part of the contract. A site review has been scheduled for contract (#, name), on (date).

The site review process also provides us with an opportunity to meet with you to discuss public health issues in your community, and provide training and technical assistance as needed.

The day of the review:

1. Please have the following staff present: _____
2. Make space available for the review.
3. Have the following materials available for review at the site:
 - Federal fiscal year twelve month Spending Plan and Year-to-Date Expenditures
 - Federal fiscal year Annual Budget
 - Employee files
 - A monitoring schedule and dates for LIA Annual Site Reviews for this contract period (if applicable)
 - A copy of your policies and procedures for your monitoring and tracking (if applicable)
 - A copy of your most recent audit (if applicable)

Please submit any missing information listed below via e-mail to (Name of MIECHV Program Manager), at least 5 (five) days prior to the review. (If no information is missing leave the section below blank. If information is missing, add the following in the section below: Based on a review of the monthly reports you have submitted from (contract year dates – month/day/year-month/day/year), the following information is missing: (Only include the categories listed below if they have missing documents. Also, include the month(s) that are missing)

- Monthly Report (months missing)
- Data to ADHS Evaluators (months missing)
Name
Page 2
Date
- Marketing/Educational Materials Pre-Approval (name of marketing/educational material(s) not approved)
- Pre-Approval of Trainings (name of training(s) not approved)
- Documentation of Attendance at Meetings (subject/date of meetings lacking attendance documentation)
- Copy of any subcontracts not received by ADHS

Below is the Agenda for our Site Visit

Draft Site Visit Sample Agenda		
Time	Personnel	Subject
9:00 am- 9:30 am		Overview of Program
9:30 am – 11:00 am	Meet with Contractor	Spending Plan 20XX Budget 20XX
11:00 am – 12:00 pm	Meet with Sub-Contractor	Contract Deliverables
12:00 pm – 1:00 pm	Lunch	
1:00 pm - 3:00 pm		

Your cooperation and support of the site review process is appreciated. Our goal is to make this an opportunity for us to work together to continually evaluate and improve the services that we provide to Arizona’s most vulnerable populations. Please contact the site visit team leader if you have any questions regarding the process. We look forward to meeting with you on (date).

Sincerely,

Name of sender
Title

PM: (Put initials of Program Manager)

Enclosures: (Put names of enclosures)

Attachment B

MONITORING REPORT LETTER TEMPLATE (Use ADHS letterhead)

Date

Contractor

Organization

Street Address

City, State Zip

Dear Contractor:

A draft of the Monitoring Report which documents the findings of the Site Review for contract # _____, on _____ is included with this letter. The draft summarizes the following four sections of the review:

1. Areas of Strengths
2. Recommendations for Improvement
3. Required Correction
4. Other Discussion Items

You are given seven (7) days following the receipt of this letter to review and respond to the draft's contents. Please inform us if there are any corrections that should be made to the content. After the final report is issued, you will have the opportunity to submit a corrective action plan if one is required.

If you have any questions regarding this procedure, please contact me at (602) (PM's tel. No.).

Sincerely,

Name of sender

Program

PM:PM:sb

Enclosure

EVIDENCE BASED PROGRAMS SITE VISIT MONITORING REPORT Template (Use ADHS Letterhead) (Updated July 2016 to conform with new federal regulations)

ARIZONA DEPARTMENT OF HEALTH SERVICES BUREAU OF WOMEN AND CHILDREN'S HEALTH
MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING PROGRAM

Contractor:

Contract #:

Review Date:

Reviewer:

Fiscal Period:

Staff Present:

Service area for _____

County includes:

MIECHV Site Visit Document for Evidenced Based Home Visiting Programs		
TASKS	IMPLEMENTATION OF TASKS	COMPLIANCE - Y,N, Not Available, Not Applicable
Working w/ national model developer and TA		
Program staff: <ul style="list-style-type: none"> • Recruiting, hiring and retaining staff, • Duties & Percentage of time allocated to the program 		
Review LARs for multiple funded staff. (Reviewed, not reviewed due to: _____, not available, not applicable)		
Ensuring high-quality clinical supervision and reflective practice for HV and Supervisors		
Obtaining curriculum		
HV received model-specific initial and on-going training		
Identifying, screening and recruiting participants & providing required documentation		
Estimating and tracking families served		
State attrition rate & efforts to meet 35% standard (65% retention)	Current Attrition Rate ____ Efforts:	
State current capacity & efforts and timeline to meet 85% standard	Current Capacity ____ Efforts:	

Specific efforts to the coordinate between HV programs and other programs		
Participation in the CQI committee/Documentation of attendance at meetings	Participation Months Missing: _____ Doc of Attendance Months Missing: _____	
Provide updated list of collaborative partners	Update Received on _____	
Provide a monitoring schedule and dates for the LIA Annual Site Reviews for this contract period. (If applicable)	Update Received on _____	
Do you have a copy of your policies and procedures for your monitoring and tracking? (If applicable)	Received on _____	
Do you have a copy of your most recent audit? (If applicable)	Received on _____	
<u>DELIVERABLES</u> (Program Manager will prefill appropriate information prior to site visit using Monthly Tracking and Compliance Report (Attachment H))		
CER/Invoice and Justification (if required), by 21st of month	Months Late: _____ 3 Months Reviewed _____	
I-9 Forms on file for all program staff. (Letter from Human Resources listing employees w/completed I-9 forms is acceptable.) (Form available at USCIS.GOV Federal Immigration Laws)		
Monthly Progress Report by 21st of month to include: Recruitment, Home Visits, referral, Training(s), and Attrition Rate information	Months Late: _____	
Required Data to ADHS Evaluators by 10th of month	Months Late: _____	
Annual Report by ADHS Staff		
Program adheres to fidelity of model. Fidelity documents made available annually by 1/31/xx		
Provide Evaluation Report (Family Spirit) annually by 10/31/xx		
<u>APPROVALS</u>		
Pre-approval of Trainings		
Marketing/Educational Materials Pre-approval		

<p>Materials have ADHS logo or tag on them, & follow MIECHV brand and include the statement : <i>“Funded by the US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau Grant XXXXXXXXXXXX as awarded to the AZ Department of Health Services, Bureau of Women’s and Children’s Health, Office of Children’s Health”</i></p>		
<p>Has program purchased equipment exceeding \$5000 needing to be tagged by ADHS Inventory Control? If yes, email Thom Morgan, ADHS Inventory Management Office, Thomas.Morgan@azdhs.gov with purchase order/ invoice that includes make, model, equipment description and cost of equipment. <i>Note: equipment purchased under \$5,000 should be labeled by contractor as equipment belonging to ADHS</i></p>		
<p><u>OTHER REVIEW ITEMS</u> Does program have a written plan of how services will continue in the event of a pandemic event? (Printed copy not needed)</p>		
<p>Could program benefit from TA in areas of spending plan, recruitment or retention, addressing attrition rates, or other to enhance program and/or overcome challenges/barriers?</p>		
<p><u>SUMMARY OF FINDINGS</u> Include: A) Successes and Challenges and Steps taken for each, B) Contractor’s assessment of one area they would change about program if they could, if discussed C) New HV programs and outreach D) Other</p>		

<u>AREAS OF STRENGTH</u>		
<u>RECOMMENDATIONS FOR IMPROVEMENT</u>		
<u>REQUIRED CORRECTIONS</u>		
<u>FINANCIAL REVIEW</u>		
Organizational Structure (Financial staff w/i MIECHV grant staff, procurement, Site Visit Financial File Review, etc)		
Budget Review: Review current FY Budget to date (Budget & Tracking; Federal Fiscal Year Annual Budget; Allowable and Allocable Expenditures, Discussion of policies & procedures for Fiscal Oversight & Procurement;		
Spending Plan (Spend Down Overview, Federal Fiscal Year twelve month Year to Date Expenditures; Budget moves within 10%)		

Compliance with FFATA requirements		
<u>OTHER DISCUSSION ITEMS</u>		

Attachment D

FINAL MONITORING REPORT LETTER (Use ADHS Letterhead)

Date

Contractor
Organization
Street Address
City, State Zip

Dear Contractor:

A copy of the Final Site Review report is included with this letter. Please review the report by the Site Visiting Committee. A Corrective Action Plan must be submitted within fourteen (14) days of the receipt of this letter if the Site Review Summary contains required corrections.

The submitted written Corrective Action Plan will be reviewed, and accepted, or changes to the plan will be requested.

Upon acceptance of the Corrective Action Plan, the Program Manager is available to provide technical assistance.

If you have any questions regarding this request or procedure, please contact our office at (602) 364-1400.

Sincerely,

Name of sender
Program

PM:sb
Enclosure

Attachment E

**REQUEST FOR FURTHER INFORMATION/CLARIFICATION OF PLAN OF
CORRECTIVE ACTION (Use ADHS Letterhead)**

Date

Contractor
Organization
Street Address
City, State Zip

Dear Contractor:

The plan of corrective action submitted in response to the findings of the site review for contract # _____, on _____ has been reviewed. Please provide the following additional information/clarification within fourteen (14) days of receipt of this letter

If you have any questions regarding this request or procedure, or require any technical assistance, please contact _____ at (602) 364-1400.

Sincerely,

Name of sender
Program

PM:sb

ACCEPTANCE OF PLAN OF CORRECTIVE ACTION (Use ADHS Letterhead)

DATE

Contractor
Organization
Street Address
City, State Zip

Dear Contractor:

The plan of corrective action submitted in response to the findings of the site review for contract # _____, on _____ has been reviewed and accepted. The plan of corrective action will be incorporated as a component of the final report.

If you have any questions regarding this request or procedure, or require any technical assistance, please contact _____ at (602) 364-1400.


Sincerely,

Name of sender
Program

PM:sb

Attachment G

ATTACHMENT G

	<h2>Vendor Deficiency Report</h2> <p>USE THIS FORM TO REPORT VENDOR PERFORMANCE THAT DOES NOT CONFORM TO THE TERMS OF THE CONTRACT AND REQUIRES CORRECTIVE ACTION BY THE STATE PROCUREMENT OFFICE.</p>	<p>State Procurement Office Capital Center Suite 103 130 South 15th Avenue Phoenix, AZ 85007-3223 Phone: (602) 542-5511 Fax: (602) 542-5308</p>
---	--	--

PART I		AGENCY REPORT			
AGENCY		ADDRESS			
PERSON TO CONTACT	PHONE NO.	ADDRESS			
VENDOR NAME		VENDOR ADDRESS			
CLASS	CONTRACT NO.	PURCHASE ORDER NO. *	DATE	INVOICE NO. *	DATE
DESCRIBE THE DEFICIENCY. BE ACCURATE, COMPLETE, FACTUAL. USE REVERSE SIDE IF NECESSARY.					
<input type="checkbox"/> REPORTING INCIDENT, NO ACTION REQUESTED <input type="checkbox"/> SPECIFIC ACTION REQUESTED: _____					
* ATTACH - 1 COPY.		SIGNATURE OF AGENCY REPRESENTATIVE _____		DATE _____	
PART II - SPO ACTION		MAIL TO AGENCY ADDRESS IN PART I ABOVE			
DATE _____					
ACTION TAKEN: _____					
PROCUREMENT SPECIALIST _____		STATE PROCUREMENT ADMINISTRATOR _____		DATE _____	

ATTACHMENT H

MIECHV Annual Site Visit Tracking

* SV = Site Visits. To be performed annually for every contractor receiving MIECHV funds.

**Effective 6/1/2015

		FY 20xx\20xx [Oct/Sept]				FY 20xx//20xx[Oct/Sept]			
ADHS staff	Funding Source	SV Notification Letter Date Sent	SV Date	SV Report Date Sent	Funding Source	SV Notification Letter Date Sent	SV Date	SV Report Date Sent	
WMAT\Family Spirit Program	Formula				Formula				
		FY 20xx/20xx [Oct/Sept]				FY 20xx/20xx [Oct/Sept]			
ADHS staff	Funding Source	SV Notification Letter Date Sent	SV Date	SV Report Date Sent	Funding Source	SV Notification Letter Date Sent	SV Date	SV Report Date Sent	
Department of Child Safety	First Things First								
Maricopa County									
Pima County									
DV Coalition									
ASU Morrison									

Bureau of Women's and Children's Health (BWCH) Resource Manual	DATE: September 2014 Revised: _____ October 2015
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health

SUBTITLE: Preapproval of Expenditures/Allowable Expenditures

PURPOSE

The purpose of this policy and procedure is to provide written guidelines regarding the Preapproval of Expenditures and Allowable Expenditures within the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program Grant.

POLICY

All Initial budget requests must be approved by the Chief, Office of Children's Health, BWCH. The request may be recommended by the Program Manager.

AUTHORITY

The implementation and enforcement of this policy is at the discretion of the Chief, Office of Children's Health, BWCH.

APPLICABILITY

This policy and procedure applies to all individuals working within the MIECHV Program.

PROCEDURE

- A. The Program Manager, Community Coordinator, or other appropriate MIECHV staff, shall obtain preapproval from the Chief, Office of Children's Health, for any budget and expense transfers, internal MIECHV funds requests and/or increase in MIECHV funds to current contractors. See Attachment A for Internal ADHS Requests for MIECHV Funds form. See Attachment B for Criteria Checklist for Contractor or Consultant Funding Requests for New MIECHV Projects form. See Attachment C for the BWCH Business Section Contract Processing Timeline.
- B. MIECHV staff and Consultants will submit a draft of their Annual Budget for MIECHV grants to the Chief, Office of Children's Health, by June 1st of each year, and a final draft by August 1st of each year.
- C. The Program Manager, Community Coordinator, or other appropriate MIECHV staff, may approve a monthly CER/Invoice from contractors if the expense is related to the contracted services and corresponds with the outlined Scope of Work (SOW) and other contractual requirements.

Bureau of Women's and Children's Health (BWCH) Resource Manual	DATE: September 2014; Revised: October 2015
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health

SUBTITLE: Preapproval of Expenditures/Allowable Expenditures

- D. The Program Manager, Community Coordinator, or other appropriate MIECHV staff, will maintain knowledge of Federal (HRSA) and state policies and laws pertaining to allowable expenses and non-allowable expenses.
- E. Regarding Allowable Expenses, the Program Manager, Community Coordinator, and/or other appropriate ADHS staff must ensure the following:
- 1) A cost incurred by a recipient is:
 - (a) reasonable for the performance of the award;
 - (b) allocable;
 - (c) in conformance with any limitations or exclusions set forth in the Federal cost principles applicable to the organization incurring the cost or in the Notice of Award as to type or amount of cost;
 - (d) consistent with regulations, policies and procedures of the recipient that apply uniformly to both federally supported and other activities of the organization;
 - (e) accorded consistent treatment as a direct or indirect cost;
 - (f) determined in accordance with generally accepted accounting principles; and
 - (g) not included as a cost in any other federally supported award (unless specifically authorized by statute).
 - 2) A Grantee may not set up a "flex" or contingency fund meet emergency needs of enrolled children and families. Nor are incentives allowed to those who refer a friend, or to referral agencies. The cost of the following items below is allowable to motivate participants to take advantage of grant-supported services allowable if within the scope of an approved project:
 - (a) Gas card(s) or gift card(s) redeemable at baby supply stores or other maternal/infant exclusive retailer

Bureau of Women’s and Children’s Health (BWCH) Resource Manual	DATE: September 2014; Revised: October 2015
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children’s Health

SUBTITLE: Preapproval of Expenditures/Allowable Expenditures

- (b) Educational items to give to families per the model being used (e.g., toys and books for Parents as Teachers); This would be justified and based on the model fidelity or approved enhancement.
 - (c) Transportation services for at-risk families to participate in project activities; The grantee could reimburse the participant if they provide receipts.
 - (d) Childcare costs for non-subject children to enable parents and enrolled children to participate in programming; For example, short term child care provided during a training session or parent group meeting.
 - (e) Meals for participating children and families in programs providing children’s services; For example, during a training session or parent group meeting.
 - (f) Pack n Play, crib kits, onesies with the message “this side up” on the chest/tummy, and other such supplies would be allowable if the model addresses safe sleeping for newborns and infants.
 - (g) Car seats, breast pumps, thermometers, medicine droppers, etc. would also be allowable if they are in keeping with the educational goals of the model.
 - (h) Diaper bags would be allowable in keeping with goals of the model to facilitate education on hygiene, diapering itself, transport and mixing of formula, use and storage of breastfeeding supplies, house a safety plan, and provide the mom a sense of ownership and recognition of mother/parenthood.
 - (i) “Amenity/Welcome Baby bags” – provided in the context of the model’s teachable moments, perinatal milestones, gender-specific education, etc.
3. The cost of food and/or beverages at conferences funded under a HRSA grant or cooperative agreement as part of overall project activities allows the following:
- (a) Grantees must provide the following to the grantor in order to charge for food and/or beverages at a project-related conference:
 - a speaker/program at a working lunch or dinner (a working breakfast is not allowable);

Bureau of Women's and Children's Health (BWCH) Resource Manual	DATE: September 2014; Revised: October 2015
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health

SUBTITLE: Preapproval of Expenditures/Allowable Expenditures

- a formal event agenda;
 - the event is mandatory for all participants;
 - appropriate [break foods](#) are provided (see 3(b) directly below);
 - several hours of substantive information is provided both before and after food and/or beverages are served (Viewing exhibits is not considered to be substantive information.);
 - events do not end with a meal and/or break;
 - costs are kept reasonable (see 3(b) directly below on minimizing costs);
 - participants are advised to reduce their per diem appropriately.
- (b) To minimize costs of meals and refreshments all HRSA-funded grants should follow these general guidelines for the costs of refreshments and meals provided at conferences:
- Refreshments: Refreshments include light food and drink served during break time, such as coffee, tea, milk, juice, soft drinks, donuts, bagels, fruit, pretzels, cookies, chips, or muffins.
 - The cost of these items, plus any hotel service costs (e.g., labor cost for room setup), cannot exceed 23 percent of the locality Meals and Incidental Expenses (M&IE), or per diem, rate per attendee per day; i.e. if the M&IE rate for a particular location is \$54 per person per day, then the total refreshment costs cannot exceed \$12.42 (\$54 x 23%) per attendee per day.
 - Meals: The cost of any meal provided, plus any hotel service costs, cannot exceed 150 percent of the locality M&IE rate per meal per attendee. i.e. if lunch will be provided in a locality with a \$49/day M&IE rate, and the lunch rate is \$13, then the cost of the lunch provided at the conference cannot exceed \$19.50 (\$13 x 150%) per attendee per day.

Bureau of Women's and Children's Health (BWCH) Resource Manual	DATE: September 2014; Revised: October 2015
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health


SUBTITLE: Preapproval of Expenditures/Allowable Expenditures

- All conference attendees must ensure that the provided meal is deducted from their claimed M&IE; in this example, the recipient would deduct \$13 from the amount of M&IE claimed for the lunch provided.
4. Unallowable Cost Examples include Alcoholic Beverages, Entertainment, Fines and Penalties, Fundraising costs, Honoraria, and Lobbying.
 5. Arizona Department of Health Services (ADHS) requires that the cost of food and/or beverages for meetings/conferences cannot exceed 2% of the total annual budget and must follow the outlined guidelines:
 - a. Meals (within state per diem rate) or snacks will be considered for approval for sessions that are 6 hours or more.
 - b. Food provided must be healthy food items.
 - c. Contractor Program Management approval signature is needed. This person is someone who is not the program manager, such as the program manager's supervisor, procurement, etc.
 - d. The Request for Purchase of Food template (See Attachment D) can be submitted for one event or multiple events, such as multiple planned events or a series of events that are tied together by sessions that extend over a specific time period. All documentation must be attached.

Bureau of Women's and Children's Health (BWCH) Resource Manual	DATE: September 2014; Revised: October 2015
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health

SUBTITLE: Preapproval of Expenditures/Allowable Expenditures

- e. Requests being made with "recruitment and retention" as a justification for providing food will not be approved.
- f. Complete all sections, A-H, of the template and submit to the appropriate ADHS staff person. Provide a brief but detailed description under each section. Contact the ADHS Program Manager if assistance is needed to complete this form.
- g. Requests need to be submitted at least 6 weeks prior to the event for which food is being requested.
- h. Requests will be approved by the assigned ADHS program manager and sent to the ADHS Chief Financial Officer for final approval. Once approval is given, you will be notified that you may proceed with purchasing food.
- i. The purchase food is prohibited until the requestor receives a signed and approved Request for Purchase of Food document.

Approved:  _____ Irene Burnton, Chief, Office of Children's Health	Date: <u>8/30/16</u>
The Primary Position of Responsibility for this policy is the Bureau of Women's and Children's Health. Users are encouraged to suggest improvements regarding this policy and procedure.	

ATTACHMENT A - Internal ADHS Request for MIECHV Funds

Funds are limited and must be expended during FFY 20XX (Oct. 1, 20XX-Sept. 30, 20XX)

Contact Information	
Name:	Date:
Phone Number:	Email:
Department/Bureau:	Program:

Details for Request					
<p>MIECHV funds must be utilized to improve the program outcomes. Please identify which goal(s) this opportunity supports.</p>					
Improved Maternal and Child Health	<input type="checkbox"/>	Reduce Child Injuries/Abuse/Neglect/Maltreatment	<input type="checkbox"/>	Improvements in School Readiness	<input type="checkbox"/>
Reduce Domestic Violence	<input type="checkbox"/>	Improve Family Economic Self Sufficiency	<input type="checkbox"/>	Improve Coordination and Referrals for other Community Resources and Supports	<input type="checkbox"/>
<p>Select reason for request and fill out section details, additional explanation, and budget sections as needed.</p>					
Professional Development	<input type="checkbox"/>	Collateral Materials	<input type="checkbox"/>	Coordination/Collaboration	<input type="checkbox"/>
			<input type="checkbox"/>	Travel	<input type="checkbox"/>
				Other	<input type="checkbox"/>
Professional Development					
Title/Topic:					
Date:		Time:		Number of Participants:	
Other Funding Sources Used To Fund Training/Event:					
Location:			Who can attend/Participate (please identify if this is available for all home visitors, program specific, etc.):		
Objectives:			Activities:		
Collateral Materials					
Item(s):		Quantity:		Who are the materials targeted for/how are the materials distributed:	
Date needed by:		Outcome of distribution:			

Internal ADHS Request for MIECHV Funds

Funds are limited and must be expended during FFY 20XX (Oct. 1, 20XX-Sept. 30, 20XX)

Coordination/Collaboration	
Agencies/Programs/Organizations involved in the effort:	
Project Period:	
Objectives:	Activities:
Travel Request**All supporting documentation must be included.	
Purpose for Travel:	
Dates of Travel:	
How would travel benefit the MIECHV program goals:	
Other**Include all information for requests in the "Additional Explanation" section.	
Additional Explanation	

Internal ADHS Request for MIECHV Funds

****Funds are limited and must be expended during FFY 20XX (Oct. 1, 20XX-Sept. 30, 20XX)****

Budget Requested

--

TOTAL FUNDS REQUESTED:

ADHS MIECHV ONLY

Request Approved

Request Denied

Program Director Signature:

Date:

Additional Comments:

--

ATTACHMENT B

Criteria Checklist for Contractor/Consultant Funding Requests for New MIECHV Projects

Proposed funding requests by Contractors/Consultants for new MIECHV projects must:

- 1) Be consistent with grant focus and align with current SOW.
- 2) Include a conference call, or meeting as appropriate, with the Program Manager and Project Director to discuss new ideas/projects in order to create consensus on the desired result
- 3) Allow for review by MIECHV staff as to whether the clarity of the work plan is consistent with the MIECHV grant focus.
- 4) Await review by the MIECHV Program staff as to whether sufficient resources, including MIECHV funds, expertise, time, and capacity exist to allow the project to go forward.
- 5) Develop a revised Price Sheet and, if necessary/appropriate, SOW. The revisions to the Price Sheet and SOW must be preapproved by the Chief, OCH.
- 6) Allow the MEICHV Program Manager to follow the BWCH Business Section Contract Processing Timeline.

ATTACHMENT C – BWCH CONTRACT PROCESSING TIMELINES

BWCH Business Section

CONTRACT PROCESSING TIMELINES

RFP/ NEW or Existing IGA's / NEW Impracticals - 3 to 6 months for Processing once received in Procurement													
If Contract Dates do not match anything below, have paperwork to Contract Specialist allowing 3-6 months for Processing any new Contract/ Amendment before PO can be issued.													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
With State Fiscal Year Start Date (July 1)													
Due to Contract Specialist Due in Procurement	1-Jan	1-Feb					1-Jul						
With Federal Year Start Date (October 1)													
Due to Contract Specialist Due in Procurement				1-Apr	1-May					1-Oct			
With Calendar Year Start Date (Jan 1)													
Due to Contract Specialist Due in Procurement							1-Jul	1-Aug					1-Jan
RFGA -3 to 6 months Processing once received in Procurement. Add 6 wks to be on the street.													
If Contract Dates do not match anything below, have paperwork to Contract Specialist allowing 3-6 months for Processing any new Contract/ Amendment before PO can be issued.													
With State Fiscal Year Start Date (July 1)													
Due to Contract Specialist Due in Procurement	1-Jan	1-Feb					1-Jul						
With Federal Year Start Date (October 1)													
Due to Contract Specialist Due in Procurement				1-Apr	1-May					1-Oct			
With Calendar Year Start Date (Jan 1)													
Due to Contract Specialist Due in Procurement							15-Jul	1-Aug					1-Jan
Amendments to ANY Contract Approximately -- 3 - 4 months processing time once received in Procurement. Remember, if Contractor is a County, add in extra time for Board of Supervisors to sign off.													
If Contract Dates do not match anything below, have paperwork to Contract Specialist allowing 3-6 months for Processing any new Contract/ Amendment before PO can be issued.													
With State Fiscal Year Start Date (July 1)													
Due to Contract Specialist Due in Procurement		1-Feb ***	1-Mar				1-Jul						
With Federal Year Start Date (October 1)													
Due to Contract Specialist Due in Procurement						* 1-Jun	1-Jul			1-Oct			
With Calendar Year Start Date (Jan 1)													
Due to Contract Specialist Due in Procurement								1-Sep	1-Oct				1-Jan

*** Same timeline as new RFP's etc. due to the high volume of contracts with new PO's 7/1

APPROPRIATE PLANNING IS EVERYTHING

1. Allow sufficient time to meet these deadlines; changes to a Scope of Work for a new RFP or RFGA, as they must be "QA'd" to conform to the Procurement guidelines.
2. Check contract terms, when expiring and plan accordingly (e.g., if a contract expires on 6/30 after 5 full years and an RFP is necessary for services to continue, check the timelines below and plan accordingly).
3. Remember that when submitting new contracts, amendments, new fiscal year PO's etc., everyone else will be doing the same. Consequently, there are more opportunities for things to get delayed.
4. **FOR ANY NEW PO's** allow a minimum of 3-4 weeks processing time before the effective date of the PO. PO's cannot be back-dated and cause untold issues when requesting a new PO with an effective date that has already passed.

Revised 9/18/14 dr

\\192.168.1.100\BWCH\Business Section\Doc\ContractTimelines 2015.xls

ATTACHMENT D

ADHS Request for Purchase of Food for MIECHV Meetings and/or Conferences

Agency Name:

Contract Number:

- A. A description of the event, including the public purpose of the meeting, the programmatic benefit of the meeting, how the benefit of the meals or refreshments exceeds the cost, and any alternatives that have been considered.**
- B. A description of the target audience.**
- C. An estimate of the number of participants and a breakout of the number of staff and the estimated number of participants.**
- D. A description of the meals or refreshments to be provided and the estimated cost.**
- E. The funding sources for the food.**
- F. A draft agenda or similar document with beginning and ending times of the meeting, and the activities planned to coincide with the meals/refreshments.**
- G. The name, title, contact number and email address of the contractor’s contact for the event.**
- H. The request and supporting documentation establish a clean a public purpose for this event. I certify that this event serves a valid public purpose and the meals or refreshments do not violate Article 9, Section 7, “Gift or Loan of credit; subsidies; stock ownership; joint ownership” of the Arizona Constitution.”**

Contractor Program Approval_____

ADHS Program Management Approval_____

Chief Financial Officer_____

Approved_____ **Denied**_____

Douglas A. Ducey
Governor



Kathy Peckardt
Interim Director

ARIZONA DEPARTMENT OF ADMINISTRATION

STATE PROCUREMENT OFFICE

100 NORTH FIFTEENTH AVENUE • SUITE 201
PHOENIX, ARIZONA 85007

(602) 542-5511 (main) (602) 542-5508 (fax)
<http://spo.az.gov>

MEMORANDUM

TO: Agency Chief Procurement Officers

FROM: Barbara Corell Procurement Administrator

DATE: January 7, 2015

SUBJECT: Changes to Rules in the Arizona Procurement Code

Rule changes were unanimously approved by the Governor's Regulatory Review Council at their public meeting on December 2, 2014 and were posted to the Administrative Register by the Secretary of State's office on December 19, 2014. The final rulemaking becomes effective February 2, 2015.

A new Arizona Procurement Code will be posted on the SPO website with an effective date of February 2015.

Solicitations (formal and informal) that have been issued or are in evaluation before February 2, 2015 will not require an amendment to accommodate any applicable changes to the Rules.

Solicitations that have not been issued to the public must incorporate any applicable changes as a result of changes to the Rules.

Key changes:

- Definitions:
 - Competitive range definition removed
 - Best and Final Offer definition added
 - Brand Name or **Equal** changed to Brand Name or **Equivalent**
- Pre-Offer Conferences timeline changed from "7 Days" to "reasonably sufficient time".
[Note: This does not immediately mean a shorter amount of time—depending on the solicitation, more than seven days is necessary to be "reasonable".]

- Removal of several written determinations including the determination to solicit a Request for Proposal or multi-step bidding.
- Offer Revisions, Best and Final Offers and negotiations: **IF** you conduct negotiations, you **MUST** have a best and final offering.
- Procurement file shall be available within **THREE** days of award. [Note: Since contract are awarded electronically, all documents except for the signed Offer and Acceptance Form should be uploaded into ProcureAZ **PRIOR** to contract award in the system.]
- Small dollar purchases increased from \$5,000 to \$10,000.
- For purchases between \$10,000 and \$100,000, **MUST** solicit from small business only and then may solicit from others-no longer solicit from both at the same time, unless meets criteria to do so.
- New requirements if only one offer is received.
- New dollar level limitations to contract change orders and amendments.
- Change in multi-term contract requests.
- Change in contract negotiations regarding modifications to **Uniform** Terms and Conditions.
- Introduces Informal Settlement Conference during an appeal
- Cooperative Contract changes to allow for piggyback purchases. [Note: SPO will be issuing technical bulletin or standard procedure on when and how to use this option.]

Please do not hesitate to contact the SPO office if you have any questions regarding changes to the Arizona Procurement Code.

Attachment: Notice of Final Rulemaking

Notices of Final Rulemaking

NOTICES OF FINAL RULEMAKING

The Administrative Procedure Act requires the publication of the final rules of the state's agencies. Final rules are those which have appeared in the Register first as proposed rules and have been through the formal rulemaking process including approval by the Governor's Regulatory Review Council or the Attorney General. The Secretary of State shall publish the notice along with the Preamble and the full text in the next available issue of the Register after the final rules have been submitted for filing and publication.

NOTICE OF FINAL RULEMAKING

TITLE 2. ADMINISTRATION

CHAPTER 7. DEPARTMENT OF ADMINISTRATION
STATE PROCUREMENT OFFICE

Editor's Note: The following Notice of Final Rulemaking was reviewed per Executive Order 2012-03 as issued by Governor Brewer. (See the text of the executive order on page 3566.) The Governor's Office authorized the notices to go through the rulemaking process on August 29, 2013.

[R14-204]

PREAMBLE

<u>1. Article, Part, or Sections Affected (as applicable)</u>	<u>Rulemaking Action</u>
R2-7-101	Amend
R2-7-B301	Amend
R2-7-B302	Amend
R2-7-B306	Amend
R2-7-B312	Amend
R2-7-B314	Amend
R2-7-B315	Amend
R2-7-B316	Amend
R2-7-C301	Amend
R2-7-C302	Amend
R2-7-C306	Amend
R2-7-C311	Amend
R2-7-C314	Amend
R2-7-C315	Amend
R2-7-C316	Amend
R2-7-C317	Amend
R2-7-C318	Amend
R2-7-D301	Amend
R2-7-D302	Amend
R2-7-D303	Repeal
R2-7-D303	Renumber
R2-7-D303	Amend
R2-7-D304	Renumber
R2-7-D304	Amend
R2-7-D305	Renumber
R2-7-E301	Amend
R2-7-F301	Amend
R2-7-F302	Amend
R2-7-F303	Amend
R2-7-F304	Amend
R2-7-F305	Amend
R2-7-F306	Amend
R2-7-F307	Amend
R2-7-F308	Amend
R2-7-F309	Amend
R2-7-F310	Amend
R2-7-403	Amend
Article 5	Amend
R2-7-503	Amend
R2-7-604	Amend
R2-7-605	Amend

Notices of Final Rulemaking

R2-7-606	Amend
R2-7-607	Amend
R2-7-A909	Amend
R2-7-A910	Renumber
R2-7-A910	New Section
R2-7-A911	Renumber
R2-7-A911	Amend
R2-7-A912	Renumber
R2-7-1003	Renumber
R2-7-1003	New Section
R2-7-1004	Renumber
R2-7-1004	Amend
R2-7-1005	Renumber
R2-7-1005	Amend
R2-7-1006	Renumber
R2-7-1007	Renumber
R2-7-1007	Amend
R2-7-1008	Renumber
R2-7-1008	Amend
R2-7-1009	Renumber
R2-7-1010	Renumber
R2-7-1010	Amend

2. Citations to the agency’s statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific):

Authorizing statutes: A.R.S. § 41-2511(A)

Implementing statutes: A.R.S. §§ 41-2511, 41-2501 through 41-2504, 41-2512 through 41-2516, 41-2531 through 41-2544, 41-2546 through 41-2552, and 41-2554 through 41-2559, 41-2561 through 41-2568, 41-2571 through 41-2574 and 41-2576 through 41-2579, 41-2580, 41-2585 and 41-2586, 41-2591, 41-2601 through 41-2607, 41-2611 through 41-2617, 41-2631 through 41-2637, 41-2661 and 41-2662, and 41-2671 through 41-2673

3. The effective date of the rules:

February 2, 2015

4. Citations to all related notices published in the Register as specified in R1-1-409(A) that pertain to the record of the proposed rule:

Notice of Rulemaking Docket Opening: 19 A.A.R. 3283, October 18, 2013
Notice of Proposed Rulemaking: 20 A.A.R. 4, January 3, 2014
Notice of Oral Proceeding: 20 A.A.R. 686, March 14, 2014
Notice of Supplemental Rulemaking: 20 A.A.R. 2425, September 5, 2014

5. The agency’s contact person who can answer questions about the rulemaking:

Name: Barbara M. Corella, State Procurement Administrator
Address: Department of Administration – State Procurement Office
100 N. 15th Ave., Suite 201
Phoenix, AZ 85007
Telephone: (602) 542-9136
Fax: (602) 542-5508
E-mail: Barbara.Corella@azdoa.gov
or
Name: Rob Smook, ADOA Rules Administrator
Address: Department of Administration – Fleet Management Office
1501 W. Madison St.
Phoenix, AZ 85007
Telephone: (602) 542-6161
Fax: (602) 542-3125
E-mail: Robert.Smook@azdoa.gov

6. An agency’s justification and reason why a rule should be made, amended, repealed or renumbered, to include an explanation about the rulemaking:

Notices of Final Rulemaking

The purpose of this rulemaking is to address recent statutory changes made by HB2599 (Laws 2013, Ch. 190). For example, in R2-7-D301, the small dollar quote process has been modified to increase goals set forth for small business purchases to support A.R.S. § 41-2535. R2-7-1003 further defines the actions available for cooperative purchasing based on the changes in A.R.S. § 41-2632.

Other changes have been made to improve processes and increase efficiency and transparency in public procurement and bring them into conformance with current practice. For example, in R2-7-101, the definition for “Best and Final Offer” was added to meet current terminology and “Competitive Range” was removed to align best practices for solicitation evaluations and susceptibility for contract awards. Another example is in R2-7-B301, which includes changing terminology to the current practice from “brand name or equal” to “brand name or equivalent.”

To increase transparency, the State engages in eProcurement. Solicitations are issued and awarded electronically (as allowed in R2-7-208); references to public bid openings have been removed from R2-7-B306 and R2-7-C306 because the bid opening information is available online.

Several determinations have been removed to improve processes and increase efficiency—multistep sealed bidding (R2-7-B316), competitive sealed proposals (R2-7-C301), and procurement of construction using alternate project delivery method (R2-7-503). Current practice is to allow procurement officers to choose among the variety of solicitation options available in the Arizona Procurement Code to meet the needs of the agency. These determinations are an administrative action that offers no value in the procurement process.

R2-7-A910 introduces an option for an informal settlement conference during a procurement appeal process. Informal settlements allow the director, or director’s designee, to hold an informal conference with interested parties for settlement negotiations prior to an administrative or judicial hearing. The benefit of this rule will allow for actions that are more efficient during the appeal process.

The subject matter of these rules is the procurement and management of all materials, services and construction for the state of Arizona. The statutes and the rules are based on the American Bar Association’s 2000 Model Procurement Code for State and Local Governments and are commonly referred to as the “Arizona Procurement Code,” as well as best practices in public procurement.

An exemption from the rulemaking moratorium contained in Executive Order 2012-03 was granted in an e-mail from Steven Killian, policy advisor to Governor Brewer, dated August 29, 2013.

7. A reference to any study relevant to the rule that the agency reviewed and proposes either to rely on or not to rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:

None

8. A showing of good cause why the rulemaking is necessary to promote a statewide interest if the rulemaking will diminish a previous grant of authority of a political subdivision of this state:

Not applicable

9. A summary of the economic, small business, and consumer impact:

1. Identification of the Proposed Rulemaking:

The proposed rulemaking governs the procurement and management of all materials, services, and construction for the State of Arizona. The rules are based on the American Bar Association’s Model Procurement Code and known as the “Arizona Procurement Code.” The Department received an exception from the rulemaking moratorium from the Governor’s Office on August 29, 2013.

2. Persons who will be directly affected by, bear the costs of, or directly benefit from the proposed rulemaking:

The parties affected by this rulemaking include: state government officials and managers, state government procurement employees, suppliers including small businesses and non-profit organizations that provide services to state government, associations that represent various business groups, attorneys, local government units including cities, counties, and school districts.

3. Cost-benefit analysis:

The benefits of this rulemaking are greater efficiency in public procurement, reduced operating cost of public procurement, increased opportunities for small businesses, improved understanding and ease of use of rules for government agencies and suppliers and more open access to procurement opportunities and information.

a. Probable costs and benefits to the implementing agency and other agencies directly affected by the implementation and enforcement of the proposed rulemaking, including the number of new full-time employees necessary to implement and enforce the proposed rules.

There will be no new costs to implementing agencies as this revision will be primarily administrative in nature. The benefits of this rulemaking are greater efficiency in public procurement, reduced operating cost of public procurement, increased opportunities for small businesses, improved understanding and ease of use of rules for government agencies and suppliers, and more open access to procurement opportunities and information. The

Notices of Final Rulemaking

new changes would be communicated through the State Procurement Office's website in addition to email to agency procurement officials. Probable benefits would be updated procurement practices for state government in addition to further clarity in the rules that govern agency procurement practices. No new employees will be necessary to implement and enforce the rules.

b. Probable costs and benefits to a political subdivision of this state directly affected by the implementation and enforcement of the proposed rulemaking.

The benefits of this rulemaking for political subdivisions include greater efficiency in using statewide contracts, improved understanding and ease of use of rules and more open access to procurement opportunities and information. There are no new costs for political subdivisions as a result of this rulemaking.

c. Probable costs and benefits to businesses directly affected by the proposed rulemaking, including any anticipated effect on the revenues or payroll expenditure of employers who are subject to the proposed rulemaking.

The impact on businesses should be positive. Businesses will benefit from more open access to contracting opportunities with the state. In addition, the proposed changes in this rulemaking should provide a better understanding of the rules and their function to businesses than the rules currently in place.

4. Probable impact on private and public employment in businesses, agencies, and political subdivisions of the state directly affected by the proposed rulemaking.

None.

5. Probable impact of the rulemaking on small business.

a. Identification of the small business subject to the rulemaking.

Small businesses subject to the rulemaking, including suppliers and minority and women-owned businesses, should be positive. Small businesses will benefit from more open access to contracting opportunities with the state. In addition, the proposed changes in this rulemaking should provide more direct access to small dollar purchasing opportunities.

b. Administrative and other costs required for compliance with the rulemaking.

None

c. A description of methods that may be used to reduce the impact on small businesses and reasons for the agency's decision to use or not use each method.

Not applicable

6. Probable cost and benefit to private persons and consumers who are directly affected by the proposed rulemaking.

The long-term effect to private persons and consumers should be a reduction in costs resulting from greater efficiency in the procurement program and the ability to negotiate lower costs for the state.

7. Probable Effect on State Revenues:

There should be no immediate measurable impact on state revenues or expenses. The long term effect should be a reduction in costs resulting from greater efficiency in the procurement program and the ability to negotiate lower costs for the state.

8. Less intrusive or less costly alternative methods of achieving the purpose of the proposed rulemaking.

The Department's first choice was the \$10,000 limit and thus, no other amounts were considered or discussed. All of the discussion between the Department and stakeholders focused on the reasonableness for raising the amount from \$5,000 to \$10,000. The rationale for doing this was to balance having a dollar amount that allows for efficiency while still getting small dollar competition.

9. Description of any data on which the rule is based.

Not applicable

10. A description of any changes between the proposed rulemaking, to include supplemental notices, and the final rulemaking:

Changes between the Notice of Proposed Rulemaking and the Notice of Supplemental Proposed Rulemaking (issued on September 5, 2014) were in response to written and public comments and explained in detail in item 11.

Changes between the Notice of Supplemental Proposed Rulemaking and this final notice are as follows:

- R2-7-101(37) was modified from the Notice of Proposed Rulemaking to its current definition after numerous written and oral comments were presented from stakeholders to allow further discussion; the only modification is to reflect the title change in R2-7-C315;
- R2-7-B312 was changed to remove the reference to A.R.S. § 41-2553, which was repealed on September 13, 2013;
- R2-7-A909 through R2-7-A912 were modified to allow the director to identify a designee in appeal rulings as

Notices of Final Rulemaking

well as further clarification on the participants in an informal settlement conference; and

- R2-7-1003 was modified in response to a stakeholder's written comments.
- R2-7-1010 was modified to define appeal procedures in set-aside application disputes.

No written comments were received after publication of the Notice of Supplemental Proposed Rulemaking.

11. An agency's summary of the public or stakeholder comments made about the rulemaking and the agency response to the comments:

The Department was contacted by two law firms with written comments regarding the rule package prior to the proposed Close of Record on February 3, 2014. Written comments were focused on proposed rule changes in three sections: R2-7-101, R2-7-A910, and R2-7-1003, as follows:

- Brett Johnson and Joshua Grabel (Snell & Wilmer) submitted written comments concerning the definition of "procurement file". The department's response was to remove the proposed changes to the definition to allow for further stakeholder discussion. Messrs Johnson and Grabel also expressed concern regarding R2-7-A910, informal settlement conference, in particular, the unilateral and mandatory nature of the conference as well as the director's participation in the conference and ultimate settlement of the appeal. The department has modified the informal settlement conference to address their concerns.
- Gregory Harris (Lewis Roca Rothgerber) submitted written comments regarding R2-7-1003, cooperative purchasing. Mr. Harris supports the adoption of the rule to facilitate the use of cooperative purchasing by state agencies but proposes a clear link between any new cooperative contracts and existing state contracts. Mr. Harris also expressed concern that the state procurement administrator maintains the responsibility in selecting the use of cooperative contracts available to an agency. Mr. Harris further proposed suggested language to address his points as well as other grammatical changes. The department modified the proposed language to include the grammatical changes. The department did not accept the proposal that the state procurement administrator maintain the authority in review and selection of cooperative contracts. The rule delegates the authority to the agency chief procurement officer. Mr. Harris also submitted written comments regarding the definition of "procurement file" (R2-7-101). As stated above, the department will continue stakeholder conversations on the rule.

An oral proceeding on proposed rulemaking was scheduled and held on April 22, 2014. Fifteen individuals attended.

Gregory Harris (Lewis Roca Rothgerber), Ben Mitsuda (Snell & Wilmer), and JoAnn Cipiti (Blue Cross Blue Shield AZ) testified in regard to R2-7-101. Discussion focused around clarity in definition and timeframes of procurement file, particularly as it relates to protests; requests that Department provide more versus less documents in the procurement file, and consideration of personal notes to be added to the definition to provide valuable information to non-awarded bidders. The department explained that the State conducts proposal evaluations by consensus by an evaluation committee and a collective evaluation report is used in making a recommendation for award, as required in R2-7-C316—no individual notes are used in the evaluation. The department responded to exercise caution in what is included in the procurement file due to the snapshot nature of some correspondences or documents and the vulnerability of misinterpretation due to lack of context. The Department also responded that bidder debriefings have always been available though few vendors take advantage of them. [Note: As a result of written comments and the oral proceedings, all but two proposed changes to the definition of "procurement file" have been rescinded in the Notice of Final Rulemaking and the department will further stakeholder discussions.]

Ben Mitsuda (Snell & Wilmer) testified in opposition to R2-7-A910. Mitsuda stated that the proposed rule changes in R2-7-A910 are in conflict with A.R.S. § 41-1092.06, waive the conflict of interest provision, and that the proposed rule change would lengthen the protest and appeal process further. The department has modified the rule to address concerns of conflict of interest. Regarding the length of the protest and appeal process, A.R.S. § 41-2611 requires the director to refer the appeal to a hearing if a decision is not issued within the prescribed time frame.

Julie Tribbett (Mohave Educational Services Cooperative (Mohave)) testified in support of R2-7-1003 and stated that Mohave supports piggybacking with proper rulemaking, including clarifying the links between rules in different subsections. Mohave believes that there should be discretion regarding piggybacking within agencies, and that rules should be established to make clear when piggybacking runs parallel to other procurements, needs to be made clear when piggybacking cannot be used, and when it can be used when a statewide strategic contract already exists. The department responded that these issues would be managed through a technical bulletin or standard procedure.

Gregory Harris (Lewis Roca Rothgerber) testified in regard to R2-7-1003 asking the department to ensure that cooperative users understand their rights to usage and the purpose of cooperatives. Mr. Harris also requested that the department articulate what factors might allow a cooperative purchase when a statewide contract exists. The department responded that these issues would be managed through a technical bulletin or standard procedure.

After releasing the Notice of Supplemental Proposed Rulemaking, a second oral proceeding was scheduled for October 7, 2014. Three individuals attended but no oral comments were presented. All individuals at the second oral proceeding attended the first oral proceeding. No one provided testimony.

Notices of Final Rulemaking

12. All agencies shall list other matters prescribed by statute applicable to the specific agency or to any specific rule or class of rules. Additionally, an agency subject to Council review under A.R.S. §§ 41-1052 and 41-1055 shall respond to the following questions:

None

a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:

The rules do not require issuance of a regulatory permit or license.

b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than federal law and if so, citation to the statutory authority to exceed the requirements of federal law:

There is no corresponding federal law that is applicable. The rules are being promulgated under state law.

c. Whether a person submitted an analysis to the agency that compares the rule's impact on the competitiveness of business in this state to the impact on business in other states:

None

13. A list of any incorporated by reference material as specified in A.R.S. § 41-1028 and its location in the rules:

None

14. Whether the rule was previously made, amended or repealed as an emergency rule. If so, cite the notice published in the Register as specified in R1-1-409(A). Also, the agency shall state where the text was changed between the emergency and the final rulemaking packages:

Not applicable

15. The full text of the rules follows:

TITLE 2. ADMINISTRATION

**CHAPTER 7. DEPARTMENT OF ADMINISTRATION
STATE PROCUREMENT OFFICE**

ARTICLE 1. GENERAL PROVISIONS

Section

R2-7-101. Definitions

ARTICLE 3. SOURCE SELECTION AND CONTRACT FORMATION

PART B. COMPETITIVE SEALED BIDDING

Section

R2-7-B301. Solicitation
R2-7-B302. Pre-offer Conference
R2-7-B306. Receipt, Opening, and Recording of Offers
R2-7-B312. Bid Evaluation
R2-7-B314. Contract Award
R2-7-B315. Mistakes Discovered After Award
R2-7-B316. Multistep Sealed Bidding

PART C. COMPETITIVE SEALED PROPOSALS

Section

R2-7-C301. Solicitation
R2-7-C302. Pre-offer Conferences
R2-7-C306. Receipt, Opening, and Recording of Offers
R2-7-C311. Determination of Not Susceptible for Award
R2-7-C314. Negotiations with Responsible Offerors and Revisions of Offers
R2-7-C315. ~~Final Proposal Revisions~~ Offer Revisions and Best and Final Offers
R2-7-C316. Evaluation of Offers
R2-7-C317. Contract Award
R2-7-C318. Mistakes Discovered After Award

Notices of Final Rulemaking

PART D. PROCUREMENTS NOT EXCEEDING THE AMOUNT PRESCRIBED IN A.R.S. § 41-2535

Section

- R2-7-D301. Applicability
- R2-7-D302. Solicitation – Request for Quotation
- ~~R2-7-D303. Request for Quotation~~
- ~~Issuance Repealed R2-7-D304. R2-7-D303. Contract~~
- Award
- ~~R2-7-D305. R2-7-D304. Purchases of \$5,000-\$10,000 and Less~~

PART E. LIMITED COMPETITION FOR PROCUREMENTS EXCEEDING THE AMOUNT PRESCRIBED IN A.R.S. § 41-2535

Section

- R2-7-E301. Sole Source Procurements

PART F. COMPETITIVE SELECTION PROCESS FOR SERVICES OF CLERGY, PHYSICIANS, DENTISTS, LEGAL COUNSEL, OR CERTIFIED PUBLIC ACCOUNTANTS

Section

- R2-7-F301. Statement of Qualifications
- R2-7-F302. Solicitation
- R2-7-F303. Solicitation Amendment
- R2-7-F304. Cancellation of Solicitation
- R2-7-F305. Receipt, Opening, and Recording of Offers
- R2-7-F306. Timely and Late Modifications or Withdrawals of Offer
- R2-7-F307. Late Offers
- R2-7-F308. Negotiations with Offers
- R2-7-F309. Contract Award
- R2-7-F310. Mistakes Discovered After Award

ARTICLE 4. SPECIFICATIONS

Section

- R2-7-403. Determination for Use of Brand Name Type Specifications

ARTICLE 5. PROCUREMENT OF CONSTRUCTION AND ~~SPECIFIED~~ SPECIFIC PROFESSIONAL SERVICES

Section

- R2-7-503. Procurement of Construction Using Alternate Project Delivery Method

ARTICLE 6. CONTRACT CLAUSES

Section

- R2-7-604. Contract Change Orders and Amendments
- R2-7-605. Multi-term Contracts
- R2-7-606. Terms and Conditions
- R2-7-607. Mandatory Statewide Contracts

ARTICLE 9. LEGAL AND CONTRACTUAL REMEDIES

PART A. PROTEST OF SOLICITATIONS AND CONTRACT AWARDS

Section

- R2-7-A909. Remedies by the Director
- R2-7-A910. Informal Settlement
- ~~Conference R2-7-A910. R2-7-A911. Dismissal~~
- ~~Before Hearing R2-7-A911. R2-7-A912. Hearing~~

ARTICLE 10. INTERGOVERNMENTAL PROCUREMENT

Section

~~R2-7-1003.~~ Purchasing from a Cooperative Contract

~~R2-7-1003-R2-7-1004.~~ Establishment of a Committee as Required by A.R.S. § 41-

~~2636 R2-7-1004-R2-7-1005.~~ Certification as Non-Profit Agency for Disabled

Individuals

~~R2-7-1005-R2-7-1006.~~ Application for Approval as Required by A.R.S. § 41-2636 to Become a Certified Non-Profit Agency for Disabled Individuals

~~R2-7-1006-R2-7-1007.~~ Approval of Specific Materials or Services for Set-aside

Use ~~R2-7-1007-R2-7-1008.~~ Contract Awards Directed by the Committee

~~R2-7-1008-R2-7-1009.~~ Contract Awards Initiated by an Agency Chief Procurement Officer or Local Public Procurement

Unit ~~R2-7-1009-R2-7-1010.~~ Set-aside Application Dispute Process

ARTICLE 1. GENERAL PROVISIONS

R2-7-101. Definitions

In this Chapter, unless the context otherwise requires:

1. "Affiliate" means any person whose governing instruments require it to be bound by the decision of another person or whose governing board includes enough voting representatives of the other person to cause or prevent action, whether or not the power is exercised. The term applies to persons doing business under a variety of names, persons in a parent-subsidiary relationship, or persons that are similarly affiliated.
2. "Agency chief procurement officer" means the procurement officer within a state governmental unit, who is acting under specific, written authority from the state procurement administrator in accordance with R2-7-202 or any person delegated that authority, in writing, under R2-7-203. The term does not include any other person within a state governmental unit who does not have this written delegation of authority.
3. "Aggregate dollar amount" means purchase price, including taxes and delivery charges, for the term of the contract and accounting for all allowable extensions and options.
4. "Alternate project delivery methods" means design-build, construction-management-at-risk, and job-order-contracting construction services.
5. "Arizona Procurement Code" means A.R.S. Title 41, Chapter 23 and this Chapter ~~7~~.
6. "Arizona state contract" means a contract established or authorized by the state procurement administrator for use by state governmental units and eligible procurement units.
7. "Award" means a determination by the state that it is entering into a contract with one or more offerors.
8. ~~"Bid" means an offer in response to solicitation.~~
8. "Best and Final Offer" means a revision to an offer submitted after negotiations are completed that contain the offeror's most favorable terms for price, service, and products to be delivered.
9. "Bid" means an offer in response to
- ~~solicitation.~~ 9-10. "Bidder" means "offeror" as defined in R2-7-~~101(36)~~(34).
- ~~10-11.~~ "Brand name or equal equivalent specification" means a written description that uses one or more manufacturers' product name or catalog item, to describe the standard of quality, performance, and other characteristics that meet state requirements and provides for submission of equivalent products or services.
- ~~11-12.~~ "Brand name specification" means a written description limited to a list of one or more items by manufacturers' product name or catalog item to describe the standard of quality, performance, and other characteristics that meet state requirements.
- ~~12-13.~~ "Clergy" includes the same persons described in A.R.S. § ~~32-3273(3)~~ 32-3271(A)(3).
13. ~~"Competitive range" is a range determined by the procurement officer on the basis of the criteria stated in the solicitation and an initial review of the proposals submitted. Those proposals that are susceptible for award after the initial review of all original proposals in accordance with the evaluation criteria and a comparison and ranking of original proposals shall be in the competitive range. Those proposals that have no reasonable chance for award when compared on a relative basis with more highly ranked proposals will not be in the competitive range. Proposals to be considered within the competitive range must, at a minimum, demonstrate the following:~~
 - a. ~~Affirmative compliance with mandatory requirements designated in the solicitation.~~
 - b. ~~An ability to deliver goods or services on terms advantageous to the state sufficient to be entitled to continue in the competition.~~

Notices of Final Rulemaking

- e. ~~That the proposal is technically acceptable as submitted.~~
14. “Component” means a part of a manufactured product.
15. “Contract amendment” means a written modification of a contract under A.R.S. § 41-2503(8) or a unilateral exercise of a right contained in the contract.
16. “Cost data” means information concerning the actual or estimated cost of labor, material, overhead, and other cost elements that have been incurred or will be incurred by the offeror or contractor in performing the contract.
17. “Cost-plus-a-percentage-of-cost contract” means the parties to a contract agree that the fee will be a predetermined percentage of the cost of work performed and the contract does not limit the cost and fee before authorization of performance.
18. “Day” means a calendar day and time is computed under A.R.S. § 1-243, unless otherwise specified in the solicitation or contract.
19. “Debarment” means an action taken by the director under R2-7-C901 that prohibits a person from participating in the state procurement process.
20. “Defective data” means data that is inaccurate, incomplete, or outdated.
21. “Dentist” means a person licensed under A.R.S. Title 32, Chapter 11.
22. “Descriptive literature” means information available in the ordinary course of business that shows the characteristics, construction, or operation of an item or service offered.
23. ~~“Discussion” means “negotiation” as defined in R2-7-101(34).~~
- 24.23. “Eligible procurement unit” means a local public procurement unit, any other state or agency of the United States, or a nonprofit educational or public health institution, including any certified non-profit agency ~~for disabled individuals that serves individuals with disabilities~~ as defined in A.R.S. § ~~41-263141-2636~~, that is eligible under a cooperative agreement to use Arizona state contracts.
25. ~~“Enterprise Procurement Services” means state procurement office as defined in R2-7-101(50).~~
- 26.24. “Filed” means delivery to an agency chief procurement officer or to the director, whichever is applicable, in a manner specified by the Arizona Procurement Code or a solicitation.
- 27.25. “Finished goods” means units of a manufactured product awaiting sale.
- 28.26. “Force account” as used in A.R.S. § 41-2572, means work performed by the state’s regularly employed personnel. ~~29.27.~~ “Governing instruments” means legal documents that establish the existence of an organization and define its powers, including articles of incorporation or association, constitution, charter, by-laws, or similar documents.
- 30.28. “In writing” has the same meaning as “written” or “writing” in A.R.S. § 47-1201, which includes printing, typewriting, electronic transmission, facsimile, or any other intentional reduction to tangible form.
- 31.29. “Interested party” means an offeror or prospective offeror whose economic interest is affected substantially and directly by issuance of a solicitation, an award or loss of an award. Whether an offeror or prospective offeror has an economic interest depends upon the circumstances of each case.
- 32.30. “Legal counsel” means a person licensed as an attorney by the Arizona Supreme Court. ~~33.31.~~ “May” means something is permissive.
- 34.32. “Negotiation” means an exchange or series of exchanges between the state and an offeror or contractor that allows the state or the offeror or contractor to revise an offer or contract, unless revision is specifically prohibited by this Chapter.
- 35.33. “Offer” means a response to a solicitation. ~~36.34.~~ “Offeror” means a person who responds to a solicitation.
- 37.35. “Physician” means a person licensed under A.R.S. Title 32, Chapters 7, 8, 13, 14, 15.1, 16, or 17.
- 38.36. “Price data” means information concerning prices, including profit, for materials, services, or construction substantially similar to the materials, services, or construction to be procured under a contract or subcontract. In this definition, “prices” refers to offered selling prices, historical selling prices, or current selling prices of the items to be purchased.
- 39.37. “Procurement file” means the official records file of the director whether located in the office of the director or at a public procurement unit. The procurement file shall include (electronic or paper) the following:
- a. List of notified vendors,
 - b. Final solicitation,
 - c. Solicitation amendments,

Notices of Final Rulemaking

- d. Bids and offers,
- e. ~~Final proposal revisions~~ Offer revisions and best and final offers,
- f. Discussions,
- g. Clarifications,
- h. Final evaluation reports, and
- i. Additional information, if requested by the agency chief procurement officer and approved by the state procurement administrator.

~~40-38.~~ "Procurement request" means the document that initiates a procurement. ~~41-39.~~ "Proposal" means an offer submitted in response to a solicitation.

~~42-40.~~ "Prospective offeror" means a person that expresses an interest in a specific solicitation.

~~43-41.~~ "Raw materials" means goods, excluding equipment and machinery, purchased for use in manufacturing a product.

~~44-42.~~ "Reverse auction" means a procurement method in which offerors are invited to bid on specified goods or services through online bidding and real-time electronic bidding. During an electronic bidding process, offerors' prices or relative ranking are available to competing offerors and offerors may modify their offer prices until the closing date and time.

~~45-43.~~ "Shall" means something is mandatory.

~~46-44.~~ "Small business" means a for-profit or not-for-profit organization, including its affiliates, with fewer than 100 full-time employees or gross annual receipts of less than \$4 million for the last complete fiscal year.

~~47-45.~~ "Solicitation" means an invitation for bids, a request for technical offers, a request for proposals, a request for quotations, or any other invitation or request issued by the purchasing agency to invite a person to submit an offer.

~~48-46.~~ "Source selection method" means a process that is approved by an agency chief procurement officer and used to select a person to enter into a contract for procurement.

~~49-47.~~ "State procurement administrator" means the individual appointed by the director as a chief procurement officer for ~~a the~~ state, or a state procurement administrator's authorized designee. A different title may be used for this position.

~~50-48.~~ "State procurement office" means an office that acts under the authority delegated to the state procurement administrator.

~~51-49.~~ "Suspension" means an action taken by the director under R2-7-C901 that temporarily disqualifies a person from participating in a state procurement process.

~~52-50.~~ "Trade secret" means information, including a formula, pattern, device, compilation, program, method, technique, or process, that is the subject of reasonable efforts to maintain its secrecy and that derives independent economic value, actual or potential, as a result of not being generally known to and not being readily ascertainable by legal means.

ARTICLE 3. SOURCE SELECTION AND CONTRACT FORMATION

PART B. COMPETITIVE SEALED BIDDING

R2-7-B301. Solicitation

- A. An agency chief procurement officer shall issue an invitation for bids at least 14 days before the offer due date and time, unless the agency chief procurement officer determines a shorter time is necessary for a particular procurement. If a shorter time is necessary, the agency chief procurement officer shall document the specific reasons in the procurement file.
- B. An agency chief procurement officer shall:
 - 1. Advertise the procurement in accordance with A.R.S. § 41-2533(C); and
 - 2. At a minimum, provide written notice to the prospective suppliers that have registered with the state procurement office for the specific material, service, or construction solicited.
- C. An agency chief procurement officer shall include the following in the solicitation:
 - 1. Instruction to offerors, including:
 - a. Instructions and information to offerors concerning the offer submission requirements, offer due date and time, the location where offers or other documents will be received, and the offer acceptance period;
 - b. The deadline date for requesting a substitution or exception to the solicitation;
 - c. The manner by which the offeror is required to acknowledge amendments;
 - d. The minimum required information in the offer;
 - e. The specific requirements for designating trade secrets and other proprietary information as confidential;

Notices of Final Rulemaking

- f. Any specific responsibility criteria;
 - g. Whether the offeror is required to submit samples, descriptive literature, or technical data with the offer;
 - h. Any evaluation criteria;
 - i. A statement of where documents incorporated by reference are available for inspection and copying;
 - j. A statement that the agency may cancel the solicitation or reject an offer in whole or in part;
 - k. Certification by the offeror that submission of the offer did not involve collusion or other anticompetitive practices;
 - l. Certification by the offeror of compliance with A.R.S. § 41-3532 when offering electronics or information technology products, services, or maintenance;
 - m. That the offeror is required to declare whether the offeror has been debarred, suspended, or otherwise lawfully prohibited from participating in any public procurement activity, including, but not limited to, being disapproved as a subcontractor of any public procurement unit or other governmental body;
 - n. Any bid security required;
 - o. The means required for submission of an offer. The solicitation shall specifically indicate whether hand delivery, U.S. mail, electronic mail, facsimile, or other means are acceptable methods of submission;
 - p. Any designation of the specific bid items and amounts to be recorded at offer opening; and
 - q. Any other offer submission requirements;
2. Specifications, including:
- a. Any purchase description, specifications, delivery or performance schedule, and inspection and acceptance requirements;
 - b. If a brand name or equal-equivalent specification is used, instructions that the use of a brand name is for the purpose of describing the standard of quality, performance, and characteristics desired and is not intended to limit or restrict competition. The solicitation shall state that products substantially equivalent to the brands designated qualify for consideration; and
 - c. Any other specification requirements;
3. Terms and Conditions, including:
- a. Whether the contract will include an option for extension; and
 - b. Any other contract terms and conditions.

R2-7-B302. Pre-offer Conferences

An agency chief procurement officer may conduct one or more pre-offer conferences. If a pre-offer conference is conducted, it shall be ~~not less than seven days before a reasonably sufficient time prior to the offer due date and time, unless the agency chief procurement officer makes a written determination that the specific needs of the procurement justify a shorter time.~~ Statements made during a pre-offer conference are not amendments to the solicitation.

R2-7-B306. Receipt, Opening, and Recording of Offers

- A. An agency chief procurement officer shall maintain a record of offers received for each solicitation and shall record the time and date when an offer is received. The agency chief procurement officer shall store each unopened offer in a secure place until the offer due date and time.
- B. A purchasing agency may open an offer to identify the offeror. If this occurs, the agency chief procurement officer shall record the reason for opening the offer, the date and time the offer was opened, and the solicitation number. The agency chief procurement officer shall secure the offer and retain it for public opening.
- C. The agency chief procurement officer shall open offers ~~publicly, in the presence of one or more witnesses, after the offer due date and time. The agency chief procurement officer shall announce the name of the offeror; the amount of each offer; and any other relevant information as determined by the agency chief procurement officer.~~ The agency chief procurement officer shall record the name of each offeror, and the amount of each offer, and any other relevant information as determined by the agency chief procurement officer. The reader and the witness shall sign the record of offers and place it in the procurement file. The agency chief procurement officer shall make the record of offers available for public viewing.
- D. Except for the information identified in subsection (C), the agency chief procurement officer shall ensure that information contained in the offer remains confidential until contract award and is shown only to those persons assisting in the evaluation process.

R2-7-B312. Bid Evaluation

- A. An agency chief procurement officer shall evaluate offers to determine which offer provides the lowest cost to the state in accordance with any objectively measurable factors set forth in the solicitation. ~~Examples of such factors include, but are not limited to, transportation cost, energy cost, ownership cost, and any other identifiable cost or life cycle cost formula. The factors need not be precise predictors of actual future costs, but to the extent possible the factors shall be reasonable estimates based upon information the agency chief procurement officer has available concerning future use.~~
 - 1. An agency chief procurement officer shall consider life cycle costs and application benefits when evaluating offers ~~for the procurement of material or services identified in A.R.S. § 41-2553.~~
- ~~2.B.~~ An agency chief procurement officer shall consider total life cycle costs including residual value when evaluating offers

Notices of Final Rulemaking

for the procurement of materials or services identified in A.R.S. § 41-2554.

BC. An agency chief procurement officer shall conduct an evaluation to determine whether an offeror is responsive, based upon the requirements set forth in the solicitation. The agency chief procurement officer shall reject as nonresponsive any offer that does not meet the solicitation requirements.

CD. If there are two or more low, responsive offers from responsible offerors that are identical in price, the agency chief procurement officer shall make the award by drawing lots. If time permits, the agency chief procurement officer shall provide the offerors involved an opportunity to attend the drawing. The agency chief procurement officer shall ensure that the drawing is witnessed by at least one person other than the agency chief procurement officer.

R2-7-B314. Contract Award

A. An agency chief procurement officer shall award the contract to the lowest responsible and responsive offeror whose offer conforms in all material respects to the requirements and criteria set forth in the solicitation. Unless otherwise provided in the solicitation, an award may be made for an individual line item, any group of line items, or all line items.

B. The agency chief procurement officer shall keep a record showing the basis for determining the successful offeror or offerors in the procurement file.

C. The agency chief procurement officer shall notify all offerors of an award.

D. After a contract is awarded, the agency chief procurement officer shall return any bid security provided by the offeror.

E. Within ~~10-3~~ days after a contract is awarded, the agency chief procurement officer shall make the procurement file, including all offers, available for public inspection, redacting information that is confidential under R2-7-103.

R2-7-B315. Mistakes Discovered After Award

A. If a mistake in the offer is discovered after the award, the offeror may request withdrawal or correction in writing and shall include all of the following in the written request:

1. Explanation of the mistake and any other relevant information;
2. A request for correction including the corrected offer or a request for withdrawal; and
3. The reasons why correction or withdrawal is consistent with fair competition and in the best interest of the state.

B. Based on the considerations of fair competition and the best interest of the state, the agency chief procurement officer may:

1. Allow correction of the mistake, if the resulting dollar amount of the correction is less than the next lowest offer;
2. Cancel all or part of the award; or
3. Deny correction or withdrawal.

C. After cancellation of all or part of an award, ~~if the offer acceptance period has not expired,~~ the agency chief procurement officer may award all or part of the contract to the next lowest responsible and responsive offeror, within 120 days from the date of award, based on the considerations of fair competition and the best interest of the state.

R2-7-B316. Multistep Sealed Bidding

~~A. An agency chief procurement officer shall obtain approval from the state procurement administrator before using multi-step sealed bidding as a source selection method.~~

~~B. To obtain approval for multistep sealed bidding, an agency chief procurement officer shall submit a written request to the state procurement administrator.~~

~~1. The written request shall contain all of the following:~~

- ~~a. An explanation that specifications or purchase descriptions are not available or sufficiently complete to permit full competition without technical evaluations and negotiations to ensure mutual understanding between each offeror and the state;~~
- ~~b. An identification of definite criteria that exist for evaluation of technical offers;~~
- ~~e. An identification that more than one available and technically qualified source exists; and~~
- ~~d. Confirmation that a fixed price contract will be used.~~

~~2. The state procurement administrator shall:~~

- ~~a. Issue written approval, with any conditions or restrictions;~~
- ~~b. Request additional information from the agency chief procurement officer; or~~
- ~~e. Deny the request.~~

~~C.A.~~ Multi-step sealed bidding is initiated by the issuance of an invitation to submit technical offers. An agency chief procurement officer shall issue an invitation to submit technical offers that contains all of the following information:

1. Notice that the procurement is conducted in two phases. In phase one unpriced technical offers are considered and selected. In phase two there is competitive bidding by offerors whose offers were selected in phase one;
2. The best description of the material or service solicited;
3. The requirements for each technical offer, such as drawings and descriptive literature;
4. The criteria for evaluating each technical offer;
5. The closing date and time for receipt of technical offers and the location where offers should be delivered or mailed; and
6. A statement that negotiations may be held regarding the unpriced technical offer.

Notices of Final Rulemaking

- ~~D.B.~~ An agency chief procurement officer may conduct a pre-offer conference. If a pre-offer conference is conducted, it shall be not less than seven days before the offer due date and time, unless the agency chief procurement officer makes a written determination that the specific needs of the procurement justify a shorter time period. Statements made during the pre-offer conference shall not be considered modifications to the solicitation. An agency chief procurement officer may conduct a pre-offer conference within a reasonably sufficient time before offer due date and time to discuss the procurement requirements and solicit comments from prospective offerors. Amendments to the solicitation may be issued, if necessary, in accordance with R2-7-B303.
- ~~E.C.~~ An agency chief procurement officer may amend an invitation to submit technical offers before or after submission of unpriced technical offers. The agency chief procurement officer shall notify all suppliers who received the solicitation of the amendment and specify a revised offer due date and time. These suppliers may submit new offers or revise existing offers. It is the responsibility of the offeror to obtain any solicitation amendments. An offeror shall acknowledge receipt of an amendment in the manner specified in the solicitation or solicitation amendment on or before the offer due date and time.
- ~~F.D.~~ Unpriced technical offers shall not be opened publicly but shall be opened in the presence of two or more procurement officials. Late technical offers are not considered except under the circumstances set forth in R2-7-B307(B). The agency chief procurement officer shall not disclose the contents of an unpriced technical offer to unauthorized persons.
- ~~G.E.~~ Each unpriced technical offer shall be evaluated in accordance with the criteria in the invitation to submit technical offers to determine whether the offer is acceptable, potentially acceptable, or unacceptable. If the offer is unacceptable, the agency chief procurement officer shall issue a written determination that the offer is unacceptable, state the basis for the determination, and place the determination in the procurement file. If the agency chief procurement officer determines that an offeror's unpriced technical offer is unacceptable, the agency chief procurement officer shall notify that offeror in writing of the determination and indicate in the notice that the offeror is not afforded an opportunity to amend a technical offer.
- ~~H.F.~~ An agency chief procurement officer may conduct negotiations with any offeror that submits an acceptable or potentially acceptable technical offer. During negotiations, the agency chief procurement officer shall not disclose any information obtained from an unpriced technical offer to any other offeror. After negotiations, the agency chief procurement officer shall establish a closing date for receipt of final technical offers and provide written notice of the closing date to offerors that submitted acceptable or potentially acceptable offers. The agency chief procurement officer shall maintain a record of all negotiations.
- ~~I.G.~~ After receipt of final technical offers, an agency chief procurement officer shall determine which technical offers are acceptable for consideration in phase two. The agency chief procurement officer shall notify in writing each offeror whose technical offer was determined unacceptable.
- ~~J.H.~~ At any time during phase one, an offeror may withdraw an offer.
- ~~K.I.~~ Upon completion of phase one, an agency chief procurement officer shall issue a solicitation and conduct phase two as prescribed under R2-7-B301 through R2-7-B315 as a competitive sealed bidding procurement, except that the solicitation shall be issued only to offerors that submitted acceptable technical offers in phase one.
- ~~L.J.~~ An agency chief procurement officer shall ensure that unpriced technical offers of unsuccessful offerors are available for public inspection except to the extent that the offer is confidential under R2-7-B306.

PART C. COMPETITIVE SEALED PROPOSALS

R2-7-C301. Solicitation

- ~~A.~~ Before soliciting for offers under this Section, an agency chief procurement officer shall determine in writing that an invitation for bid is not practicable or advantageous to the state before soliciting for offers under this Section. Competitive sealed bidding may not be practicable or advantageous if it is necessary to:
- ~~1. Use a contract other than a fixed-price type;~~
 - ~~2. Negotiate with offerors concerning the technical and price aspects of their offers and any other aspects of their offer or the solicitation;~~
 - ~~3. Permit offerors to revise their offers; or~~
 - ~~4. Compare the different price, quality, and contractual factors of the offers submitted.~~
- ~~B.~~ The state procurement administrator may make a class determination that it is either not practicable or not advantageous to the state to procure specified types of materials or services by invitation for bid. The state procurement administrator may modify or revoke a class determination at any time.
- ~~C.A.~~ An agency chief procurement officer shall issue a request for proposal at least 14 days before the offer due date and time, unless the agency chief procurement officer determines a shorter time is necessary for a particular procurement. If a shorter time is necessary, the agency chief procurement officer shall document the specific reasons in the procurement file.
- ~~D.B.~~ The agency chief procurement officer shall:
1. Advertise in accordance with A.R.S. § 41-2534(C); and

Notices of Final Rulemaking

2. At a minimum, provide written notice to prospective suppliers that have registered with the state procurement office for the specific material, service, or construction solicited.
- ~~E.C.~~ The agency chief procurement officer shall include the following in the solicitation:
1. Instructions to offerors, including:
 - a. Instructions and information to offerors concerning the offer submission requirements, offer due date and time, the location where offers will be received, and the offer acceptance period;
 - b. The deadline date for requesting a substitution or exception to the solicitation;
 - c. The manner by which the offeror is required to acknowledge amendments;
 - d. The minimum information required in the offer;
 - e. The specific requirements for designating trade secrets and other proprietary information as confidential;
 - f. Any specific responsibility or susceptibility criteria;
 - g. Whether the offeror is required to submit samples, descriptive literature, and technical data with the offer;
 - h. Evaluation factors and the relative order of importance;
 - i. A statement of where documents incorporated by reference are available for inspection and copying;
 - j. A statement that the agency may cancel the solicitation or reject an offer in whole or in part;
 - k. Certification by the offeror that submission of the offer did not include collusion or other anticompetitive practices;
 - l. Certification by the offeror of compliance with A.R.S. § 41-3532 when offering electronics or information technology products, services, or maintenance;
 - m. That the offeror is required to declare whether the offeror has been debarred, suspended, or otherwise lawfully prohibited from participating in any public procurement activity, including, but not limited to, being disapproved as a subcontractor of any public procurement unit or other governmental body;
 - n. Any offer security required;
 - o. The means required for submission of offer. The solicitation shall specifically indicate whether hand delivery, U.S. mail, electronic mail, facsimile, or other means are acceptable methods of submission;
 - p. Any cost or pricing data required;
 - q. The type of contract to be used;
 - r. A statement that negotiations may be conducted with offerors reasonably susceptible of being selected for award ~~and that fall within the competitive range~~; and
 - s. Any other offer requirements specific to the solicitation.
 2. Specifications, including:
 - a. Any purchase description, specifications, delivery or performance schedule, and inspection and acceptance requirements;
 - b. If a brand name or equal-equivalent specification is used, instructions that the use of a brand name is for the purpose of describing the standard of quality, performance, and characteristics desired and is not intended to limit or restrict competition. The solicitation shall state that products substantially equivalent to those brands designated shall qualify for consideration; and
 - c. Any other specification requirements specific to the solicitation.
 3. Terms and Conditions, including:
 - a. Whether the contract is to include an extension option; and
 - b. Any other contract terms and conditions.

R2-7-C302. Pre-offer Conferences

~~An agency chief procurement officer may conduct one or more pre-offer conferences. If a pre-offer conference is conducted, it shall be not less than seven days before, unless the agency chief procurement officer makes a written determination that the specific needs of the procurement justify a shorter time. Statements made during a pre-offer conference are not amendments to the solicitation.~~ An agency chief procurement officer may conduct one or more pre-offer conferences within a reasonable time before offer due date and time to discuss the procurement requirements and solicit comments from prospective offerors. Amendments to the solicitation may be issued, if necessary, in accordance with R2-7-B303.

R2-7-C306. Receipt, Opening, and Recording of Offers

- A. An agency chief procurement officer shall maintain a record of offers received for each solicitation and shall record the time and date when an offer is received. The agency chief procurement officer shall store each unopened offer in a secure place until the offer due date and time.
- B. A purchasing agency may open an offer to identify the offeror. If this occurs, the agency chief procurement officer shall record the reason for opening the offer, the date and time the offer was opened, and the solicitation number. The agency chief procurement officer shall secure the offer and retain it for public opening.
- C. The agency chief procurement officer shall open offers ~~publicly, in the presence of one or more witnesses~~, after the offer due date and time. The agency chief procurement officer shall ~~announce and~~ record the name of each offeror and any other relevant information as determined by the agency chief procurement officer. The agency chief procurement officer

Notices of Final Rulemaking

shall make the record of offers available for public viewing.

- D. Except for the information identified in subsection (C), the agency chief procurement officer shall ensure that information contained in the offer remains confidential until contract award and is shown only to those persons assisting in the evaluation process.

R2-7-C311. Determination of Not Susceptible for Award

- A. An agency chief procurement officer may determine at any time during the evaluation period and before award that an offer is not susceptible for award ~~or not within the competitive range~~. The agency chief procurement officer shall place a written determination, based on one or more of the following, in the procurement file:
 - 1. The offer fails to substantially meet one or more of the mandatory requirements of the solicitation;
 - 2. The offer fails to comply with any susceptibility criteria identified in the solicitation; or
 - 3. The offer is not susceptible for award ~~or is not within the competitive range~~ in comparison to other offers based on the criteria set forth in the solicitation. When there is doubt as to whether an offer is susceptible for award ~~or is in the competitive range~~, the offer should be included for further consideration.
- B. The agency chief procurement officer shall promptly notify the offeror in writing of the final determination that the offer is not susceptible for award ~~or not within the competitive range~~, unless the agency chief procurement officer determines notification to the offeror would compromise the state's ability to negotiate with other offerors.

R2-7-C314. Negotiations with Responsible Offerors and Revisions of Offers

- A. An agency chief procurement officer shall establish procedures and schedules for conducting negotiations. The agency chief procurement officer shall ensure there is no disclosure of one offeror's price or any information derived from competing offers to another offeror.
- B. Negotiations may be conducted orally or in writing. If oral negotiations are conducted, the agency chief procurement officer shall confirm the negotiations in writing and provide to the offeror.
- C. If negotiations are conducted, negotiations shall be conducted with all offerors determined to be ~~in the competitive range~~ ~~or~~ reasonably susceptible for award. Offerors may revise offers based on negotiations provided that any revision is confirmed in writing.
- D. An agency chief procurement officer may conduct negotiations with responsible offerors to improve offers in such areas as cost, price, specifications, performance, or terms, to achieve best value for the state based on the requirements and the evaluation factors set forth in the solicitation.
- E. Responsible offerors determined to be susceptible for award ~~and within the competitive range~~, with which negotiations have been held, may revise their offer in writing during negotiations.
- F. An offeror may withdraw an offer at any time before the ~~final proposal revision best and final offer~~ due date and time by submitting a written request to the agency chief procurement officer.

R2-7-C315. Final Proposal Offer Revisions and Best and Final Offers

- A. An agency chief procurement officer ~~shall~~ may request written ~~final proposal revisions to an offer, from any offeror with whom negotiations have been conducted, unless the offeror has been determined not within the competitive range or not susceptible for award under R2-7-C311 or nonresponsible under R2-7-C312.~~ The agency chief procurement officer shall include in the written request:
 - 1. The date, time, and place for submission of ~~final proposal offer~~ revisions; and
 - 2. A statement that if offerors do not submit a written notice of withdrawal or a written ~~final proposal offer~~ revision, their immediate previous written ~~proposal revision offer~~ will be accepted as their final ~~proposal revision offer~~.
- B. An agency chief procurement officer shall request best and final offers from any offeror with whom negotiations have been conducted. The agency chief procurement officer shall include in the written request:
 - 1. The date, time, and place for submission of best and final offer; and
 - 2. A statement that if offerors do not submit a written best and final offer, their immediate previous written offer will be accepted as their best and final offer.
- ~~B~~C. The agency chief procurement officer shall request written ~~final proposal revisions best and final offers~~ only once, unless the state procurement administrator makes a written determination that it is advantageous to the state to conduct further negotiations or change the state's requirements.
- ~~C~~D. If an apparent mistake, relevant to the award determination, is discovered after opening of ~~final proposal revisions best and final offers~~, the agency chief procurement officer shall contact the offeror for written confirmation. The agency chief procurement officer shall designate a time-frame within which the offeror shall either:
 - 1. Confirm that no mistake was made and assert that the offer stands as submitted; or
 - 2. Acknowledge that a mistake was made, and include the following in a written response:
 - a. Explanation of the mistake and any other relevant information; ~~;~~
 - b. A request for correction including the corrected offer or a request for withdrawal; ~~;~~ and
 - c. The reasons why correction or withdrawal is consistent with fair competition and in the best interest of the state.
- ~~D~~E. An offeror who discovers a mistake in their ~~final proposal revision best and final offer~~ may request withdrawal or correction in writing, and shall include the following in the written request:

Notices of Final Rulemaking

1. Explanation of the mistake and any other relevant information;
2. A request for correction including the corrected offer or a request for withdrawal; and
3. The reasons why correction or withdrawal is consistent with fair competition and in the best interest of the state.

~~E.F.~~ In response to a request made under subsections (C) or (D), the agency chief procurement officer shall make a written determination of whether correction or withdrawal will be allowed based on whether the action is consistent with fair competition and in the best interest of the state. If an offeror does not provide written confirmation of the ~~final proposal revision~~ best and final offer, the agency chief procurement officer shall make a written determination that the most recent written ~~proposal revision~~ best and final offer submitted is the ~~final proposal revision~~ final best and final offer.

R2-7-C316. Evaluation of Offers

- A. An agency chief procurement officer shall evaluate offers and ~~final proposal revisions~~ best and final offers based on the evaluation criteria contained in the request for proposals. The agency chief procurement officer shall not modify evaluation criteria or their relative order of importance after offer due date and time.
- B. An agency chief procurement officer may appoint an evaluation committee to assist in the evaluation of offers. If offers are evaluated by an evaluation committee, the evaluation committee shall prepare an evaluation report for the agency chief procurement officer. The evaluation report shall supersede all previous draft evaluations or evaluation reports. The agency chief procurement officer may:
 1. Accept or reject the findings of the evaluation committee,
 2. Request additional information from the evaluation committee, or
 3. Replace the evaluation committee.
- C. The agency chief procurement officer shall prepare an award determination and place the determination, including any evaluation report or other supporting documentation, in the procurement file.

R2-7-C317. Contract Award

- A. An agency chief procurement officer shall award the contract to the responsible offeror whose offer is determined to be most advantageous to the state based on the evaluation factors set forth in the solicitation. The agency chief procurement officer shall make a written determination explaining the basis for the award and place it in the procurement file.
 - B. ~~Before awarding any cost reimbursement contract, the agency chief procurement officer shall determine in writing that:~~
 1. ~~The offeror's accounting system will permit timely development of all necessary cost data in the form required by the specific contract type contemplated, and~~
 2. ~~It is adequate to allocate costs pursuant to Article 7.~~
- ~~C.B.~~ The agency chief procurement officer shall notify all offerors of an award.
- ~~D.C.~~ After contract award, the agency chief procurement officer shall return any offer security provided by the offeror.
- ~~E.D.~~ Within ~~10-3~~ days after contract award the agency chief procurement officer shall make the procurement file, including all offers, available for public inspection, redacting information that is confidential under R2-7-103.

R2-7-C318. Mistakes Discovered After Award

- A. If a mistake in the offer is discovered after the award, the offeror may request correction or withdrawal in writing, and shall include all of the following in their written request:
 1. Explanation of the mistake and any other relevant information;
 2. A request for correction including the corrected offer or a request for withdrawal; and
 3. The reasons why correction or withdrawal is consistent with fair competition and in the best interest of the state.
- B. Based on the considerations of fair competition and the best interest of the state, the agency chief procurement officer may:
 1. Allow correction of the mistake;
 2. Cancel all or part of the award; or
 3. Deny correction or withdrawal.
- C. After cancellation of all or part of an award, ~~if the offer acceptance period has not expired,~~ the agency chief procurement officer may award all or part of the contract to the next responsible offeror, within 120 days of contract award, whose offer is determined to be the next most advantageous to the state according to the evaluation factors contained in the solicitation.

PART D. PROCUREMENTS NOT EXCEEDING THE AMOUNT PRESCRIBED IN A.R.S. § 41-2535

R2-7-D301. Applicability

For purchases not exceeding the amount prescribed in A.R.S. § 41-2535, including construction, the agency chief procurement officer shall issue a request for quotation under ~~R2-7-D303~~ R2-7-D302 unless any of the following apply:

1. The purchase can be made from a state or agency contract;
2. The purchase can be made from a set-aside organization as established in Article 10;
3. The purchase is not expected to exceed ~~\$5,000.00~~ \$10,000.00;

Notices of Final Rulemaking

4. ~~The purchase is made as a sole source procurement under A.R.S. § 41-2536;~~
5.4. The agency chief procurement officer makes a written determination that competition is not practicable under the circumstances. The purchase shall be made with as much competition as is practicable under the circumstances.

R2-7-D302. Solicitation – Request for Quotation

- A. A request for quotation shall be issued for purchases estimated to exceed ~~\$5,000~~ \$10,000 but less than that specified in A.R.S. § 41-2535. The agency chief procurement officer shall include the following in the solicitation:
1. Offer submission requirements, including offer due date and time, where offers will be received, and offer acceptance period;
 2. Any purchase description, specifications, delivery or performance schedule, and inspection and acceptance requirements;
 3. The minimum information that the offer shall contain;
 4. Any evaluation factors;
 5. Whether negotiations may be held;
 6. Any contract options including renewal or extension;
 7. The uniform terms and conditions by text or reference; and
 8. Any other terms, conditions, or instructions specific to the procurement.
- B. ~~The request for quotation shall include a statement that only a small business, as defined in R2-7-101, shall be awarded a contract, unless any of the following apply:~~
1. ~~The purchase has been unsuccessfully competed under R2-7-D303, including failure to obtain fair and reasonable prices; or~~
 2. ~~The agency chief procurement officer has made a written determination that restricting the procurement to small business is not practical under the circumstances.~~
- B. The agency chief procurement officer shall issue the request for quotation by distributing the request for quotation to a minimum of three small businesses registered on the prospective suppliers list.
- C. The request for quotation shall include a statement that only a small business, as defined in R2-7-101, shall be awarded a contract, unless any of the following apply:
1. The purchase has been unsuccessfully competed under Subsection (B) of this Section, including failure to obtain fair and reasonable prices;
 2. The agency chief procurement officer has made a written determination that less than three small businesses are registered on the prospective suppliers list; or
 3. The agency chief procurement officer has made a written determination prior to issuing a request for quotation that restricting the procurement to small business is not practical under the circumstances.

~~R2-7-D303. Request for Quotation Issuance Repealed~~

~~The agency chief procurement officer shall issue the request for quotation by distributing the request for quotation to a minimum of three small businesses. The agency chief procurement officer shall rotate suppliers invited to submit quotations. The agency chief procurement officer may cancel the request for quotation at any time.~~

~~R2-7-D304.~~R2-7-D303. Contract Award

- A. If only one responsive offer is received, the agency chief procurement officer shall ~~explain in writing whether award of the contract is advantageous to the state and place the determination in the procurement file.~~ determine if the price is fair and reasonable, and in the best interest of the state to award a contract and place the determination in the procurement file. If time permits, the agency chief procurement officer may initiate a second request for quotation if it is reasonable to believe that additional responses will be received.
- B. The agency chief procurement officer shall award a contract to the small business determined to be most advantageous to the state in accordance with any evaluation factors identified in the request for quotation. If award is pursuant to ~~R2-7-D302(B)(1) or R2-7-D302(B)(2)~~ R2-7-D302(C), the agency chief procurement officer shall award a contract to the offeror determined to be most advantageous to the state in accordance with any evaluation factors identified in the request for quotation.
- C. The agency chief procurement officer shall place the written basis for the award in the procurement file.
- D. The agency chief procurement officer shall make the procurement file available to the public on the date of contract award, except for those items considered confidential under R2-7-103.

~~R2-7-D305.~~R2-7-D304. Purchases of \$5,000 \$10,000 and Less

The agency chief procurement officer shall use reasonable judgment in awarding contracts of ~~\$5,000~~ \$10,000 and less that are advantageous to the state. The agency chief procurement officer may but is not required to request quotations.

Notices of Final Rulemaking

**PART E. LIMITED COMPETITION FOR PROCUREMENTS EXCEEDING THE AMOUNT
PRESCRIBED IN A.R.S. § 41-2535**

R2-7-E301. Sole Source Procurements

- A. For the purposes of this Section, the term “sole-source procurement” means a material or service procured without competition when:
1. There is only a single source for the material or service; or
 2. No reasonable alternative source exists.
- B. ~~The state procurement administrator may delegate this authority to the agency chief procurement officer in accordance with R2-7-202. If not delegated to the agency chief procurement officer, the agency chief procurement officer shall submit a written request for approval to procure from a sole source to the state procurement administrator before proceeding. The request shall include the following information:~~
1. ~~A description of the procurement need and the reason why there is only a single source available or no reasonable alternative exists,~~
 2. ~~The name of the proposed supplier,~~
 3. The duration and estimated total dollar value of the proposed procurement,
 4. ~~Documentation that the price submitted is fair and reasonable pursuant to R2-7-702, and~~
 5. ~~A description of efforts made to seek other sources.~~
- B. This Section applies to only sole source procurements, estimated to exceed the amount prescribed in A.R.S. § 41-2535.
- C. The state procurement administrator may delegate this authority to the agency chief procurement officer in accordance with R2-7-202. If not delegated to the agency chief procurement officer, the agency chief procurement officer shall submit a written request for approval to procure from a sole source to the state procurement administrator before proceeding. The request shall include the following information:
1. A description of the procurement need and the reason why there is only a single source available or no reasonable alternative exists,
 2. The name of the proposed supplier,
 3. The duration and estimated total dollar value of the proposed procurement,
 4. Documentation that the price submitted is fair and reasonable pursuant to R2-7-702, and
 5. A description of efforts made to seek other sources.
- ~~C.D.~~ The state procurement administrator shall send notice to registered vendors on the electronic system to invite comments on the sole-source request for three working days. Following this period, the state procurement administrator shall either:
1. Issue written approval, with any conditions or restrictions;
 2. Request additional information from the agency chief procurement officer; or
 3. Deny the request if input or information received shows that more than one source is available or a reasonable alternative source exists for the procurement need.
- ~~D.E.~~ If the sole-source procurement is authorized or approved, the agency chief procurement officer shall negotiate a contract advantageous to the state.
- ~~E.F.~~ The agency chief procurement officer shall keep a record of all sole-source procurements pursuant to A.R.S. § 41-2551.

**PART F. COMPETITIVE SELECTION PROCESS FOR SERVICES OF CLERGY, PHYSICIANS, DENTISTS,
LEGAL COUNSEL, OR CERTIFIED PUBLIC ACCOUNTANTS**

R2-7-F301. Statement of Qualifications

- A. The agency chief procurement officer may request that persons desiring to provide the services specified in A.R.S. § 41-2513 submit statements of qualifications on a prescribed form which shall include, but not be limited to the following information:
1. Technical education and training;
 2. General or special experience, certifications, licenses, and memberships in professional associations, societies, or boards; and
 3. Any other relevant information requested by the purchasing agency.
- B. Persons who have submitted statement of qualifications may submit additional information or change information that was previously submitted at any time.
- C. The agency chief procurement officer may, in lieu of subsection (A), incorporate the statement of qualifications as part of the solicitation pursuant to R2-7-F302.

R2-7-F302. Solicitation

- A. For procurements not exceeding the amount prescribed in A.R.S. § 41-2535, except as authorized under A.R.S. § 41-2536, the agency chief procurement officer shall comply with Part D of this Article.
- B. For procurements exceeding the amount prescribed in A.R.S. § 41-2535, the agency chief procurement officer shall fol-

Notices of Final Rulemaking

low the procedures below, except as authorized under A.R.S. §§ 41-2536 or 41-2537:

1. The agency chief procurement officer shall issue a request for proposal providing adequate notice based on the circumstances.
2. The agency chief procurement officer shall provide notice to prospective suppliers registered at the state procurement office for the specific service and, if R2-7-F301 has been implemented, to persons who have submitted statements of qualifications for the particular services solicited, or both.
3. The agency chief procurement officer shall include the following in the solicitation:
 - a. A specific offer due date and time, or that offers will be accepted on an open and continuous basis. If offers are accepted on an open and continuous basis, the designated, continuous day and time in which offers will be opened;
 - b. The location where offers will be received;
 - c. The offer acceptance period;
 - d. The manner by which the offeror is required to acknowledge amendments;
 - e. A description of the services needed;
 - f. The type of qualifications, experience, licensing, or other information required;
 - g. The minimum information in the offer;
 - h. Any evaluation criteria;
 - i. Any applicable contract terms and conditions;
 - j. A statement that negotiations may be conducted to determine the offeror's qualifications for further consideration;
 - k. Any cost or pricing data required;
 - l. The type of contract to be used;
 - m. A statement that the agency may cancel the solicitation or reject an offer in whole or in part;
 - n. Certification by the offeror that submission of the offer did not involve collusion or other anticompetitive practices; and
 - o. A statement of whether the services shall be retained for a stated or ongoing period of time and whether the contract is to include any option for renewal or extension.

R2-7-F303. Solicitation Amendment

- A. ~~A~~The agency chief procurement officer shall issue a solicitation amendment to do any or all of the following:
 1. Make changes in the solicitation;
 2. Correct defects or ambiguities;
 3. Provide additional information or instructions; or
 4. Extend the offer due date and time if the agency chief procurement officer determines that an extension is in the best interest of the state.
- B. If a solicitation is changed by a written solicitation amendment, the agency chief procurement officer shall notify suppliers to whom the agency chief procurement officer distributed the solicitation.
- C. It is the responsibility of the offeror to obtain any solicitation amendments. An offeror shall acknowledge receipt of an amendment in a manner specified in the solicitation amendment on or before the offer due date and time.

R2-7-F304. Cancellation of Solicitation

- A. Based on the best interest of the state, the agency chief procurement officer may cancel a solicitation at any time before award.
- B. Based on the best interest of the state, the agency chief procurement officer may cancel an open and continuous solicitation at any time during the active period of the solicitation. Contracts that have already been awarded in accordance with the solicitation shall not be affected by the cancellation.
- C. The agency chief procurement officer shall notify offerors of the cancellation in writing.
- D. The agency chief procurement officer shall return any offers received to the offerors.

R2-7-F305. Receipt, Opening, and Recording of Offers

- A. ~~A~~The agency chief procurement officer shall maintain a record of offers received for each solicitation and shall record the time and date when an offer is received. The agency chief procurement officer shall store each unopened offer in a secure place until the offer due date and time.
- B. A purchasing agency may open an offer to identify the offeror. If this occurs, the agency chief procurement officer shall record the reason for opening the offer, the date and time the offer was opened, and the solicitation number. The agency chief procurement officer shall secure the offer and retain it for public opening.
- C. The agency chief procurement officer shall open offers ~~publicly, in the presence of one or more witnesses,~~ after the offer due date and time. The agency chief procurement officer shall announce and record the name of each offeror and any other relevant information as determined by the agency chief procurement officer. ~~The reader and the witness shall sign the record of offers and place it in the procurement file.~~ The agency chief procurement officer shall make the record of offers available for public viewing.

Notices of Final Rulemaking

- D. Except for the information identified in R2-7-C306(C), the agency chief procurement officer shall ensure that information contained in the offer remains confidential until contract award and is shown only to those persons assisting in the evaluation process.

R2-7-F306. Timely and Late Modifications or Withdrawals of Offer

- A. An authorized representative of an offeror may withdraw an offer in writing if the written request for withdrawal is received by the agency chief procurement officer before the designated offer due date and time or the designated, continuous offer due day and time.
- B. An offeror may withdraw or modify an offer at any time before the due date and time or designated, continuous day and time for offer opening and before contract award by submitting a written request to the agency chief procurement officer.
- C. If a modification or a withdrawal is not received by the designated offer due date and time or the designated, continuous day and time for offer opening, the agency chief procurement officer shall determine the modification or withdrawal as late. The agency chief procurement officer shall reject a late modification or withdrawal unless:
1. The document is received before the contract award; and
 2. The document would have been received by the designated offer due date and time or the designated, continuous day and time for offer opening but for the action or inaction of state personnel directly serving the purchasing agency.
- D. Upon receiving a late modification or withdrawal, the procurement officer shall:
1. If the document is hand delivered, refuse to accept delivery; or
 2. If the document is not hand delivered, record the time and date of receipt, and promptly send written notice of late receipt to the offeror. The agency chief procurement officer may discard the document within 30 days after the date on the notice unless the offeror requests the document be returned.
- E. The agency chief procurement officer shall document a refusal under (D)(1) and place this document or a copy of the notice required in (D)(2) in the procurement file.

R2-7-F307. Late Offers

- A. If a specific offer due date and time has been identified in the solicitation, the agency chief procurement officer shall reject any offer received after the specified offer due date and time, unless:
1. It was transmitted through an eProcurement system designated in the solicitation, and the offer has a submitted status in the system prior to the offer due date and time; or
 2. There is evidence to establish that the hand-delivered offer was received before contract award at the location designated in the solicitation or it would have been received by the offer due date and time but for the action or inaction of state personnel directly serving the purchasing agency.
- ~~2~~B. Upon receiving a late offer, the agency chief procurement officer shall:
- ~~a~~1. If the document is hand delivered, refuse to accept the delivery; or
 - ~~b~~2. If the document is not hand delivered, record the time and date of receipt and promptly send written notice of late receipt to the offeror. The agency chief procurement officer may discard the document within 30 days after the date on the notice unless the offeror requests the document be returned.
- ~~3~~C. The agency chief procurement officer shall document a late offer in the procurement file; with as much information as available.
- ~~B~~D. If the solicitation has a designated, continuous day and time for offer opening and an offer is received after the day and time for offer opening, the agency chief procurement officer shall accept and log in the offer for the next scheduled day and time for offer opening.

R2-7-F308. Negotiations with Offerors

- A. The agency chief procurement officer may conduct negotiations with any or none of the offerors.
- B. The agency chief procurement officer may conduct negotiations to improve offers in such areas as cost, price, specifications, performance, or terms and conditions, and to achieve best value for the state.
- C. The agency chief procurement officer shall document the results of negotiations in writing by requesting a best and final offer as defined in R2-7-C315. ~~Final proposal revisions are not required, but may be used at the discretion of the procurement officer.~~
- D. The agency chief procurement officer shall ensure that negotiations do not disclose any information derived from other offers.

R2-7-F309. Contract Award

- A. The agency chief procurement officer shall award the contract to the offeror best qualified based on the evaluation factors set forth in the request for proposal and after making a written determination that the price is fair and reasonable. The agency chief procurement officer shall not award a contract based solely on price.
- B. The agency chief procurement officer shall make a written determination explaining the basis for the award and place it in the procurement file.
- C. The agency chief procurement officer shall award contracts pursuant to A.R.S. § 41-2513(B) through (D) where applica-

Notices of Final Rulemaking

ble.

- D. Within ~~10-3~~ days after contract award the agency chief procurement officer shall make the procurement file, including all offers, available for public inspection, redacting information that is confidential under R2-7-103.

R2-7-F310. Mistakes Discovered After Award

- A. If a mistake in the offer is discovered after the award, the offeror may request correction or withdrawal in writing, and shall include all of the following in the written request:
 - 1. Explanation of the mistake and any other relevant information;
 - 2. A request for correction including the corrected offer or a request for withdrawal; and
 - 3. The reasons why correction or withdrawal is consistent with fair competition and in the best interest of the state.
- B. Based on the considerations of fair competition and the best interest of the state, the agency chief procurement officer may:
 - 1. Allow correction of the mistake;
 - 2. Cancel all or part of the award; or
 - 3. Deny correction or withdrawal.
- C. After cancellation of all or part of an award, ~~if the offer acceptance period has not expired,~~ the agency chief procurement officer may award all or part of the contract to the next responsible offeror, within 120 days of contract award, based on whose offer is determined to be the next most advantageous to the state according to the evaluation factors contained in the solicitation.

ARTICLE 4. SPECIFICATIONS

R2-7-403. Determination for Use of Brand Name Type Specifications

- A. The state procurement administrator may authorize the use of a brand name only specification if the state procurement administrator makes a written determination that only the identified brand name item will satisfy the state's needs.
- B. The agency chief procurement officer shall, to the extent practicable, identify sources from which the designated brand name item can be obtained and shall solicit such sources to achieve the maximum practical competition.
- C. The agency chief procurement officer may use a brand name or ~~equal~~ equivalent specification when the agency chief procurement officer determines this type of specification is in the best interest of the state.

ARTICLE 5. PROCUREMENT OF CONSTRUCTION AND ~~SPECIFIED~~ SPECIFIC PROFESSIONAL SERVICES

R2-7-503. Procurement of Construction Using Alternate Project Delivery Method

The agency chief procurement officer may use an alternate project delivery method ~~if the agency chief procurement officer determines in writing that~~ if it is in the best interest of the state pursuant to A.R.S. §§ 41-2578 and 41-2579, based on the following factors:

- 1. Cost and cost control method,
- 2. Value engineering,
- 3. Market conditions,
- 4. Schedule,
- 5. Required specialized expertise,
- 6. Technical complexity of the project, or
- 7. Project management.

ARTICLE 6. CONTRACT CLAUSES

R2-7-604. Contract Change Orders and Amendments

- A. The agency chief procurement officer may extend or authorize options in a contract provided the price of the extension or option was evaluated under the contractor's original offer.
- B. Any contract change order or amendment or aggregate change orders or amendments of a contract not covered under subsection (A) that exceeds ~~\$100,000~~ 25% of the original contract amount may be executed only if the state procurement administrator or, in the case of construction on state property, the Assistant Director of General Services, determines in writing that the change order or amendment is advantageous to the state and the price is determined fair and reasonable pursuant to R2-7-702.
- C. The agency chief procurement officer may, in situations in which time or economic consideration preclude re-solicitation, negotiate a reduction to the contract, including scope, price, and contract requirements under A.R.S. §41-2537.

R2-7-605. Multi-term Contracts

- A. ~~With a written determination from state procurement administrator that an extension of time would be advantageous to the state, the~~ The agency chief procurement officer may enter into a contract for materials or services for a period exceeding

Notices of Final Rulemaking

the time identified in A.R.S. § 41-2546(A); if a written approval from the state procurement administrator is issued prior to offer due date and time.

- B. The agency chief procurement officer shall submit a request to the state procurement administrator in writing indicating:
 - 1. The time period requested for the contract;
 - 2. Documentation that the estimated requirements are reasonable and continuing;
 - 3. Documentation to demonstrate why more frequent competition is not practicable and that such a contract will serve the best interests of the state ~~by encouraging effective competition or otherwise promoting economies in state procurement.~~
- C. The agency chief procurement officer shall include in all multi-term contracts a clause specifying that the contract shall be cancelled if monies are not appropriated or otherwise made available to support the continuation of performance in a subsequent fiscal year. If the contract is cancelled under this Section, the contractor may only be reimbursed for the reasonable value of any nonrecurring costs incurred but not amortized in the price of the materials or services delivered under the contract or which are otherwise not recoverable.

R2-7-606. Terms and Conditions

- A. The state procurement administrator may publish uniform terms and conditions for use in solicitations and contracts issued by a state governmental unit.
- B. ~~Prior to offer due date and time, The~~ the state procurement administrator may authorize an agency chief procurement officer to make changes to uniform terms and conditions.
- C. After offer due date and time, an agency chief procurement officer may negotiate the uniform terms and conditions, as appropriate.

R2-7-607. Mandatory Statewide Contracts

State governmental units shall use existing Arizona state contracts to satisfy their needs for those materials and services covered under such contracts, unless authorized by the state procurement administrator.

ARTICLE 9. LEGAL AND CONTRACTUAL REMEDIES

PART A. PROTEST OF SOLICITATIONS AND CONTRACT AWARDS

R2-7-A909. Remedies by the Director

If the Director sustains the appeal in whole or part and determines that a solicitation, a not susceptible for award determination, or an award does not comply with procurement statutes and regulations, the director shall implement remedies as provided in R2-7-A904 or R2-7-A910.

R2-7-A910. ~~Dismissal Before Hearing~~ Informal Settlement Conference

In any protest, claim or debarment proceeding, the Director may request to hold an informal settlement conference with all interested parties. The conference may be held at any time prior to a final administrative decision. If an informal settlement conference is held, a person with the authority to act on behalf of the interested party must be present. The agency chief procurement officer shall notify the interested parties in writing that statements, either written or oral, made at the conference, including a written document, created or expressed solely for the purpose of settlement negotiations are inadmissible in any subsequent administrative or judicial hearing. Should any interested party choose not to participate in an informal settlement conference, the Director, or the Director's designee, in his or her discretion, may conduct the conference with those interested parties that appear, or reschedule the conference, or terminate the conference. If the informal settlement conference results in a full settlement agreement between all interested parties, that agreement shall be reduced to writing, signed by the interested parties, and entered as the final administrative decision in the proceeding. If the interested parties do not reach agreement on all matters at issue in the proceedings, but do agree to resolve one or some of the issues, that partial agreement shall be reduced to writing, be signed by the interested parties, and bind the interested parties through the remainder of the proceedings. If the Director, or the Director's designee, participates in an informal settlement conference, the Director, or the Director's designee, may not participate in or attempt to influence the outcome of the final administrative decision. Further, in making a final administrative decision, the Director shall not give any weight to whether or not an informal settlement conference has been held, or to any consideration of the perceived success or failure of the informal settlement conference.

~~R2-7-A910.~~ R2-7-A911. Dismissal Before Hearing

- A. The Director ~~shall may~~ dismiss, upon written determination, an appeal in whole or in part before scheduling a hearing if:
 - 1. The appeal does not state a valid basis for protest;
 - 2. The appeal is untimely as prescribed under R2-7-A905; or
 - 3. The appeal attempts to raise issues not raised in the protest.
- B. The Director shall notify the interested party, the agency chief procurement officer, and the state procurement administrator in writing of a determination to dismiss an appeal before hearing.

Notices of Final Rulemaking

~~R2-7-A911~~, ~~R2-7-A912~~, Hearing

The Director shall resolve appeals of solicitation or contract award decisions as contested cases under A.R.S. § 41-1092.07.

ARTICLE 10. INTERGOVERNMENTAL PROCUREMENT

R2-7-1003. Purchasing from a Cooperative Contract

- A. The agency chief procurement officer shall not procure materials, services, professional services, construction or construction services from any cooperative contracts available under an existing Arizona state contract, unless authorized by the state procurement administrator.
- B. If it is in the best interest of the state and at the discretion of the agency chief procurement officer, a cooperative contract may be used if the following criteria, at a minimum, are met:
1. The cooperative contract was awarded through the competitive process and documentation is available to substantiate the award, including:
 - a. Bidder's list,
 - b. Solicitation included evaluation factors,
 - c. Multiple offers received,
 - d. Bid tabulation and evaluation offers, and
 - e. Basis for cooperative contract award with established evaluation factors.
 2. Cost analysis to determine price is fair and reasonable as prescribed by R2-7-702;
 3. Review of cooperative contract terms and conditions; and
 4. Vendor's willingness to extend cooperative contract to the state.
- C. Purchases under a cooperative contract as permitted by this subsection shall not, in the aggregate, exceed 25% of the initial value, or estimated value for term contracts, of the cooperative contract or \$500,000, whichever is lesser, unless the state procurement administrator determines in writing that the purchase is in the best interest to the state and the price is determined fair and reasonable pursuant to R2-7-702.

~~R2-7-1003~~, ~~R2-7-1004~~, Establishment of a Committee as Required by A.R.S. § 41-2636

- A.** The Director shall appoint a committee as required by A.R.S. §41-2636.
- B.** The committee shall be comprised of at least seven members, including the committee chair, representing:
1. Arizona Correctional Industries ("ACI");
 2. Arizona Industries for the Blind ("AIB");
 3. ~~Certified Non-Profit Agencies for Disabled Individuals (CNADI)~~ nonprofit agency that serves individuals with disabilities (CNAID) as defined in A.R.S. §41-2636(G);
 4. Other public procurement units.
- C.** The state procurement administrator or the state procurement administrator's designee shall chair the committee.
- D.** The committee chair may appoint sub-committees to assist in the evaluation of materials and services under consideration by the committee as a set-aside.
- E.** The committee shall meet at least once each fiscal year quarter to report compliance with A.R.S. §41-2636~~(E)~~(F).

~~R2-7-1004~~, ~~R2-7-1005~~, Certification as Non-Profit Agency for Disabled Individuals

- A.** A non-profit organization may request written approval from the committee for certified status as a non-profit agency for disabled individuals for the purpose of being eligible for set-aside contracts by submitting information that satisfies the criteria identified in A.R.S. § 41-2636(A) and 41-2636(G).
- B.** The committee shall review the information submitted and respond to the requestor in writing by:
1. Approving the request for certification;
 2. Denying the request for certification; or
 3. Requesting more information.

~~R2-7-1005~~, ~~R2-7-1006~~, Application for Approval as Required by A.R.S. § 41-2636 to Become a Certified Non-Profit Agency for Disabled Individuals

- A.** A non-profit organization requesting certification by the committee as a non-profit agency for disabled individuals shall submit the following written information to the State Procurement Office, attention of the committee chair:
1. Name of organization, address, contact name, and contact information;
 2. Description of the non-profit activity center;
 3. Evidence of the organization's non-profit status;
 4. A statement that the business is operated in accordance with A.R.S. §41-2636(G);
 5. A statement of Occupational Safety and Health Administration compliance; and
 6. The signature and title of the responsible party within the applicant's organization.
- B.** The committee shall review the submitted application at the next scheduled committee meeting and may do any of the following:
1. Approve the organization as a certified non-profit agency for disabled individuals;

Notices of Final Rulemaking

2. Table the application and request additional information; or
3. Decline the application.

~~R2-7-1006~~-R2-7-1007. Approval of Specific Materials or Services for Set-aside Use

- A. ACI, AIB, and ~~CNADI~~-CNAID shall submit information ~~required by A.R.S. § 41-2636(B)~~ to the committee to request approval of the material or service for mandatory set-aside use. The applicant shall include the following information:
1. A description of the specific material or service;
 2. The pricing offered;
 3. Documentation that the pricing offered is fair market pricing; and
 4. Information regarding availability.
- B. The committee shall evaluate each offered material or service to determine:
1. The existence and extent of a need within state governmental units for the material or service;
 2. The ability to produce and deliver the material or service to meet the reasonable requirements of the state governmental units; and
 3. Whether the offered price for the material or service is reasonable.
- C. The committee may:
1. Approve the requested material or service for use as a mandatory set-aside contract;
 2. Establish a sub-committee to study and make a recommendation on the request;
 3. Request additional information;
 4. Deny the request; or
 5. Designate the material or service as available for optional use by a state governmental unit or local public procurement unit under A.R.S. §41-2636~~(D)~~(E).

~~R2-7-1007~~-R2-7-1008. Contract Awards Directed by the Committee

- A. The State Procurement Office or the agency chief procurement officer designated by the state procurement administrator shall enter into a contract as directed by the committee. Such contracts shall not exceed five years, including any renewal options.
- B. Contracts may be renewed as follows:
1. For mandatory state contracts, if the State Procurement Office makes an initial determination that the criteria set forth in ~~R2-7-1006(B)~~-R2-7-1007(B) are no longer being met, it shall refer the matter to the committee for a final determination.
 2. The committee may:
 - a. Approve the contract renewal;
 - b. Establish a sub-committee to study and make a recommendation on contract renewal;
 - c. Request additional information;
 - d. Deny the contract renewal; or
 - e. Take other action as may be appropriate.
- C. The State Procurement Office or agency chief procurement officer designated by the state procurement administrator shall take action as directed by the committee.

~~R2-7-1008~~-R2-7-1009. Contract Awards Initiated by an Agency Chief Procurement Officer or Local Public Procurement Unit

- A. Competition is not required under A.R.S. § 41-2636(D) to enter into a contract for a material or service that is offered from a set-aside agency, but may be used at the discretion of the agency chief procurement officer or local public procurement unit. If competition is used, an agency chief procurement officer may either:
1. Seek competition only from applicable set-aside agencies; or
 2. Seek competition under A.R.S. §§ 41-2533, 41-2534, or 2535.
- B. Contracts awarded under this Section, shall not exceed five years, including any renewal options.

~~R2-7-1009~~-R2-7-1010. Set-aside Application Dispute Process

- A. Any interested party may dispute any committee decision.
- B. An interested party shall submit the dispute of a committee decision to the committee chair in writing and shall include:
1. Name, address, and telephone number of the person submitting the dispute;
 2. Signature of the person or the person's representative;
 3. Identification of the set-aside application disputed;
 4. A detailed statement of the legal and factual grounds for the dispute including copies of relevant documents; and
 5. The form of relief requested.
- C. A dispute of a set-aside application shall be filed with the committee chair through the State Procurement Office within 14 days after the person who submits the dispute knows or should have known the basis of the dispute.
- D. The committee chair shall promptly give written notice of the dispute to the set-aside applicant and the committee.
- E. The committee chair shall resolve the dispute. The committee chair shall issue a written decision within 14 days after the

Notices of Final Rulemaking

date the dispute has been filed. If the committee chair fails to issue a decision within 14 days, the person who submits the dispute may proceed as if the dispute has been denied.

- F. An appeal of the decision of the committee chair shall be made to the director under R2-7-A905, substituting “committee chair” for “agency procurement officer.”

Bureau of Women's and Children's Health (BWCH) Resource Manual	DATE: May 1, 2015
SUBJECT: Maternal and Early Childhood Home Visiting Grant (MIECHV)	SECTION: Children's Health

SUBTITLE: MIECHV Work Group Development

PURPOSE

The purpose of this document is to provide written guidelines for the formation of MIECHV Work Groups that address various components of the MIECHV program.

POLICY

MIECHV Work Groups will be established as necessary, in order to create and maintain a mechanism for identifying, analyzing, consolidating and developing plans, data systems, feedback, goals, timelines and other items as needed and to enhance the operation of the MIECHV program.

AUTHORITY

The implementation and enforcement of this policy is at the discretion of the Chief, Office of Children's Health, BWCH.

APPLICABILITY

This policy and procedure applies to all individuals working within the MIECHV program.


PROCEDURE

- A.** A Statement of Purpose of the Work Group will be created by either the appropriate Consultant or MIECHV Staff and will state specific goals and objectives of the Work Group.
- B.** The Consultant or MIECHV Staff will define activities of the Work Group, including but not limited to, deliverables, timelines, defined outcomes, and how it aligns with the goals of the MIECHV grant.
- C.** Membership of the Work Group will be determined by the Consultant or MIECHV Staff with input from the Interagency Leadership Team (IALT), or other appropriate entities within the MIECHV program.

Bureau of Women's and Children's Health (BWCH) Resource Manual	DATE: May 1, 2015
SUBJECT: Maternal and Early Childhood Home Visiting Grant (MIECHV)	SECTION: Children's Health

SUBTITLE: MIECHV Work Group Development

- D. The Consultant or MIECHV Staff will work with the Office of Children's Health Chief or other appropriate individual to determine who the Work Group reports to and who provides names of potential members.
- E. The frequency and location of Work Group meetings will be decided by group member consensus.
- F. Upon completion of the Work Group's goals and objectives, the Work Group will cease meeting and reconvene if necessary as determined by the Consultant or MIECHV Staff and the Office of Children's Health Chief.

Approved: 	Date: <u>8/30/16</u>
Irene Burnton, Chief, Office of Children's Health	
The Primary Position of Responsibility for this policy is the Bureau of Women's and Children's Health. Users are encouraged to suggest improvements regarding this policy and procedure.	

Bureau of Women’s and Children’s Health (BWCH) Policies and Procedures Manual	DATE: June 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children’s Health

SUBTITLE: Arizona Efforts to Outcomes (AZ ETO)/Help Desk policy

PURPOSE

The purpose of this policy and procedure is to provide written guidelines as to the process for implementing the AZ ETO/Help Desk, which provides ongoing phone and/or email/portal technical assistance to AZ ETO users, and to ensure services are delivered pursuant to the terms and conditions of the contract.

POLICY

The ETO/Help Desk will be implemented through an ADHS sub-recipient or contractor and will comply with all ADHS contracted tasks and deliverables as per contract requirements.

AUTHORITY

The implementation and enforcement of this policy is at the discretion of the Chief, Office of Children’s Health, of BWCH.

APPLICABILITY

This policy and procedure applies to all individuals working within the MIECHV program.

A. 1. Definitions

- 1.1 “ACA” for the purpose of this document refers to the federal Affordable Care Act.
- 1.2 “ACF” for the purpose of this document refers to the Administration for Children and Families.
- 1.3 “ADE” for the purpose of this document refers to the Arizona Department of Education.
- 1.4 “ADHS” for the purpose of this document refers to the Arizona Department of Health Services.
- 1.5 “BWCH” for the purpose of this document refers to the Bureau of Women’s and Children’s Health within the Arizona Department of Health Services.
- 1.6 “Benchmark” for the purpose of this document means the Benchmarks and Performance Measures for the MIECHV grant.
- 1.7 “Contractor” for the purpose of this document refers to the organization responsible for implementation of this Contract.

Bureau of Women’s and Children’s Health (BWCH) Policies and Procedures Manual	DATE: June 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children’s Health

SUBTITLE: Arizona Efforts to Outcomes (AZ ETO)/Help Desk policy

1.8 “Coordinated Home Visitation Data Management System” for the purpose of this document refers to the Arizona home visitation data system.

1.9 “AZ ETO” for the purpose of this document refers to Arizona Efforts to Outcomes, and is synonymous with “Coordinated Home Visitation Data Management System”.

1.10 “DCS” for the purpose of this document refers to the Arizona Department of Child Safety.

1.11 “EBPs” for the purpose of this document refers to the Evidence-Based Programs.

1.12 “Evidence Informed” for the purpose of this document refers to a home visitation program that is not yet met either of the following minimum criteria: At least one (1) high-quality or moderate quality impact study of the model has found favorable, statistically significant impacts in two (2) or more of the eight (8) outcome domains; at least two (2) high-quality or moderate-quality impact studies of the model using non-overlapping analytic different samples with one (1) or more favorable, statistically significant impacts in the same domain. But has a strong base of research and evidence for its practice.

1.13 “HFAZ” for the purpose of this document refers to the Healthy Families Arizona.

1.14 “HRSA” for the purpose of this document refers to the Health Resources and Services Administration.

1.15 “IALT” for the purpose of this document refers to the Inter Agency Leadership Team.

1.16 “IMR” for the purpose of this document refers to Infant Mortality Rate.

1.17 “ITCA” for the purpose of this document means Intertribal Council of Arizona.

1.18 “MIECHV” for the purpose of this document means is the Maternal, Infant, and Early Childhood Home Visiting Program.

1.19 “NFP” for the purpose of this document refers to the Nurse Family Partnership.

1.19.5 “PAT” for the purpose of this document refers to the Parents As Teachers program.

1.20 “Partners” for the purpose of this document refers to state agencies, providers, EBP’s, communities and others.

Bureau of Women’s and Children’s Health (BWCH) Policies and Procedures Manual	DATE: June 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children’s Health

SUBTITLE: Arizona Efforts to Outcomes (AZ ETO)/Help Desk policy

1.21 “Priority Populations” for the purpose of this document refers to the Priority Populations outlined by HRSA including but not limited to:

- 1.21.1 Have low incomes,
- 1.21.2 Are pregnant women who have not reached age twenty-one (21),
- 1.21.3 Have a history of child abuse or neglect or have had interactions with child welfare services,
- 1.21.4 Have a history of substance abuse or need substance abuse treatment,
- 1.21.5 Are users of tobacco products in the home,
- 1.21.6 Have, or have children with, low student achievement,
- 1.21.7 Have children with developmental delays or disabilities, and
- 1.21.8 Are in families that include individuals who are serving or have formerly served in the armed forces, including such families that have members of the armed forces who have had multiple deployments outside of the United States.

1.22 “Project Director” for the purpose of this document, refers to the individual who works for the Contractor who has overall responsibility of the proposed project, including management of staff and Contractors to ensure that the State is in compliance with all Contract requirements and communication with ADHS on progress made toward achieving the deliverables.

1.23 “Sites” or “Local Agencies” for the purpose of this document means the individual sites chosen by the IALT to implement the evidence-based model.

1.24 “Strong Families AZ – SFAZ” for the purpose of this document refers to Strong Families Arizona, which is the collaboration of organizations and state agencies that are a part of delivering home visiting services, home visiting system building or provide family support services in Arizona.

1.25 “Target Communities” for the purpose of this document refers to communities which are identified by the AZ MIECHV program as needing further information and support to either initiate home visiting services or strengthen collaboration amongst home visiting programs.

1.26 “Alliance” for the purpose of this document refers to the Early Childhood Home Visiting Task Force now referred to as the Strong Families Home Visiting Alliance consisting of state agencies, home visitors, providers, and others who have worked collaboratively on outlining the Arizona home visiting system.

1.27 “ADHS Program Manager” means Arizona Department of Health Services employed staff managing the Project contract.

1.29 “Department” means the Arizona Department of Health Services.

Bureau of Women’s and Children’s Health (BWCH) Policies and Procedures Manual	DATE: June 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children’s Health

SUBTITLE: Arizona Efforts to Outcomes (AZ ETO)/Help Desk policy

1.31 “Key Personnel” means staff involved in the planning, administration, operation or monitoring of this Contract.

1.32 “Shall or Must” means a mandatory requirement. Failure to meet these mandatory requirements may result in the rejection of an Offer as non-responsive and/or out of compliance with the Contract.

PROCEDURE

The Contractor shall:

2.1 Ensure that incoming calls are answered within five (5) rings and e-mails requesting technical assistance questions are responded to within twenty-four (24) hours which includes referral, if required, to the appropriate entity, as listed in attached Exhibit 3 (ETO Tasks of Responsible Parties); Calls received at or after 5pm on Fridays will be returned by 10am the following Monday.

2.2 Provide ongoing phone, text message, and/or email/portal technical assistance to AZ ETO users to enter data into the AZ ETO by utilizing training materials and help-desk resources developed;

2.3 Provide ongoing phone, text message, and/or email/portal technical assistance to AZ ETO users to utilize reporting functions of data in AZ ETO by utilizing training materials and help-desk resources developed;

2.4 Maintain a library of online, recorded trainings and assist users to access the online, recorded trainings and other resources for questions, refresher or new employee training;

2.5 Provide ongoing phone and/or email/web portal support to triage user questions to the appropriate resolution, including referring technical ETO questions to the Social Solutions Global, Inc support services and programmatic data entry and quality assurance questions to respective programs;

2.6 Coordinate with ADHS and AZ ETO programmatic users, update training and user resources annually and submit to ADHS Program Manager for approval; and

2.7 Have capacity to provide training in person and online to expand services to accommodate additional users from HFAz and other potential future models.

2.8 For additional detailed procedures regarding AZ ETO/Help Desk implementation refer to attached Exhibit 4 and Exhibit 5.

Bureau of Women’s and Children’s Health (BWCH) Policies and Procedures Manual	DATE: June 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children’s Health

SUBTITLE: Arizona Efforts to Outcomes (AZ ETO)/Help Desk policy

Tasks

The Contractor shall:

3.1 Identify a Project Manager who shall be the primary contact person for the ADHS Program Manager in discussing work that needs to be completed;

3.2 Develop, implement, and maintain phone, text messages, email and/or web portal capabilities to provide technical assistance for user questions on data entry and report generation;

3.3 Develop, implement and maintain quality control processes and data collection to ensure that user calls are answered within five (5) rings, and e-mails and text messages requesting technical assistance are responded to within twenty-four (24) hours and/or referred to the appropriate resource, if required, as listed in attached Exhibit 3. This information will be reported to ADHS using a format similar to that provided in attached Exhibit 2 (Quarterly Data Count Report);

3.4 Develop, implement, and revise user satisfaction surveys or other approach to soliciting customer feedback on a monthly and annual basis. Feedback shall be on the Contactor’s timeliness, helpfulness of responses as well as on the timeliness and responsiveness of calls referred to other entities;

3.5 Develop a user-friendly online library to house recorded trainings and other resources for refresher and new employee training; and

3.6 Engage in ongoing quality improvement and recommend to ADHS Program Manager on how to improve technical assistance and update training materials and resources.

Deliverables

The Contractor shall submit to ADHS:

4.1 A monthly Activity Log (attached Exhibit 1), due twenty-one (21) days following each month of service and with the final year-end Activity Log submitted in thirty (30) days following the end of the fiscal year. Budget and/or expenditure documentation related to monthly invoices shall be submitted to the Program Manager, as requested;

4.2 Electronically a monthly narrative report of services performed rendered by the thirtieth (30th) of each month. Contractor shall develop narrative report template monthly and shall include:

- 4.2.1 Update and progress of stated objectives,
- 4.2.2 Trends in topics, geography or other factors identified in technical assistance inquiries,
- 4.2.3 Challenges/barriers achieving stated objectives, and
- 4.2.4 Monthly update of customer satisfaction feedback.

Bureau of Women's and Children's Health (BWCH) Policies and Procedures Manual	DATE: June 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health

SUBTITLE: Arizona Efforts to Outcomes (AZ ETO)/Help Desk policy

4.3 Electronically, a Quarterly Data Count Report (attached Exhibit 2) along with corresponding monthly report due by the thirtieth (30th) of each month. Data Report Counts shall include quarterly data counts including:

- 4.3.1 Number of technical assistance inquiries received,
- 4.3.2 Maximum, minimum and average resolution time for technical assistance inquiries fulfilled by the Contractor,
- 4.3.3 Trends in topics, geography or other factors identified in technical assistance inquiries, and
- 4.3.4 Number of inquiries referred to other provider and topics of the referrals.

Approvals

The following items shall require approval by ADHS:

- 5.1 A monthly narrative report of program activity services rendered prior to reimbursement;
- 5.2 The Contractor shall meet with the ADHS Program Manager to review and analyze call and e-mail volume each month. If a significant decrease in call volume is realized the Contractor and ADHS will evaluate the monthly cost to determine if an amendment will be issued to adjust the monthly cost;
- 5.3 The monthly invoice referred to Activity Log prior to reimbursement.
- 5.4 Any surveys or data collection tools developed to evaluate the program. The Contractor shall obtain pre-approval in writing from ADHS;
- 5.5 Prior to the Contractor engaging in website development or establishment of an online environment for technical assistance, a draft of the schematic and overall plan for user experience. The Contractor shall obtain pre-approval in writing from ADHS;
- 5.6 Any edits, additions or revisions to training materials and resources. The Contractor shall obtain pre-approval in writing from ADHS;
- 5.7 Any out-of-state travel. The Contractor shall obtain pre-approval in writing from ADHS prior to traveling
- 5.8 Equipment purchases (i.e., lap tops, projectors, printers, etc.). The Contractor shall obtain pre-approval in writing from ADHS; and
- 5.9 Equipment purchases shall be inventoried and tagged with ADHS Inventory and Control within thirty (30) days of purchase.

Bureau of Women's and Children's Health (BWCH) Policies and Procedures Manual	DATE: June 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health

SUBTITLE: Arizona Efforts to Outcomes (AZ ETO)/Help Desk policy


Approved: 	Date: 8/30/16
Irene Burnton, Chief, Office of Children's Health	
The Primary Position of Responsibility for this policy is the Bureau of Women's and Children's Health. Users are encouraged to suggest improvements regarding this policy and procedure.	

EXHIBIT 1 - ACTIVITY LOG
AZ ETO Technical Assistance and Help Desk
(Date)
(PO Number)

Monthly Tasks/Activities	Date	Hours
TOTAL		

Monthly Narrative Report
1. Progress on providing phone/email TA assistance to AZ ETO user
2. Trends in topics, geography or other factors identified in technical assistance inquiries
3. Challenges/barriers achieving the provision of TA
4. Monthly update of customer satisfaction feedback

	# Units	Rate	Total
AZ ETO Technical Assistance and Help Desk			
Number of Tickets for Month			
TOTAL			

**Exhibit 2
Quarterly Data Count Report**

RFP NO. ADHS16-00005560

The following is provided as an **EXAMPLE ONLY**

	Quarterly Reports				Total
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	
	Jan.-Mar.	Apr.-Jun.	Jul.-Sept.	Oct. - Dec.	Jan. Dec.
Quarterly Reports					
Data Counts					
Number of technical assistance calls					000
Number of technical assistance calls resolved within 24 hours					000
Number of technical assistance calls resolved within 48 hours					000
Number of technical assistance calls resolved in more than 48 hours					000
Number of technical assistance calls referred to AZ ETO database contractor					000
Number of technical assistance calls referred to Healthy Families Arizona					000
Number of technical assistance calls referred to Nurse Family Partnership					000
Number of technical assistance calls related to new employee training					000
Number of technical assistance calls related to login					000
Number of technical assistance calls related to data entry					000

Exhibit 3
ETO Tasks of Responsible
RFP NO. ADHS16-00005560

ETO TASKS of RESPONSIBLE PARTIES

The following matrix identifies key tasks needed to support the AZ ETO system. Successful Offeror for this solicitation is identified as “Awarded Offeror” for the purpose of task assignment listed below.

Task	Responsible Party
Phone and/or email/web portal support for data entry into AZ ETO	Awarded Offeror
Phone support for ETO technical questions	AZ ETO database contractor
Phone and/or email support for ongoing programmatic data collection	HFAz and MIECHV evaluation contractors
Login maintenance for site administrators	ETO Enterprise Administrator (ADHS)
Login maintenance for Supervisors and other users	ETO Site Administrators (HFAz and NFP)
Refresher and new employee training	The Awarded Offeror will maintain a library of online recorded trainings, and will assist users to access the online recorded trainings and other resources for refresher or new employee training.
Development of new reports in AZ ETO	ADHS
Phone and/or email/web portal support for routine reporting functions	Awarded Offeror
Ongoing quality assurance of reports generated for MIECHV and ADHS reporting requirements	ADHS and MIECHV evaluation contractor
Phone and/or email/web portal support to triage user questions to the appropriate resolution	Awarded Offeror
Quality assurance of programmatic data	Program administrators (e.g. HFAz, NFP)

**Exhibit 4
Implementation Plan**

RFP NO. ADHS16-00005560

The following is provided as an **EXAMPLE ONLY**

TASK	PERSON RESPONSIBLE	VERIFICATION	START DATE	END DATE
Hire program staff	Program Coordinator	Signed letter of Employment	November 2, 2015	December 1, 2015
Train staff on ETO technical assistance and training material	Staff	Training Certificate	December 1, 2015	December 15, 2015
Develop and obtain ADHS approval for technical assistance online environment	Program Coordinator	Letter of approval	November 9, 2015	November 13, 2015
Begin phone and/or email/portal support	Program Coordinator	Phone/email/online environment is verified as live	December 18, 2015	

Exhibit 5 - AZ ETO Technical Assistance and Help Desk Procedures

Procedures: Help Desk and Technical Assistance Procedures

Procedure Date: December 18, 2015

1.0 Purpose

The AZ ETO Help Desk is the single point of contact for technical support for all AZ ETO users. The Help Desk provides technical assistance through a telephone support center and responds to text messages and emails. The Help Desk uses a trouble ticket system to record and track all ETO TA requests and to triage service. The following document provides procedures for operation of the AZ ETO Help Desk and technical support model.

2.0 Use of the AZ ETO Help Desk

The AZ ETO Help Desk is committed to providing support for AZ ETO users. A standard process and single point of contact for all ETO issues is necessary to eliminate confusion over whom to call for each type of issue. The AZ ETO Help Desk is available to provide telephone, text message, email, or online technical assistance. The telephone number for the Help Desk is 480-665-8669 and the email address is azetohelpdesk@wellingtongroupconsulting.com

3.0 Elements of the Technical Assistance Support Model

3.1 Tier 1 Help Desk Support

3.1.1 The Help Desk will be staffed by the Help Desk Manager (Tier 1 Analyst) from 8:00 a.m. to 5:00 pm., Monday through Friday. All calls will be answered within five (5) rings. Voice mail will pick up after the fifth ring if the Help Desk Manager is occupied with another call.

In the event that The Help Desk is occupied with another call, the ETO user will be prompted with the following message:

“Hello, you have reached Karina Duran with the Arizona ETO Help Desk. I am currently unable to take your call. Please leave your name, phone number, and ETO concern and I will return your call within 24 hours. Thank you”

3.1.2 The Help Desk will respond to all text messages, phone calls, voice mails, and email messages received Monday through Friday within 24 hours. Calls received at or after 5 p.m. on Fridays will be returned by 10 a.m. the following Monday.

3.1.3 Tier 1 support will use all available resources to attempt first call resolution. The Tier 1 Analyst is responsible for keeping the end user informed of the status of his or her ticket and to set realistic expectations for resolution. The Tier 1 Analyst is responsible for conferring with the AZ ETO Project Manager at Wellington Group (Dr. Samantha Martin) and for escalating to the Tier II and Tier III groups those problems that cannot be fixed within a reasonable timeframe or when additional resources/expertise is required to address the issue.

3.1.4 The Tier 1 Analyst will follow up with Tier 2 and 3 Analysts as appropriate when status updates are not received on outstanding tickets.

3.2 Tier 2 TA Analysts

- 3.2.1 AZ ETO Project Manager (Samantha Martin, PhD, Samantha@wellingtongroupconsulting.com) or ADHS ETO Manager (Pooja Rangan, MBBS, MPH, pooja.rangan@azdhs.gov) will provide second level support for problems escalated by the Help Desk Manager.
- 3.2.2 AZ ETO Project Manager (Samantha Martin, PhD) will notify the Help Desk Manager of receipt of an escalated ticket received Monday through Friday within two hours of receipt of ticket. A status update will be made within four hours of receipt with an estimated time of completion given to the Help Desk Manager. Updates on tickets received at or after 5 p.m. on Fridays will be made by 10 a.m. the following Monday. Notifications can be by e-mail, phone call or text message.
- 3.2.3 The ADHS ETO Manager Pooja Rangan, MBBS, MPH (pooja.rangan@azdhs.gov) will provide a response email to the AZ ETO Help Desk within 24 hours upon receipt when addressing a request for the creation and/or modification to an AZ ETO User Account and Entity.

3.3 Tier 3 ETO Software Specialist

- 3.3.1 Tier 3 Specialist is the software vendor for AZ ETO, Social Solutions. Problems / issues will be escalated to Tier 3 according to the referral sequence outlined in the AZ ETO Decision Tree.
- 3.3.2 E-mail notification of receipt of escalated tickets received Monday through Friday will be made to the Help Desk Manager within two hours of receipt of ticket. A status update will be made within four hours of receipt with an estimated time of completion given to the Help Desk Manager. Updates on tickets received at or after 5 p.m. on Fridays will be made by 10 a.m. the following Monday.

4.0 AZ ETO Help Desk Ticket Handling and Problem Response Time Policy

- 4.1 All problems reported to AZ ETO Help Desk will be initially handled by ETO Help Desk Manager who will work with the ETO user to identify and (in many cases) solve the user's reported problem. A tracking number (ticket) is to be generated for each caller. If the problem is not resolved during the primary contact, the Help Desk Manager either does additional research or elevates it to the next tier as designated by the ETO Decision Tree.
- 4.2 The Help Desk Manager will advise the caller that the problem is being escalated to the next level. Callers are to be advised they will be contacted by the Help Desk Manager in order to maintain contact during the escalation process. The Help Desk Manager is to maintain ownership of the problem and escalation process. The Help Desk Manager will follow up with Tier 2 or 3 Analysts to insure resolution is achieved and the ticket is updated.
- 4.3 All problems reported electronically by ETO users will receive an e-mail confirmation and a problem tracking number. The Help Desk manager will respond to the ETO user who

- reported the problem by phone or e-mail within 24 hours, with the exception of problems that are reported on weekends and holidays.
- 4.4 When entering or updating tickets, the Help Desk manager will describe the problem accurately and include detail. All AZ ETO Help Desk inquiries are to be recorded in the FileMaker database within 24 hours of receipt, update, and completion.
 - 4.5 The Help Desk Manager will furnish the AZ ETO user with his or her ticket number before terminating the call. If the caller does not want to wait for the Help Desk to complete entering the information, the caller is to be informed they will receive an email notification referring the ticket number. The Help Desk manager is to keep the user informed and updated on the progress of his or her ticket. The Help Desk manager is to verify with the user that his or her problem is resolved before closing the problem.
 - 4.6 At least two (2) days prior to a planned absence, the Help Desk manager is to update the AZ ETO project manager with the status of all open tickets and review any "open inquiries" that have not been resolved/completed so the Project Manager can follow-up on those tickets.
 - 4.7 Prior to leaving for a planned absence, the AZ ETO Help Desk Manager is to set the AZ ETO Help Desk phone to forward all calls to the AZ ETO Project Manager or her designee. The call forwarding feature will be turned on after 5 p.m. (Arizona time) on the day of departure.

5.0 **AZ ETO Help Desk & Technical Assistance Professionals**

- 5.1 AZ ETO Help Desk & Technical Assistance agents will maintain a courteous and professional manner at all times when interacting with AZ ETO users. Calls are to be answered within five rings with a consistent standard greeting, and the person taking the call will identify him or herself to the caller. "Hello. Thank you for calling the AZ ETO Help Desk. This is (name). May I have your name please?". The person taking the call will ask the caller for their email address so an AZ ETO Help Desk Customer Satisfaction Survey can be sent.
- 5.2 AZ ETO Help Desk personnel will inform the caller what he or she is doing if the caller is waiting. Help Desk staff are to request permission before placing a caller on hold and are to thank the caller for waiting when the call is resumed. Help Desk agents are to apologize for keeping a caller on hold for a long period of time.
- 5.3 Help Desk agents are to strive for first call resolution. Help Desk agents are to refer to the AZ ETO Help Desk Decision Tree to determine when help desk inquiries should be escalated to ADHS, other Wellington staff, and/or Social Solutions.
- 5.4 AZ ETO staff receiving calls or emails directly, rather than through the Help Desk should advise the caller to call the Help Desk. The caller should be informed that calls made directly to staff are subject to delays, missed calls, and delayed resolution of problems.

6.0 **AZ ETO Help Desk Customer Satisfaction Survey**

- 6.1 AZ ETO Help Desk manager will send an email with the link to the Survey Monkey AZ ETO Help Desk Customer Satisfaction Survey to clients within 24 hours of resolving the inquiry. The body of the email should read as follows:

Hello [client's name],

Thank you for contacting the AZ ETO Help Desk. We would like you to complete a brief customer satisfaction survey on your experiences with the AZ ETO Help Desk.

Please use the following link to access the survey
<https://www.surveymonkey.com/r/ETOHHelpDesk>

*Thank you for your assistance,
Karina Duran
AZ ETO Help Desk
Wellington Consulting Group
480-665-8669*

- 6.2 AZ ETO Help Desk Manager will maintain a tally of the responses from satisfaction surveys in the ETO FileMaker database. The AZ ETO Help Desk Project Manager will conduct audits of responses to ensure that user technical assistance questions are being addressed in a timely manner and effectively resolved.

Bureau of Women’s and Children’s Health Resource Manual	DATE: September 2014 Revised: June 2015
SUBJECT: Maternal and Early Childhood Home Visiting Grant (MIECHV)	SECTION: Children’s Health

SUBTITLE: Strong Families AZ (SFAz) Constant Contact E-mail List and Updates

PURPOSE

The purpose of this document is to provide written guidelines on the procedure for adding recipients to the SFAz Constant Contact e-mail list as well as how content can be submitted for inclusion in the SFAz weekly Constant Contact e-updates.

POLICY

Constant Contact recipients must opt-in to receive e-mail correspondence from SFAz. Content for the weekly e-updates may be submitted to the appropriate MIECHV staff, or Professional Development Consultant.

AUTHORITY

The implementation and enforcement of this policy is at the discretion of the Chief, Office of Children’s Health, BWCH.

APPLICABILITY

This policy and procedure applies to all individuals working within the MIECHV program.

PROCEDURE


- A.** All Constant Contact recipients must opt-in to the SFAz Constant Contact e-mail list. Any sign-in sheets for Professional Development trainings, meetings, events, workgroups or MIECHV-sponsored meetings needs to include the following language: “I would like to receive home visiting news and updates from Strong Families Az”, with the option to agree or disagree, or a statement at the top or bottom of all sign-in sheets in which e-mail addresses are requested that states “By providing your e-mail address you are opting to receive e-mail correspondence from Strong Families Az.”
- B.** E-mail addresses of individuals who agree to opt-in will be submitted to the appropriate ADHS staff member or Professional Development Consultant when the list is from a Professional Development training, and to the appropriate ADHS staff member for all other events.
- C.** Content suggestions for e-updates can be submitted at any time. Update

Bureau of Women's and Children's Health Resource Manual	DATE: September 2014 Revised: June 2015
SUBJECT: Maternal and Early Childhood Home Visiting Grant (MIECHV)	SECTION: Children's Health

SUBTITLE: Strong Families AZ (SFAz) Constant Contact Email List and Updates

suggestions regarding Professional Development should be submitted to the appropriate ADHS staff member or Professional Development Consultant. All other suggested content can be submitted to the appropriate ADHS staff member.

- C. The Professional Development Consultant will craft not more than three (3) weekly e-updates and submit to the ADHS Constant Contact team for distribution.

Approved: 	Date: <u>8/30/16</u>
Irene Burnton, Chief, Office of Children's Health	
The Primary Position of Responsibility for this policy is the Bureau of Women's and Children's Health. Users are encouraged to suggest improvements regarding this policy and procedure.	

Bureau of Women's and Children's Health Resource Manual	DATE: September 2014 Revised March 2015
SUBJECT: Maternal and Early Childhood Home Visiting Grant (MIECHV)	SECTION: Children's Health

SUBTITLE: Strong Families Arizona (SFAz) Marketing Materials Approval process, General Brand Standards, and External Communications

PURPOSE

The purpose of this document is to provide written guidance on Marketing Materials review and approval, and the use of the Strong Families AZ (SFAz) brand in marketing materials as well as external communications.

POLICY

All SFAz external communications must conform to the Brand Standards created for use by the MIECHV program including correspondence guidelines specific to non-marketing external communications. SFAz Marketing materials and other items that are to be distributed to the general public or as part of media engagement must follow the designated approval process below.

AUTHORITY

The implementation and enforcement of this policy is at the discretion of the Chief, Office of Children's Health, BWCH.

APPLICABILITY

This policy and procedure applies to all individuals working within the MIECHV program.

PROCEDURE

- A.** All formal SFAz marketing materials to be distributed to the public must follow Brand Standards (See Attachment A). Marketing materials must also include factually accurate information and demonstrate correct grammar. This policy also applies to items such as correspondence, meeting agendas and internal communication.
- B.** Formal SFAz marketing materials for public distribution must follow the Arizona Department of Health Services (ADHS) Communications and Marketing approval process. (See Attachment B - ADM017 – ADHS Marketing Campaign and Marketing Materials Review Policy) Additional guidance is available at [http://intranet.hs.azdhs.gov/tools-training/communications-tools/](http://intranet.hs.azdhs.gov/tools-training/communications-tools/media-tools-)

services

Bureau of Women's and Children's Health Resource Manual	DATE: September 2014 Revised March 2015
SUBJECT: Maternal and Early Childhood Home Visiting Grant (MIECHV)	SECTION: Children's Health

SUBTITLE: Strong Families Arizona (SFaz) Marketing Materials Approval process, General Brand Standards, and External Communications

- C. ADHS staff and Home Visiting Coordinators (HVCs until 9/30/16) may refer to Attachments C, D, and E for additional guidance on marketing materials and media relations. Attachment F is an example of the MIECHV Monthly Marketing Report which is prepared by the Marketing Consultant.
- D. Non intra-office communication that is not formal marketing materials must:
 - a. Follow Brand Standards regarding logo use.
 - b. Use the Verdana font.
- E. The Strong Families AZ (SFaz) logo is to be used with all items produced to publicize an event, training or publication that is funded, in part or fully, by MIECHV. Any event, training or publication that is funded, in part or fully, by MIECHV must directly support the work of the MIECHV grant. Any time SFaz logos are used, brand standards as listed in Attachment A must be followed.
- F. A draft of the marketing item (including flyers, emails, press releases, print Advertisements, etc) must be submitted to the appropriate ADHS staff member, or Professional Development Consultant.
- G. The appropriate ADHS staff or consultant will either approve for use or advise of needed changes. Once changes are completed, the material needs to be resubmitted to the appropriate ADHS staff or consultant.
- H. If the marketing item requires further approval from ADHS staff, the appropriate consultant will work directly with the MIECHV Program Manager to either secure approval, or determine that the item may not be distributed.
- I. All Marketing Materials for Professional Development trainings and other SFaz related events must include the SFaz logo if SFaz is a sponsor, as well as a

statement identifying SFAz as a (co-)sponsor.

Bureau of Women's and Children's Health Resource Manual	DATE: September 2014 Revised March 2015
SUBJECT: Maternal and Early Childhood Home Visiting Grant (MIECHV)	SECTION: Children's Health

SUBTITLE: Strong Families Arizona (SFAz) Marketing Materials Approval process,
General Brand Standards, and External Communications

J. ADHS staff, or the Consultant must include the following items in their email signature:

- a. The Strong Families Az logo with our tagline "Arizona's home visiting alliance"
- b. A link to our consumer-facing Strong Families Az website: <http://www.strongfamiliesaz.com/>
- c. The statement: "Like us on Facebook!" and link to our Facebook page: <https://www.facebook.com/strongfamiliesaz>
- d. The statements, "For Home Visitors, make sure you visit the Home Visitor Portal on the Strong Families Az website. Register to have access to ongoing professional development opportunities, resources and more."
- e. Hyperlink both "Strong Families Az" and "Register" to http://strongfamiliesaz.com/portal/login/?redirect_to=/portal/

SEE ATTACHMENT A – Strong Families Arizona (SFAz) Brand Standards

SEE ATTACHMENT B – ADM017 – ADHS Marketing Campaign and Marketing Materials Review Policy

SEE ATTACHMENT C - Message Map


SEE ATTACHMENT D – Message Mapping Reference Card

Bureau of Women's and Children's Health Resource Manual	DATE: September 2014 Revised March 2015
SUBJECT: Maternal and Early Childhood Home Visiting Grant (MIECHV)	SECTION: Children's Health

SUBTITLE: Strong Families Arizona (SFAz) Marketing Materials Approval process, General Brand Standards, and External Communications

SEE ATTACHMENT E - Media Training Guide

SEE ATTACHMENT F – MIECHV Monthly Marketing Report

Approved:  Irene Burnton, Chief, Office of Children's Health	Date: 8/30/16
The Primary Position of Responsibility for this policy is the Bureau of Women's and Children's Health. Users are encouraged to suggest improvements regarding this policy and procedure.	

ATTACHMENT A - MARKETING MATERIALS APPROVAL PROCESS - SFAZ Brand Standards



Diane

2014-09-09 20:57:03

Accepted set by Diane

BRAND STANDARDS GUIDE

Guideline

- The Strong Families AZ identity is an original design. The logo must not be altered, redrawn or modified in any way.
- Do not reposition or recreate the typographic elements of this identity.
 - Do not apply the identity to a background color, texture or pattern lacking sufficient contrast for clear legibility.
 - Do not violate the clearspace requirements with headlines, text or graphics.
- Use only authorized versions of the Strong Families AZ identity for reproduction in any media application.

color logo



VERTICAL logo with tagline



VERTICAL logo no tagline



HORIZONTAL logo with tagline



HORIZONTAL logo no tagline

STRONGFAMILIESAZ.COM

HORIZONTAL logo URI

Black and white IoGo



— VERTICAL IoGo with tagline —



— VERTICAL IoGo no tagline —



— HORIZONTAL IoGo with tagline —



— HORIZONTAL IoGo no tagline —

STRONGFAMILIESAZ.COM

— HORIZONTAL IoGo URI —

reversed loGo



VERTICAL loGo with tagline



VERTICAL loGo no tagline



HORIZONTAL loGo with tagline



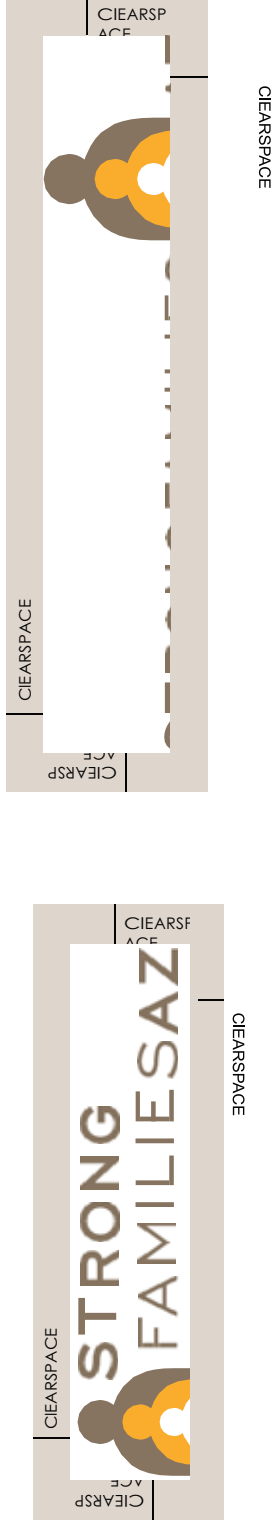
HORIZONTAL loGo no tagline



HORIZONTAL loGo URI

CLEARSPACE & SIZING

clearspace Clearspace requirements are provided to preserve the integrity of the Strong Families AZ corporate identity in all applications. Clearspace refers to the area immediately surrounding the identity, which must remain clear of visually competing typography or graphics that might compromise legibility. The cap-height of the letterforms in the identity provides the basic unit (X-measurement) of the proportional system in determining the clearspace area. The minimum clearspace for the Strong Families AZ corporate identity is diagrammed below.



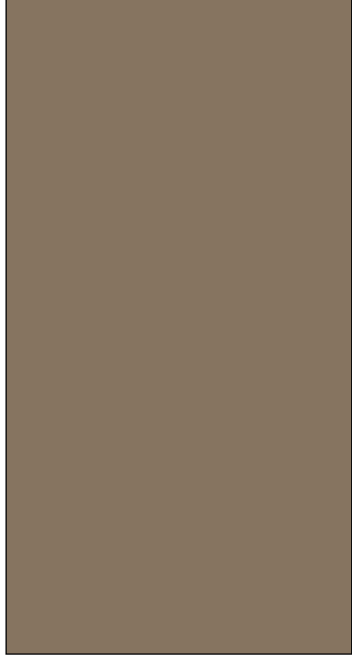
minimum size The Strong Families AZ logo can appear no smaller than what has been identified below in any marketing or informational materials.



Color

Brand colors

The Strong Families AZ logo should be reproduced in CMYK whenever possible. However, when only PMS printing is available, the colors below should be employed. The Strong Families AZ brand must never be shown in colors other than those specified in this manual, even if they are within the brand color palette.

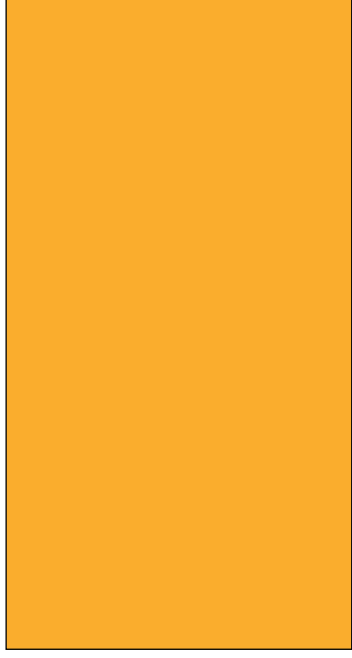


Pantone Warm Gray 10 M

CMYK breakdown
C0
M14
Y28
K55

RGB breakdown
R.....138
G.....121
B.....103

HEX
#8a7967



Pantone 143 M

CMYK breakdown
C0
M35
Y85
K0

RGB breakdown
R251
G176
B64

HEX
#fbb040

font families Strong Families AZ has standards for typography to ensure brand consistency across all printed materials. Typography is one of the most important design elements and the font families listed below were selected for clarity and are used for the Strong Families AZ logotype.

loGofonts

enGravers Gothic Bt reGular

abcdefghijklmnopqrstuvwxyz
 abcdefghijklmnopqrstuvwxyz
 1234567890&!

century Gothic reGular

abcdefghijklmnopqrstuvwxyz
 ABCDEFGHIJKLMNOPQRSTUVWXYZ
 1234567890&!

primary font Century Gothic is to be used as a primary font for creative development (brochures, advertisements, etc.) and should not be used for correspondence or general usage. it can be used as headline font with the option of using the lighter weight for text.

primary font

century Gothic reGular

abcdefghijklmnopqrstuvwxyz
 ABCDEFGHIJKLMNOPQRSTUVWXYZ
 1234567890&!

century Gothic Bold

abcdefghijklmnopqrstuvwxyz
 aBcdeFGhIjKlMnOpqRstUvWxYz
 1234567890&!

century Gothic italic

abcdefghijklmnopqrstuvwxyz
 abcdefghijklmnopqrstuvwxyz
 1234567890&!

century Gothic Bold italic

abcdefghijklmnopqrstuvwxyz
 abcdefghijklmnopqrstuvwxyz
 1234567890&!

interactive fonts interactive fonts should be used for the following online applications: web based marketing, email marketing, landing pages and website. These fonts can be used as headline fonts with the option of using the lighter weight for text.

trebuchet ms regular

abcdefghijklmnopqrstuvwxy
 abcdefghijklmnopqrstuvwxy
 1234567890&!

trebuchet ms italic

*abcdefghijklmnopqrstuvwxy
 abcdefghijklmnopqrstuvwxy
 1234567890&!*

trebuchet ms bold

**abcdefghijklmnopqrstuvwxy
 abcdefghijklmnopqrstuvwxy
 1234567890&!**

trebuchet ms bold italic

***abcdefghijklmnopqrstuvwxy
 abcdefghijklmnopqrstuvwxy
 1234567890&!***

century gothic regular

abcdefghijklmnopqrstuvwxy
 abcdefghijklmnopqrstuvwxy
 1234567890&!

verdana

abcdefghijklmnopqrstuvwxy
 abcdefghijklmnopqrstuvwxy
 1234567890&!

verdana italic

*abcdefghijklmnopqrstuvwxy
 abcdefghijklmnopqrstuvwxy
 1234567890&!*

verdana bold

**abcdefghijklmnopqrstuvwxy
 abcdefghijklmnopqrstuvwxy
 1234567890&!**

verdana bold italic

***abcdefghijklmnopqrstuvwxy
 abcdefghijklmnopqrstuvwxy
 1234567890&!***

LOGO USAGE

incorrect usage

it is important for a leading brand like Strong Families AZ to present itself in a controlled, consistent and reliable way. never recreate, alter, color, or distort the Strong Families AZ logo. The set of examples shown below does not include all non-compliant possibilities.



Do not stretch the logo vertically or horizontally.



Do not place the logo on a background that renders it illegible.



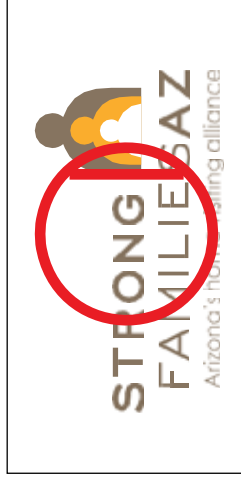
Do not use the logo on a background that contains bold or textured patterns.



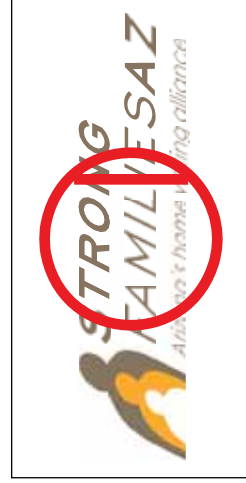
Do not scale or resize the logo disproportionately.



Do not use unspecified colors in the logo.



Do not remove or reposition the logo.



Do not skew the logo or create false perspectives.



Do not alter the type of the logo.

ARIZONA DEPARTMENT OF HEALTH SERVICES	<u>LEVEL</u>	<u>SECTION</u>	<u>NUMBER</u>	<u>DATE</u>
	I	ADM	017_	03/18/08
SUBJECT: MARKETING CAMPAIGN REVIEW				

SUPERSESSION: None

PURPOSE

To establish the procedures for reviewing Arizona Department of Health Services (ADHS) marketing campaigns and marketing materials to ensure that the marketing campaigns and marketing materials are effective, contain costs, and convey the message ADHS intends.

POLICY

This process shall be used whenever a Program intends to implement a marketing campaign or develop marketing materials.

AUTHORITY

- A.R.S. § 36-104, Powers and duties
- A.R.S. § 36-132, Department of Health Services (ADHS); functions; contracts
- A.R.S. § 36-136, Department of Health Services (ADHS); Powers and duties of the Director
- A.R.S. § 41-23, Arizona Procurement Code
- A.C.C. Title 2, Chapter 7

APPLICABILITY

This policy applies to all ADHS personnel who are responsible for proposing, developing, or approving marketing campaigns or marketing materials for ADHS or a Program.

DEFINITIONS

- A. *Focus Group* means several individuals selected to represent a target audience who are questioned together about their opinions of or emotional response to a particular issue, product, or set of marketing materials.
- B. *Level II Review* means the evaluation of a marketing campaign or marketing materials by the Director or the Director's designees after a representative of a Program presents the marketing campaign proposal or draft marketing materials to the Director or the Director's designees.
- C. *Marketing Campaign* means a presentation of the ADHS or Program message for a target audience through any type of media outlet.
- D. *Marketing Campaign Proposal* means a document prepared by a Program that describes the Program's plan for a marketing campaign.
- E. *Marketing Materials* means items, such as brochures, posters, websites, DVDs, or CDs, which contain the message that a Program intends to convey to a target audience.
- F. *Marketing Team* means a group that:
 - I. Includes individuals designated by the Director to represent Programs, Offices, or Bureaus that have conducted marketing campaigns during the previous state fiscal year; and
 - 2. Is responsible for the review, approval, and assessment of the cost-effectiveness and appropriateness of marketing campaigns and marketing materials developed for ADHS or a Program.
- G. *Media Bandwidth* means the placement and time period for placement of marketing materials within a television or radio broadcast, venue, internet space, periodical, brochure, or other method for making the marketing material available for public access.
- H. *Media Buy Budget* means the funding allocated to purchase media bandwidth.
- I. *Media Evaluation Firm* means a person or company that provides the service of reviewing the content and media bandwidth of marketing materials and assessing:

ARIZONA DEPARTMENT OF HEALTH SERVICES	<u>LEVEL</u>	<u>SECTION</u>	<u>NUMBER</u>	<u>DATE</u>
	I	ADM	017	03/18/08
SUBJECT: MARKETING CAMPAIGN REVIEW				

1. Whether the content reached the target audience with the intended message,
2. Whether the target audience displayed a reaction consistent with the intended message, and
3. What steps ADHS may take to improve the reaction the intended audience displays to the intended message.

J. *Media Run Dates* means the dates and times that the marketing materials from a marketing campaign:

1. Are broadcast to the public, or
2. Are actively provided to the public through media bandwidth other than broadcast.

K. *Pre-testing* means the process of evaluating a marketing campaign or marketing materials while the marketing campaign or marketing materials are still being developed, such as by showing "mock-up" or preview content to focus groups, analyzing the reactions of the focus groups, and changing the content in order to elicit a more favorable reaction from the target audience.

L. *Program* means a component of ADHS that carries out the public health, sanitation, licensing, or other duties required by the Director in A.R.S. §§ 36-104, 36-132, or 36-136 and requests procurement of goods or services.

M. *Target Audience* means individuals with particular demographics who are likely to view marketing materials from a marketing campaign and display a reaction to the message contained in the marketing materials .

DIVISION OF PRIMARY RESPONSIBILITY

Office of the Director

PROCEDURE

A. A Program:

- I. Creates a conceptual version of the marketing materials :
 - a. Including, as applicable:
 - i. Drafts of the text to be used in brochures or other printed material, or
 - ii. Descriptions of posters, DVDs, or other visual media; and
 - b. Using only ADHS employees and resources, and before committing funds to the production of the marketing materials;
2. Compiles either:
 - a. For marketing materials that are intended to be part of a marketing campaign, a marketing campaign proposal, including:
 - i. The name of the marketing campaign;
 - ii. The target audience;
 - iii. The marketing campaign's budget, including the media buy budget;
 - iv. The dates the marketing campaign will run, including media run dates.;
 - v. The objectives of the marketing campaign;
 - vi. A list of all types of media to be utilized, including distribution methods;
 - vii. The conceptual versions of the marketing materials;
 - viii. The distribution plan and evaluation plan for the marketing campaign;
 - xi. Whether the Program plans to contract with a company to produce or carry out the marketing campaign; and
 - x. The name and telephone number of the individual at the Program initiating the marketing campaign; or

ARIZONA DEPARTMENT OF HEALTH SERVICES	LEVEL	SECTION	NUMBER	DATE
	I	ADM	_017	03/18/08
SUBJECT: MARKETING CAMPAIGN REVIEW				

b. For marketing materials that are not intended to be part of a marketing campaign, a draft of the marketing materials.

3. Submits the marketing campaign proposal, or draft marketing materials, and supporting documentation to the Program's representative on the Marketing Team, according to the policies of the Program's Office or Bureau.

B. The Marketing Team members:

1. Receive from the Programs and review:

a. Marketing campaign proposals and supporting documentation, or

b. Draft marketing materials and supporting documentation;

2. For each marketing campaign proposal or draft marketing materials, determine whether the marketing campaign or marketing materials:

a. Are appropriate;

b. Have a total cost exceeding \$200,000;

c. Will include the use of television or radio; or

d. Require further review by the Director's Office due to any combination of cost, content, or other factors;

3. If a marketing campaign or marketing materials are deemed appropriate, do not have a total cost exceeding \$200,000, do not include the use of television or radio, and do not require further review by the Director's Office:

a. Approve or deny continuing development of the marketing campaign or marketing materials by the Program; and

b. Provide, as appropriate, information to the Program on the most effective use of the media buy budget to reach the target audience;

4. If a marketing campaign or marketing materials are inappropriate or the appropriateness of the marketing campaign or materials is in question, have a total cost exceeding \$200,000, will include the use of television or radio, or require further review by the Director's Office:

a. Determine whether the marketing campaign or marketing materials will need to be pre-tested, and

b. Arrange a meeting for a Level II review of the media campaign proposal or draft marketing materials ;and

5. Inform the Program of the result of the Marketing Team's review.

C. The Program:

1. If the marketing campaign or marketing materials have a total cost exceeding \$200,000, will include the use of television or radio, or require further review by the Director's Office:

a. Develops and pre-tests applicable marketing materials;

b. Selects a media evaluation firm and obtains from the media evaluation firm:

i. An analysis of the pre-testing, and

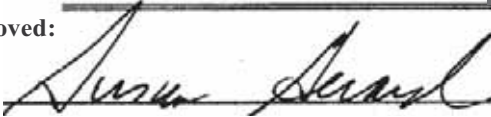
ii. Suggested measurable outcomes and evaluation criteria;

c. Participates in a Level II review with the Marketing Team, the Director, and the Director's designees, including:

i. Presenting the marketing campaign proposal or draft marketing materials, containing the elements in Section (A)(2), if applicable;

ARIWNA DEPARTMENT OF HEALTH SERVICES	<u>LEVEL</u>	<u>SECTION</u>	<u>NUMBER</u>	<u>DATE</u>
	I	ADM	017	03/18/08
SUBJECT: MARKETING CAMPAIGN REVIEW				

- ii. Answering questions about the marketing campaign proposal or draft marketing materials and the pre-testing of the draft marketing materials;
 - iii. Describing the measurable outcomes and evaluation criteria that will be used when evaluating the effectiveness of the marketing campaign; and
 - iv. Making any changes to the marketing campaign proposal or draft marketing materials required as a result of the Level II review; and
- d. Obtains from the Marketing Team the results of the Level II review;
- 2. If the marketing campaign or draft marketing materials are approved by the Marketing Team or through a Level II review, proceeds with the marketing campaign or development of marketing materials that are not part of a marketing campaign by:
 - a. Creating the marketing materials;
 - b. Finalizing the plan to distribute the marketing materials;
 - c. Finalizing other aspects of the marketing campaign, if applicable;
 - d. Engaging a media evaluation firm and establishing the measurable outcomes and evaluation criteria for the marketing campaign, if applicable and not done prior to a Level II review; and
 - e. Conducting the marketing campaign, if applicable;
- 3. If the Program is conducting a marketing campaign, evaluates the effectiveness of the marketing campaign during the marketing campaign and after the marketing campaign concludes, through measures appropriate to the scope of the marketing campaign, such as:
 - a. For a marketing campaign of limited scope or cost, measuring the estimated number of individuals in the target audience that received the marketing materials; or
 - b. For a marketing campaign of a broader scope or for which a Level II review was performed, requiring from the media evaluation firm an evaluation of the marketing campaign, including a summary of:
 - i. The marketing campaign's progress toward its objectives,
 - ii. The estimated number of individuals in the target audience that the marketing campaign reached, and
 - iii. The degree to which the marketing campaign's message was comprehended and remembered by the target audience;
- 4. If the Program is creating and distributing marketing materials that are not part of a marketing campaign, measuring the estimated number of individuals in the target audience that received the marketing materials; and
- 5. Uses the information about the effectiveness of the marketing campaign or of marketing materials that are not part of a marketing campaign gathered by the Program or the media evaluation firm when developing future marketing campaigns or marketing materials.

Approved:  Susan Gerard, Director	Date: 3/18/08
---	------------------

The Division of Primary Responsibility is the Director's Office. Users are encouraged to suggest improvements regarding this policy and procedure to the Program with Primary Responsibility.

How to Create a Message Map

Condensed from the National Center for Food Protection and Defense's "Risk Communicator Training for Food Defense Preparedness, Response & Recovery," module 3, topic 2.

What is a message map?

Key Message #1 Key Message #2 Key Message #3

Supporting message1a Supporting message2a Supporting message3a

Supporting message1b Supporting message2b Supporting message3b

Supporting message1c Supporting message2c Supporting message 3c

Key Message # 1

- Should be able to stand alone
- Three supporting messages – 1a, 1b, & 1c go under it

The Rule of Three

1. Just three key messages.
2. Repeat each three times.
3. Three supporting messages for each.

The 27/9/3 Rule

1. Sound bite: No more than 27 words
2. Deliver in just 9 seconds
3. Limit: 3 key messages

The three most important things ...

- you want your audience to know?
- your audience wants to know?
- your audience is likely to get wrong?

Benefits of a Message Map?

- ✓ Create Messages in Advance
- ✓ Build a Repository
- ✓ Identify gaps in your knowledge

A message map answers the most likely questions!

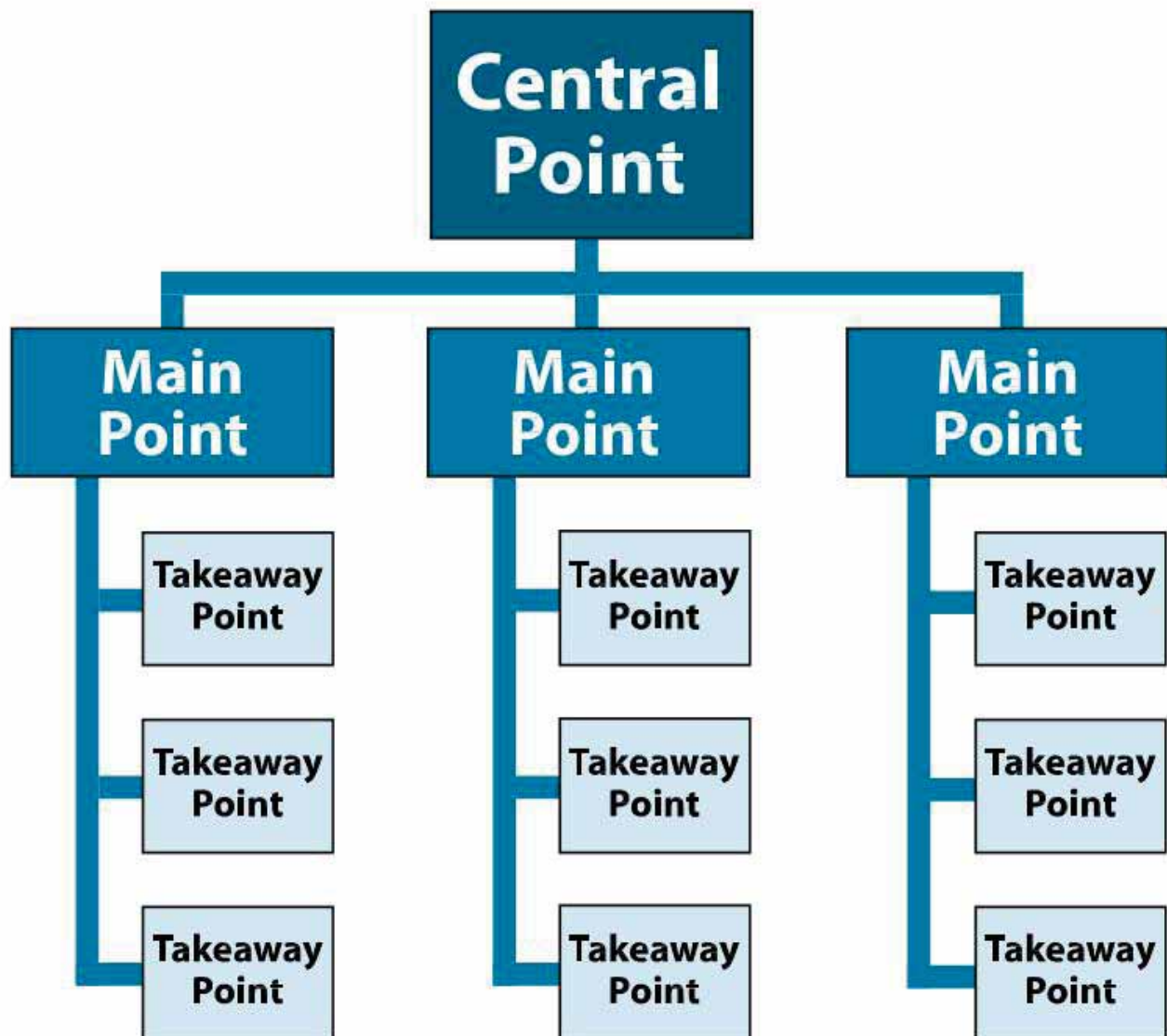
Message Mapping Template

PURPOSE

A message map is one tool to help identify messages and key information. Use this map for planning and complete with communication network partners. Adapt as necessary.

DIRECTIONS

Think about the specific actions people will need to take and information they will need to know during an advisory. Fill in each section of the map. Create maps for specific situations and audiences. Use the results to develop advisory materials and communication messages.





Media Training Guide



Many Minds. Singular Results.



About This Book

The media is a powerful influence on the world around us. By succeeding in getting the media to cover the health issues your grant/organization is addressing, you can encourage the people in your community to engage in certain healthy behaviors, increase dialogue on public policies that impact health and draw broad attention to the work of your organization.

Why did Tickle-me-Elmo and Razor scooters sell out during certain holiday seasons? Why do people clamor to see the latest movies or make reservations at the newest restaurant? Why do packages carry recycling labels? All this, to one extent or another, can be traced back to the influence of the media. We know you care about the issue your grant/organization is addressing – so we want to help you translate your enthusiasm to the media.

News doesn't just happen by accident. People make news. And people help get it covered every day by doing the things that are laid out in the next few pages. There's no mystery involved, just forethought and planning.

As you plan events, launch new programs or release new research, you'll want to work with media to increase exposure to –and participation in – your cause. By learning more about what reporters need, how to provide them with appropriate information, and when to consult with public relations professionals, you'll be instrumental in securing – and giving – successful media interviews and fostering favorable media coverage about the issues your grant/organization is addressing.

First, let's start by gaining some additional knowledge about the media we're targeting and understanding why we should work with the media in the first place.

Understanding the Media

It's no secret that the media plays a major role in both informing the public and forming the views of the public. That's why Healthcare Georgia Foundation had asked us to help you understand how to communicate effectively and accurately with the media.

Why Media Is Important

- Media can create broad awareness about a topic or issue – The media often sets the agenda for the topics and issues that will be propelled to the forefront of the public's consciousness. From stem cell research and the West Nile virus to the war in Iraq and Britney Spears' marriage, the topics the media covers often become the same topics that are discussed and debated on the job, at the dinner table, in social meetings and around the water cooler.
- Media can drive attention to an event or a resource – Long-gone are the days when starting a phone tree was the best way to promote an event or resource. Now, the media makes it possible to reach hundreds, thousands, even millions of people in one effort.
- Media can educate the public – When it comes to complicated issues, or topics with multiple points of view, the media is often a great resource for educating the public and clarifying various perspectives. Depending on the specific media outlet (e.g., TV, newspaper, or radio), the media can help communicate the relevant points, factors, and components to educate your audiences about the topic of interest.
- Media can reach a specific audience – Media outlets have come a long way over the past few years – from one major newspaper per city and a few general TV stations to a vast array of media. These days, it's much easier to reach a very specific audience through a targeted media outlet. But there are also a multitude of venues, which means you need to make decisions strategically. Today's media outlets range from cable TV stations designed

specifically for food lovers, pet lovers and music lovers, to magazines that cater to teenage girls, fitness-driven men and homemakers.

What Are Media?

Some of the most popular, far-reaching media venues include:

- Television
- Radio
- Daily/Weekly Newspapers
- Magazines
- Online/Internet
- Newsletters

Find the Right Target

Once you understand that the media can be an effective outlet for informing, updating or exciting your target audiences, you should spend some time identifying the best outlets for disseminating your messages. Choose the best outlets for your messages with the following tips:

- Television – Watched by all audiences, has the highest impact, and often, the highest standards. Great for visual stories and in-studio interviews. Televisions stations are competitive; consider exclusives for largest outlets. Can be difficult to get coverage, and you are unlikely to get in-depth stories.
- Radio – Great for breaking, timely news with a human-interest element or community focus. Also appreciative of in-studio interview offers. Research has shown that radio is especially effective for certain groups, including Hispanics.
- Daily Newspapers – Reach opinion leaders and the general public; appropriate for in-depth stories, to alert community about events and activities and to highlight a community story; consider deskside briefings to encourage comprehensive stories. Best depth, but smaller and more well-educated audience.
- Local Newspapers – The best format for highly localized stories (local angles are a necessity); easy to place information and an excellent channel for regular communications. Often accept pre-prepared materials.

- Monthly Magazines – Specifics vary based on type. Trade publications will focus on studies, outcomes and professional information, but most magazines run features, human-interest stories and “softer” news that is not time sensitive. Lead time can be 3-6 months.
- Internet – Fast becoming popular for reaching “captive” audience; often highly targeted. May accept prepared materials.
- Newsletters – A good vehicle for reaching a very targeted audience through a medium they expect and trust. A newsletter is usually concise and brief, containing news and current events that are geared toward a particular organization or group with common interests. Often best done in partnerships.

Each form of media has its own unique qualities. It is important to think about your story and target the best outlet(s) to communicate with your audience:

Media	Benefits
Television	<ul style="list-style-type: none"> • Watched by ALL audiences • Visual stories • Most competitive to get coverage • Short stories, not a lot of depth
Radio	<ul style="list-style-type: none"> • News with a community focus • Good for targeting very specific audiences
Daily/Weekly Newspapers	<ul style="list-style-type: none"> • Reaches opinion leaders • Appropriate for in-depth stories, promoting community events & highlighting community stories • Local angles, pre-prepared materials good for smaller newspapers
Magazines	<ul style="list-style-type: none"> • Specifics vary by type • Opportunity to run “softer,” human-interest stories • Less time-sensitive; 3 - 6 month lead time, not good for “breaking” news
Online/Internet	<ul style="list-style-type: none"> • Popular for reaching “captive” audiences • May accept prepared materials
Newsletters	<ul style="list-style-type: none"> • Good for reaching very targeted audiences through a medium they trust • Concise and brief

Making the Story News

News outlets are defined by that first word: *news*. Understanding what makes news is helpful in creating effective pitches (a pitch is when you call someone in the media and give them an idea or hot topic for a story). The following checklist may help you select some of the strongest elements for your pitch:

- **Is it new?** Focus on what is new and newsworthy about your story. Examples of good media hooks can be “firsts,” anniversaries and significant milestones. Can you say something that hasn’t been said before? Do you have a new, innovative approach?

Is there a recent event to which you can tie your story? For example, if a national story breaks about a new study on an issue your grant/organization is addressing, take the opportunity to call your media contacts and remind them of the local activities and people in the community who are benefiting from your efforts.
- **Is it “hard” or breaking news?** Hard news, such as new data, current day events and activities, and breaking or dramatic events never fail to get the media’s attention.
- **Is it local?** How does your story affect people in your community? How does the same issue affect people nationally? Can the local story be tied to the broader, national angle?
- **Is it a famous – or prominent – person?** You don’t necessarily have to have a celebrity (though it helps), but known people make news. Consider a well-known community leader or a local politician.
- **Is it a common problem?** Mass media needs mass appeal. When available, use data to explain how common the health issue is: how many people are affected.
- **Is it visual?** News is often visually appealing – do you have a story that works on TV? Are there photo opportunities or spokespeople that make great backdrops for your story?
- **Is it personal?** Media love stories about local people and their impact in the community.
- **The wildcard factor.** We can’t always predict it, but sometimes the media covers off-the-beat stories and features (e.g., unusual world records, pets, New Year’s babies, etc.)

Letters to the Editor

Believe it or not, the letters to the editor are the MOST READ part of the newspaper. So, if you see a story you don't like, one that you do, or you want to "build" on a story you read, respond with a letter. Many people will get your message.

In the letter, don't forget to be clear on:

- Who the letter is from
 - Include names of letter authors (individuals or as a group)
 - Hometown (Many papers won't run your letter unless you give them some information about yourself.)
- What do you want people to know about this issue?
 - Reinforce your mission and key messages
 - How they have addressed/or need to address the issue locally
 - Keep it short. Most editors limit letters to 400 words, but the shorter the better.

Op-Eds

Newspapers run op-eds opposite their editorial page (hence the name). While the editorial page tells you what the paper thinks about something, op-eds give you that same opportunity. And you don't even have to wait for the paper to run a relevant story to send one. But, if your timing is good, you're more likely to get published, so it does make sense to tie your op-ed to a recent event, if possible.

Op-eds are longer than letters to the editor (about 800 words). Check your paper for info on where it should be sent and what format it prefers (fax, mail, email, etc.). And only send it in to one paper at a time – sending the same piece to more than one media outlet can ruin your chances of securing any placement.

Key Messages

Before giving a media interview, you should decide on 2-3 of your most important messages and prepare "talking points" that support them during your interview. The media want short "soundbites" from you about why your issue is important and what the solution is.

Key messages encapsulate what you want the public to know about your organization, grant and/or issue you are addressing. Space is provided below to add your key messages as you develop them within your organization.

Core Message Platform

About the organization:

— Message One:

— Message Two:

— Message Three:

— Message Four:

— Message Five:

About the grant:

— Message One:

— Message Two:

— Message Three:

— Message Four:

— Message Five:

About the issue:

— Message One:

— Message Two:

— Message Three:

— Message Four:

— Message Five:

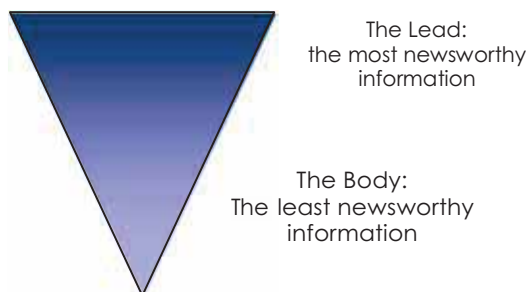
Writing for the Media

First impressions are everything when appealing to the media. Getting the media's attention is the most important factor in media relations, and you only have a few seconds to grab it. Whether in a telephone pitch or in the lead paragraph of a press release, the first few seconds are critical.

As grantees and members of not-for-profit organizations, learning to present information for media can be a bit of a challenge. It is very different than how we usually tell our story. We tend to begin by explaining all of the facts around the issue, building a case for why the listener should care. Once we have them convinced the issue is important, then we share the information that is most important – whether it is a behavior we want them to change, a policy to adopt or a program to fund.

Writing for the media is exactly the opposite: you start with the conclusion – the most important or newsworthy information – and then provide the supporting facts. This format serves two important purposes. You catch the reporters' interest with the most interesting information up front, enticing them to keep reading or listening. You also increase the likelihood that if the space for the story is limited, your key components are covered.

This style of writing is called the inverted pyramid format.



How do you decide which information to put first? You use the guiding questions under “Making the Story News” section.

Media Tools

The most commonly used tools to reach media are releases and advisories.

- Media release – a written statement distributed to the media, intended to gain media interest to write a story. An important note in writing the release: the goal is to get a reporter to pick up the phone and call for more information. Make sure you have included enough information to cover the issue, in case the reporter does not call; but don't try to answer every question a reporter might have.
- Matte release – a release that is written for the media to run with minor modifications. Where a media release should be written to entice a reporter to call you, a matte release should be written as a complete article. Matte releases are primarily used to reach out to smaller outlets, with fewer reporters and less time to develop their own in-depth stories.
- Media advisory – an announcement of an upcoming event for media to promote and/or attend. Advisories are like invitations, announcing the date and location of an event. They are used to reach out to community calendars, alerting the community and the media to an upcoming event.
- Media Kit – a tool to give a reporter containing recent releases, company or issue fact sheets or other background information for use in crafting a story. A media kit is an evolving document, comprising static information about your organization, fact sheets on relevant issues or services your organization offers and dynamic content, including recent media releases.

Building Relationships

The following principles will help you build strong, ongoing relationships with your local media.

1. Identify the Right Reporters

This is the easiest step towards getting media coverage. Start by just watching TV and reading newspapers and magazines, which you likely already do. When you notice reporters who cover issues relevant to your organization (health, children and family issues, education, or the community), write down their names. Once you've done this, you've created a "media list." Call the stations and papers to get the reporters' names, addresses, phone numbers, fax numbers and email addresses.

Knowing who is covering your stories is important. Typical media outlets include network TV (like ABC, CBS, NBC and FOX), radio stations, and daily/weekly print newspapers. But are there other outlets that you should consider for your "media list?" For instance, have you considered public television, locally published magazines, and neighborhood newsletters? These are all great avenues as well.

2. Introduce Yourself to the Local Media

Media are busy people, so it's good to keep your call short, and when a reporter answers the phone, always ask "is this is a good time?" in case he/she is on deadline. If you get voicemail, consider leaving a brief message and your contact information – then follow-up, but don't pester reporter if they don't return your call. If you do get in touch with a reporter, keep in touch. A follow-up letter will remind the reporter about your conversation. After you call a reporter, record the outcomes of your conversation in your media log, noting the reporter's particular interests. This way you can refer to your notes before calling a reporter the next time and will be familiar with his or her preferences.

3. Respect Their Deadlines!

Reporters live and breathe by their deadlines, so knowing and respecting them is the first step in building a strong relationship.

Television

- Give them several days advance notice for events, if you can.
- Try to call before their editorial meeting (generally around 9 a.m.).
- Avoid calling prior to and during news programs (11 to noon, 4 – 7 p.m., 9 – 11:30 p.m., 4 – 6 a.m.). Producers are crazy putting stories together.
- Note that final decisions about coverage are not made until that day due to the “breaking news” nature of television.
- On the day of the event, follow-up first thing in the morning to remind them of your event.

Radio

- Many of the rules of television apply, since radio is also a “breaking news” format.
- Just like TV, checking in “day of” is suggested if you have an event planned, but a “heads-up” in advance of your event is appreciated.

Daily/weekly publications /Internet

Despite declining readership and the American public's shift to television as its primary source of information, newspapers remain a critical and influential medium. Newspapers originate much of the day's news, and they are more likely to have reporters with specialties, i.e., health, medicine, education, government. They cover the news in greater detail than do their electronic cousins. By its very nature, print does a better job of handling complex stories or issues involving ideas, concepts and intangibles.

Calling newspaper media

- Contact newspapers at least five to seven days before your event.
- In general, call daily newspaper reporters between 10 a.m. and 2 p.m. (after 2, they write their stories).
- You can be more flexible with weekly reporters, though “no calls after 2” is a good rule of thumb.
- Follow up calls on Friday can be most successful, as this is when journalists are most relaxed in terms of their schedules and may be receptive to speaking with you. If they like your story, they may present it (as it is fresh in their mind) to their editors in their Monday morning editorial meetings.
- Many daily newspaper reporters receive several calls from people with ideas like you, and screen calls via voicemail. Leaving a message is optional, but if you choose it, make yours brief (no more than 30 seconds) and clearly articulate your name and number. In many cases, however, it's preferable

to be patient and catch reach a reporter “live” unless your story is too time sensitive.

Monthly magazines

- Magazines have long “lead-times” – the time before they go to press – so you can be fairly flexible with your pitches. It’s still best, however, not to call in the late afternoon.
- Because of these lead-times, it’s possible to find out what a magazine has planned in terms of coverage via its editorial calendar. You can find calendars online or by calling magazine ad departments and requesting a media kit. After all, if your story corresponds with the calendar, you’ve got an extra news hook!
- Some magazine editors have half-day Fridays, so rule out Friday afternoon pitches at least six to eight weeks before publication.
- If a magazine reporter agrees to do your story, be sure to check in periodically (without harassing a reporter) to determine when it will be published and whether it’s still on the “docket.” Schedules are prone to change in the long-lead world!

3. Create a media kit

No matter how prepared you are, no matter how long the interview, you will not get the opportunity to cover everything with a reporter. A media kit, a collection of information you give a reporter, is a way of ensuring that the reporter gets all of your information. Media kits can include a variety of materials: fact sheets or brochures on your organization; its history, mission, activities, and initiatives; issue-specific information related to the topic of the story; and even materials from partner organizations working with you on the topic.

A good media kit is used by a reporter to prepare a story or interview and to answer any questions that arise when writing a story. When introducing yourself to the media, always offer to send a kit so the reporter can become familiar with your organization. If a reporter calls you to schedule an interview, offer to send a media kit in advance (if there is time). Always take one with you to an interview and several to an event where the media may be present.

Media Preparation Checklist

Organizational tools

- ┆ Has your organization developed a key message platform?
- ┆ Do you have a database of reporters covering issues of importance to your organization?
- ┆ Have you identified controversial issues, if any?
- ┆ Have you prepared “boiler plate” language – a short paragraph that describes the purpose of your organization? This should be used at the end of your releases, as well as in interviews.
- ┆ Does your organization have a media kit?

Writing for the media

- ┆ Have you identified the most important piece of information and included it in the lead?
- ┆ Is your story newsworthy (be sure to review the “Making the Story News” section)?
- ┆ Do you know your call to action?
- ┆ Did you give the reporter a reason to call you for an interview?

Preparing for a pitch

- ┆ Have you identified the target audience and the best media to reach them?
- ┆ Have you identified the right reporters and angles for the story you are promoting?
- ┆ Have you identified 2 to 3 key messages for this specific outreach?
- ┆ Have you prepared your pitch – what you are going to say – and practiced delivering it?

When Media Calls

Your pitch worked, and now the reporter is interested! When working with the media, remember these basics:

- Be responsive. Call a reporter back as soon as you can, or make sure someone else does.
- Ask questions about the interview. Is it TV, radio, print or online? Is it live or taped? What's the angle – is the focus on you, your grant, or a specific health issue? Who else has the reporter talked to for this story? It's more than OK to ask all the questions you need to feel comfortable and prepared.
- Introduce yourself. Use your title and role when speaking with media to establish credibility.
- Negotiate the agenda. Make sure that you ask what the reporter wants to cover and give your input. And if the reporter has no specific agenda, feel free to set one that satisfies you.
- It doesn't have to happen right now. You don't have to do the interview at that exact moment. Tell the reporter you will call back (at an agreed time) when you've had time to prepare.
- Get prepared. Think about questions reporters might ask and how you want to answer them. Decide on a couple of points that you really want to get across during the interview and make sure you say them early.
- Identify 3 key messages. Prepare and practice three key messages to convey during the interview. Insert one of these messages into every answer. If you answer a dozen questions and remember to get your own objective in only a few times, there's a good chance your message will wind up on the cutting room floor. Reporters are used to hearing repeated messages from experienced interview subjects. It's part of the game.
- Practice/role play...if time allows. First priority is meeting the reporter's deadline. If time allows, do mock interviews with your colleagues or agency to practice getting message points across.

- Think short soundbites. TV and radio need soundbites lasting only 7-10 seconds and clear, concise language also works best in print. The better your soundbite, the more likely your messages are to get on the air!
- Realize that you are under no obligation to answer every question. Reporters are bound to ask the toughest questions. You are not bound to answer. You need not respond to questions which touch on patient or client confidentiality, legal issues, proprietary matters or personnel problems. If you can't answer, tell the reporter why. Never just respond "No comment."
- Relax! Everyone has a tendency to get nervous when the camera light comes on. Just remember that you know more about the issues your grant/organization is addressing than the reporter asking the questions. That's why YOU are being interviewed. Be yourself, be confident and you'll do great.
- Ask when the story is going to run, if possible. You'll want to pick up the paper or set your VCR to have copies for your files, and to highlight in materials for membership and staff!

Bridging

Finding opportunities when you don't think you have them

With all of the media coverage of controversial issues, it's inevitable that you will be asked some questions that you don't want to answer – or that don't relate to your message. These situations, though uncomfortable, aren't always a bad thing. With practice, you can turn them into another opportunity to reinforce key messages.

Through a technique called “bridging,” you can acknowledge the interviewer's question while reiterating a separate – and often more important – message. Once you've learned how to bridge, you can stay in control of the interview and communicate your key messages at the same time.

Bridging Example:

Interviewer: Why should schools have to fund P.E. when we hear that children spend 4 to 6 hours per day watching television? Shouldn't parents assume responsibility for their children's activities?

You: *The number of hours children watch television does appear to be increasing, which is one of the reasons our fitness program is so important to the health and wellness of children in our community...*

“Helpful” Transitional Phrases

- That's an interesting question; let me remind you, though...
- Before I forget, I think the audience would want to know that...
- Before we get off that subject/topic, let me add...
- That's not my area of expertise, but what I can tell you is...
- That's a good point, but I think your audience/readers would be interested in knowing that...
- Let me answer you by saying that...
- Let me give you some background information...
- Another thing to remember is...
- While _____ is certainly important, don't forget that...

Do's And Don'ts

Do:

- Know the right reporters for the issues your grant/organization is addressing.
- Be enthusiastic. Speak with enthusiasm and convey your passion!
- Use numbers and statistics sparingly. Focus on the importance of the issue at hand rather than getting bogged down in prevalence details.
- Remember reporters are on deadline. Be sure to respond quickly to requests for additional information or interviews. If possible, respond within the hour (if you cannot provide information in that time, call the reporter and let him or her know). Always ask when a deadline is and be sure you're back in touch in advance.
- Be honest. If you don't know an answer, say so and offer to find out. If you can't find out, acknowledge that, too, and try to direct reporters to someone who can help them.
- Illustrate your points with colorful examples of people you've encountered or who have benefited from the work your grant/organization is doing (but be careful not to be indirect or repetitive).
- Be prepared to provide information and answer in-depth questions once a reporter is interested in your story. Feel free to refer to materials if interviewed on telephone.
- Talk informally with television reporters as the camera is being set up. Ask again about their questions, and prime the reporter with your views on the issue.
- Always behave as if the camera were on.
- Stay calm – you are in control of the exchange.

Don't:

- Speak "off-record" – there is no such thing.
- Say anything you wouldn't want to read in the newspaper or hear on the air.
- "Bug" reporters. If they reject a story, wait until a later date.
- Pressure them to do a story by "going over their head" to the editor.
- Reply "yes" or "no" as an automatic reaction (this is how misquotes happen). Back up your replies with qualifying statements.
- Offer reporters old news. If you've just seen a similar story in the paper a couple of days ago, forget it.
- Call reporters when they are nearing their deadlines (usually after 2 p.m.).
- Use humor too often or in a disrespectful manner. Sometimes jokes weaken your credibility and don't translate well in the media.

- Use jargon, acronyms or technical terms. If a sixth grader wouldn't understand it, don't say it.
- Speculate, guess or conjecture.
- Speak for someone else, including Healthcare Georgia Foundation.

The Little Red Light is On... Now What Do I Do?

Television Interviews

Television interviews are the most challenging of all because they involve not only an exchange of information in response to a reporter's questions, but the element of performance. Studies indicate that how we look in a television or personal appearance is far more important than what we say. Our gestures, facial expressions and tone of voice, according to UCLA Professor Albert Mehrabian and others, account for far more than the words we speak, yet we usually fret over the words and think little about how we look.

Of course you must be prepared with facts and your own objectives for a television interview. But if your words are not consistent with what people see – facial expressions and gestures – your words or messages can get lost.

Before the Interview

- Watch the program on which you'll appear, and assess the interview style and direction of stories.
- Check out the "set" and become familiar with where things are located.
- Use preparation time to set an agenda.

Speak Clearly, Concisely and Convincingly

- Use simple sentences and active voice.
- Maintain a moderate pace (watch your speed!).
- Use conversational language and descriptive, colorful words.
- Draw a verbal picture.
- Be brief – most soundbites are between seven and 10 seconds.
- Localize your comments for local stories.
- Tell the viewers what you want them to do.
- Maintain steady eye contact with the reporter. If your eyes dart back and forth or wander around, the audience will be MUCH less inclined to believe what you say. Focus intently upon the reporter's eyes. During a discussion program, address responses to the host or the person asking the question.

Appearance Counts

- Remember that you personify your organization. You don't want to look like a stodgy corporate CEO!
- Colors that are too dark or too light tend to bleed on camera. Medium shades (light blue, grays and browns) are best.
- Patterns, plaids, florals, checks, stripes or polka dots distract viewers. These can "dance" on camera.
- Big jewelry of any kind is too distracting. Avoid reflective pieces and jewelry that "jangles."
- Wear simple make-up (for women) and wear make-up if asked (men).
- Watch skirt lengths for sitting (for women) and wear socks to the knee (men).
- Keep clothes neatly pressed, and sit on those coattails, if you have them.
- Keep hair in place.
- Smile. When you smile your body language says, "I'm confident and comfortable in what I'm saying, and you can believe and trust me." Unfortunately, smiling is not always an easy thing to do, and we tend not to. To compound the problem, television is a two dimensional medium, and it flattens our faces, making any smile even less apparent. You must exaggerate your smile if you want it to be seen.
- When sitting, lean slightly forward in the chair, with feet flat on the floor. If you tend to rock back and forth when standing, put one foot slightly ahead of the other. Let your hands hang naturally at the side. If you use hands to gesture, do it as you normally would, but move gestures to shoulder height (not in front of your face). Avoid sudden movements.
- Avoid wearing glasses unless you must. They tend to reflect studio and outdoor lights, and make it difficult for the viewer to see your eyes. If you have contact lenses, wear them in preference to glasses. Never wear dark glasses, or glasses which are heavily tinted or light sensitive.
- If the story is happening or about a location, go to it. If the story is about a hospital or clinic, be seen in front of it. The crew will have to go there to get shots of the activities, so you'll help them and, at the same time, appear concerned and interested by being at the story.

Newspaper Interviews

Despite declining readership and the American public's shift to television as its primary source of information, newspapers remain a critical and influential medium. Newspapers originate much of the day's news, and they are more likely to have reporters with specialties, i.e., health, medicine, education, government. They cover the news in greater detail than do their electronic cousins. By its very nature, print does a better job of handling complex stories or issues involving ideas, concepts and intangibles.

When responding to a print reporter, know before the interview begins what information the reporter wants, how you fit in the story, who the reporter has talked to, etc. Be prepared to offer greater detail and substantiating documents. Print reporters who are working on longer stories are likely to want copies of reports, letters and other data which support or explain your position or actions. An interview with a print reporter may be as short as a few minutes and completed by phone, or an hour or more, in person, in your office. That is governed by the type of story, the deadline and the role you play in the story. Prepare for the interview by asking beforehand what it is about, who has been interviewed, etc.

For the newspaper interview, it is perfectly acceptable to have notes or other documents at your fingertips. While anything you say may be used, the reporter will likely be looking for good quotes. Remember to restate your objectives and to focus on your agenda as you respond to questions.

Some reporters will tape record the interview. Regard that as an advantage. It helps the reporter focus on your answers and improves your chances of being quoted accurately. Feel free to make your own tape recording of the interview if you wish to have a record. A good reporter will not object.

Should you inadvertently misstate a fact or offer incorrect information, correct it as quickly as possible. And don't ask to review the story before it is printed. Most newsrooms have policies which forbid that.

Radio Interviews

Radio provides the American public quick and very brief accounts of the most recent news developments. (Obvious exceptions are programs such as National Public Radio's "All Things Considered," which provides some of the best in-depth broadcast coverage available.) Radio news is characterized by its immediacy and its brevity. When a radio reporter calls, you won't have long to think about

your answers and you won't have much time to give them. Chances are you'll get an unexpected call from a reporter who wants a quick comment now and is not willing to wait. If you can't or won't respond, the reporter will go somewhere else.

- **News Interviews**

If you do accept a call from a radio reporter for an interview, expect the reporter to be taping the conversation. (Many states require that you be notified of the fact you're being taped. If the reporter doesn't ask, you should inquire.) Speak in a normal tone of voice, and be expressive. Remember that the listener's image of you is determined by your tone of voice. Be brief and simple. You'll have only a few seconds, and radio audiences aren't interested in complex, detailed answers.

- **Talk Shows**

Many radio stations broadcast long-format talk shows, which deal with contemporary local issues. While these programs are often broadcast early Sunday, the relatively small audience might include a high proportion of decision makers. Before agreeing to appear, ask who will be on the program, what issues will be covered and how you fit in. If possible, listen to the program to learn its format, host's habits, etc. When you appear at the studio, be early, and be prepared. Have your own messages and get them out at every opportunity. Avoid being argumentative or hostile. Make your points in an animated and friendly voice, and be polite and gracious.

- **Listener Call-in Shows**

These programs build an audience of regular listeners and callers. Hosts are often strong advocates of a particular political or philosophical persuasion, and the programs thrive on controversy, no matter how contrived. Before accepting an invitation to appear, ask yourself or your Public Affairs Office if you're likely to be playing against a loaded deck. If so, consider the invitation carefully. Having accepted, know in advance what issues are expected to be discussed. (Remember that callers can change the direction of the program.) Callers are not required to play by any known rules, and they can raise irrelevant or false issues. Don't respond in anger or frustration. Remain cool, and make your points in a polite but firm way. Retain your dignity, no matter what others do.

Interview Checklist

Before

- ┆ Do you have preparation materials?
- ┆ Did you set objectives or an agenda?
- ┆ Have you tailored your information for the outlet's audience (e.g., general consumer, educational)?
- ┆ Do you know your call to action?
- ┆ Have you identified controversial issues, if any?

During

- ┆ Did you introduce yourself, with title and role?
- ┆ Are you sticking to your agenda as best as you can?
- ┆ Are you unclear? Don't be afraid to ask!
- ┆ Did you ask for contact information for future stories? Do you know what other areas interest this reporter?

After

- ┆ Did you meet your objective?
- ┆ How well did you cover your agenda?
- ┆ Do you know when the story/segment is going to run?

Media Glossary

Assignment Editor: the person who tells the reporters what stories to cover. Most television and print assignment editors make story assignments by mid-morning.

Backgrounder: a fact sheet that provides information to reporters and spokespeople. Reporters often use the information in backgrounders to “flesh out” their stories.

B-roll: the supporting video for a TV news story. B-roll is rolling video that plays while the reporter talks about the event. An example of B-roll might be footage of kids playing at the exhibits.

Caption: information that appears below or next to a photograph and explains the shot.

Media Log: the notebook where you write down information about each time you call, fax, or e-mail a reporter.

“Pitching a Story”: the phrase used when you call a reporter, producer or assignment editor to give them your hot idea for a story. The key to success is to contact the media at the appropriate time and to convince them your story is newsworthy.

Press Kit: a folder that contains a set of information useful to reporters.

Press Release: a sample news story for reporters describing your news or event.

Soundbite: a statement from a person that is incorporated into a news story. A soundbite expresses a complete thought and usually runs for 7-10 seconds.

Wire Service Daybook: the daily roster of events that a wire service maintains to keep reporters informed about upcoming news and events. Wire services are an excellent way to get media coverage for a story that has broad national appeal. If a story does get picked up by a wire, such as the Associated Press, both national and local newspapers are more likely to run the story. To get your news, story or event covered by a wire service, contact the “daybook” editor.

In Summary

As you are working to increase awareness and action within your community about health and wellness issues, the media (and especially news media) can be a powerful partner. By better understanding the media and how to use it to amplify your voice in the community, you will be able to reach a greater number of people with your messages. And the more people you reach with your messages, the greater impact you will have in your community.

Here are just a few things you should remember:

- Learn as much as you can about the various types of media – TV, radio, print, etc. – and think strategically about which one (or combination) is best for your message.
- Familiarize yourself with the criteria for what defines “news,” so that you can develop an effective plan for “selling” your story to local news outlets (referred to as pitching a story).
- Write a letter to the editor of your local paper – or submit an op-ed.
- Monitor local news media to identify who covers health-related issues and what they write about.
- Once you identify local health reporters, pitch them your ideas about the importance of covering the issues your grant/organization is addressing at the local level.
- Develop a packet of materials/information that you can leave with reporters – either after a meeting to pitch them a story or after they’ve interviewed you.
- As you work with the news media, be particularly mindful of their deadlines.
- In preparation for an interview (live or taped), narrow down your main messages (no more than three for any one interview) and practice saying them out loud.
- Familiarize yourself with a number of transitional phrases so that if the interview strays from your main message, you are comfortable with ways to get re-focused.

Bureau of Women’s and Children’s Health Resource Manual	DATE: September 2014; Revised August 2016
SUBJECT: Maternal and Early Childhood Home Visiting Grant (MIECHV)	SECTION: Children’s Health

SUBTITLE: Strong Families Arizona (SFAz) Consumer-Facing Website and Home Visitor Portal

PURPOSE

The purpose of this document is to provide written guidelines on how to submit content for the Strong Families Arizona (SFAz) consumer-facing website and home visitor portal.

POLICY

All program update information for both the consumer-facing side of the SFAz website and the home visitor portal must be submitted for review and approval to appropriate ADHS staff, or Professional Development Consultant prior to being posted to the website.

AUTHORITY

The implementation and enforcement of this policy is at the discretion of the Chief, Office of Children’s Health, BWCH.

APPLICABILITY

This policy and procedure applies to all individuals working within the MIECHV program.

PROCEDURE


A. Home visiting program information may be submitted via direct e-mail to appropriate ADHS staff or the Consultant for updating on the consumer-facing side of the SFAz website.

B. Suggested or requested content related to professional development for posting on the home visitor portal must first be submitted to appropriate ADHS staff or the Professional Development Consultant for review and approval. Once approved, it is provided to ADHS staff for inclusion on the portal.

Bureau of Women's and Children's Health Resource Manual	DATE: September 2014; Revised August 2016
SUBJECT: Maternal and Early Childhood Home Visiting Grant (MIECHV)	SECTION: Children's Health

SUBTITLE: Strong Families Arizona (SFAz) Consumer-Facing Website and Home Visitor Portal

C. All other suggested or requested content for the home visitor portal will be submitted to appropriate ADHS staff or the Consultant for review. If appropriate, ADHS staff or the Consultant will post.

Approved: 	Date: <u>8/30/16</u>
Irene Burnton, Chief, Office of Children's Health	
The Primary Position of Responsibility for this policy is the Bureau of Women's and Children's Health. Users are encouraged to suggest improvements regarding this policy and procedure.	

Bureau of Women’s and Children’s Health Resource Manual	DATE: September 2014; Revised May 2015; Revised July 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting Grant	OFFICE: Children’s Health

SUBTITLE: Technical Assistance for Home Visitors

PURPOSE

The purpose of this policy is to provide written guidelines for home visitors on how to access Technical Assistance (TA) from ADHS MIECHV staff, and content area experts to ensure such assistance is delivered pursuant to the terms and conditions of the MIECHV program.

POLICY

This policy outlines the procedures for providing, accessing and reporting Technical Assistance through the MIECHV program through September 30, 2016.

AUTHORITY

The implementation & enforcement of this policy & procedure is at the discretion of the Chief, Office of Children’s Health, Bureau of Women’s and Children’s Health (BWCH)

APPLICABILITY

This policy and procedure applies to all individuals working within the MIECHV program.

PROCEDURE

Arizona Department of Health Services (ADHS) MIECHV appropriate staff will be available to provide technical assistance to Contractors. In addition, Home Visitors may request technical assistance from content experts in the areas listed below.


1. ADHS MIECHV staff will be available to provide technical assistance on topics related to contract deliverables, scope of work, marketing strategies, outreach, retention and other areas as needed. Staff will document the technical assistance provided through completion of the Technical Assistance Visit Report form (Attachment A). Staff will track technical assistance visits using Tab 2 of the Technical Assistance Tracking Sheet (Attachment B). Contractors may request technical assistance by contacting the Program Manager or Community Coordinator.
2. Technical Experts in the fields of Domestic Violence, Injury Prevention, and

Bureau of Women's and Children's Health Resource Manual	DATE: September 2014 Revised May 2015; Revised July 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting Grant	OFFICE: Children's Health

SUBTITLE: Technical Assistance for Home Visitors

Nutrition will be listed on the Strong Families Az (SFaz) website with a corresponding email address for written questions and method to set up a phone conference.

3. Home Visitors and their Supervisors can contact one of the Technical Experts listed on the web site to consult on challenging cases.
4. Content experts will report to ADHS MIECHV staff at the end of each month the number of TA sessions provided, the method and the subject.
5. Home visitors are aware of the procedure to access professional TA in the areas of Domestic Violence, Injury Prevention, Nutrition, Oral Health, and Breast Feeding. This involves:
 - a) Visiting the Home Visitors Portal on the StrongFamiliesAZ.com website
 - b) Locating the CONTACTS tab at the top of the web page
 - c) Scrolling to bottom of the CONTACTS page to the section called ASK AN EXPERT
 - d) Completing and submitting the form to request TA

Approved:  Irene Burnton, Chief, Office of Children's Health	Date: 8/30/16
---	------------------

The Primary Position of Responsibility for this policy is the Bureau of Women's and Children's Health. Users are encouraged to suggest improvements regarding this policy and procedure.

ATTACHMENT A

ARIZONA DEPARTMENT OF HEALTH SERVICES BUREAU OF WOMEN AND CHILDREN'S HEALTH MIECHV – TA VISIT REPORT

Contractor:	Date:	Duration of Meeting:
Contract #:		
ADHS Program Manager:		Staff Present:
TA Topics [Check all that apply]		
<ul style="list-style-type: none"> D New Employee Orientation D Marketing Strategies/Questions D Action Planning/Implementation Plan D Community Meetings D Coalition Building/Facilitation D Outreach Questions D Coordinated Referral Questions D Family Engagement Questions D Capacity building D Retention [HV/Families] D Contract Requirements i.e. SOW; CER; Amendments; Monthly Reports; Staffing D Budget D Other: _____ 		
Notes on Topics Discussed:		
Barriers/Challenges:		
Recommendations:		
Next Steps:		
Action Items:		
Responsible Party:		
Due Dates associated with next steps:		

Bureau of Women’s and Children’s Health (BWCH) Policies and Procedures Manual	DATE: March 2016; Revised July 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children’s Health

SUBTITLE: Professional Development Marketing and Evaluation

PURPOSE

The purpose of this document is to provide written guidelines as to the process for planning, marketing, evaluating and reporting on the following components of MIECHV Professional Development:

- MIECHV Workshops
- Annual Conference
- Community of Practice
- Online Training
- Webinars
- Train the Trainer-Workforce Development
- Just In Time Local Workshops and Conferences

POLICY

All Professional Development offered through the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program will be marketed through the centralized process outlined below. Additionally, the evaluation and reporting of MIECHV Professional Development courses will be conducted through the process outlined below.

AUTHORITY

The implementation and enforcement of this policy is at the discretion of the Chief, Office of Children’s Health, Bureau of Women’s Health and Children’s Health (BWCH).

APPLICABILITY

This policy and procedure applies to all individuals working within the AZ- MIECHV program.

DEFINITIONS

Annual Conference: A MIECHV sponsored training that includes keynote speakers and workshops on home visiting topics.

Community Coordinator: A MIECHV funded position responsible for capacity building, coordinated referral, workforce development, family engagement and coalition

Bureau of Women’s and Children’s Health (BWCH) Policies and Procedures Manual	DATE: March 2016; Revised July 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children’s Health

SUBTITLE: Professional Development Marketing and Evaluation

development and support for home visiting in local communities targeted for home visiting services. (Funded only through 9/30/16)

Community of Practice: A series of training sessions for a specific group of people who both attend classes and participate in guided discussions about the implementation of concepts learned in class.

Evaluator: The MIECHV funded entity responsible for evaluating all MIECHV funded professional development.

HVC: Home Visiting Coordinator - A MIECHV funded position responsible for outreach, training, and coalition support for home visiting in local communities. (Funded only through 9/30/16)

Home Visitor: An early childhood professional with special training to support pregnant women and young families to raise children who are healthy and ready to learn. (Funded only through 9/30/16)

IALT: The MIECHV Inter Agency Leadership Team.

Just In Time Local Workshops and Conferences: Training that is set up and sponsored by a local Home Visiting Coordinator (HVC) in response to local needs. If there are costs associated with this training they are covered by the local Home Visiting Coordinator contract budget.

MIECHV: Maternal, Infant, and Early Childhood Home Visiting program.

MIECHV Instructor: An individual who contracts with the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program to provide training to Home Visitors.

MIECHV Workshops: Training that is planned by the MIECHV PD Coordinator in conjunction with the Strong Families AZ Professional Development Workgroup or the

Bureau of Women’s and Children’s Health (BWCH) Policies and Procedures Manual	DATE: March 2016; Revised July 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children’s Health

SUBTITLE: Professional Development Marketing and Evaluation

Quality Improvement Workgroup. MIECHV Workshops are presented repeatedly in different locations across the state.

Online Training: Courses that are available online for completion at the convenience of the learner.

PD Coordinator: The person responsible for planning, developing, and implementing the MIECHV Professional Development system along with the Professional Development Committee and the MIECHV staff.

Pre-Course Survey: A survey that is used to measure participants self-assessed efficacy and knowledge prior to participating in a Professional Development Course.

Post-Course Survey: A survey that measures participant’s self-assessed efficacy and knowledge following training, including a Course Follow-Up survey, and an abbreviated Post- Course survey for conference sessions, local training, and informational sessions.

Social Marketing Coordinator: The person responsible for developing and implementing brand standards for Strong Families AZ and the marketing campaign to associate home visiting with the evidence based benefits. (Funded only through 9/30/16)

SFAZ: Strong Families AZ - The collaboration of organizations and state agencies that are a part of delivering home visiting services, home visiting system building or providing family support services in Arizona.

Train the Trainer-Workforce Development: Training that is provided with the objective of obtaining certification of the attendees to train other people and increase local capacity to provide home visiting services.

Webinars: Training that is available online at a specific time, and cataloged for later viewing as well.

Bureau of Women’s and Children’s Health (BWCH) Policies and Procedures Manual	DATE: March 2016; Revised July 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children’s Health

SUBTITLE: Professional Development Marketing and Evaluation

PROCEDURE

Arizona Department of Health Services (ADHS) MIECHV appropriate staff will ensure that the Contractor shall oversee that:

I. Planning

1. The HVC or MIECHV Instructor, as appropriate, will send a draft Training Announcement (See Attachment A) following brand standards to the PD Coordinator for all training sessions at least three (3) months in advance of training, or as soon as scheduled. If using electronic registration, the training announcement will contain a direct link in addition to the registration URL. If an email is used to announce training without an attached flyer, the email must copy the PD Coordinator and follow brand standards.
2. For Train the Trainer sessions, or any training provided for the purposes of capacity building, the Community Coordinator will send the PD Coordinator a list of all scheduled training sessions on the first of each month, or as soon as scheduled, including the date of training, location, time, instructor and registration instructions.
3. The PD Coordinator will then submit the Training Announcement or email announcement to the Social Marketing Coordinator for review and inclusion on the Home Visitor’s Portal on the Strong Families AZ website as appropriate.
4. The PD Coordinator will update the PD Calendar with this information.
5. The PD Coordinator will notify the Evaluator of any updates to the Professional Development Calendar.
6. For Counties that have the support of an HVC, the PD Coordinator will send MIECHV Workshop announcements to the HVC as soon as the training is planned and the HVC will distribute in their County. When the HVC sends the

Bureau of Women's and Children's Health (BWCH) Policies and Procedures Manual	DATE: March 2016; Revised July 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health

SUBTITLE: Professional Development Marketing and Evaluation

announcement to contacts in their county, the PD Coordinator will be copied.

II. Logistical Support

1. HVCs will provide logistical support as needed in their County for MIECHV Workshops, Train the Trainer, or Just In Time Local Workshops and Conferences by assisting with locating training rooms, identifying optimal training dates and times, and notifying local coordinators as well as coordinating trainings.
2. On the day of each MIECHV Workshop, Train the Trainer or Just In Time Local training, the HVC will:
 - welcome Home Visitors
 - introduce the MIECHV Instructors
 - briefly review the SFAZ website, Home Visitor Portal, and upcoming trainings
 - distribute "Save The Date" cards for the Home Visiting conference, if appropriate.
3. At the conclusion of each training, HVCs or MIECHV Instructors, as appropriate, will:
 - ensure that the Sign-in sheet (See Attachment C) is completed at each training. The Sign-in sheet will be used by the HVC to update their list of local home visitors. If there is no HVC, the MIECHV Instructor will send the completed Sign-in sheet to the PD Coordinator.
 - When the HVC or the PD Coordinator identifies a new name on the Sign-in sheet, they will send the name and email address to the Social Marketing Coordinator to add to the electronic newsletter list, provided the person has not checked the opt-out column on the Sign-in sheet.

Bureau of Women’s and Children’s Health (BWCH) Policies and Procedures Manual	DATE: March 2016; Revised July 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children’s Health

SUBTITLE: Professional Development Marketing and Evaluation

- MIECHV Instructors will provide a Certificate of Attendance (See Attachment D) which documents the name and length of the training to each training participant.

III. Evaluation

I. **MIECHV Workshops** receive a 3-stage evaluation by the Evaluator. Participants are surveyed before the workshop, after the workshop and six-weeks following the workshop to determine immediate and longer term impact of training.

- The PD Coordinator notifies the Evaluator of any new approved MIECHV Workshops.
- The Evaluator contacts the MIECHV Workshop Instructor to obtain the new course curriculum and learning objectives.
- The Evaluator sends the instructor Pre-course, Post-Course, and Follow-Up surveys (Attachments E, F, & G) prior to the workshop for each of the participants. Surveys are then scanned and submitted. For Conference Sessions, Local Trainings, or Informational Sessions Attachments H, I, & J will also be used.
- On the day of the workshop, the instructor requests that participants complete the Pre-Course Survey immediately before the workshop and the Post-Course Survey immediately after the workshop.
- The instructor returns the completed surveys(Pre-Course and Post-Course) and the Professional Development Data Form (Attachment B) to the Evaluator (Morrison Institute for Public Policy at Arizona State University, 411 N. Central Avenue, Suite 900, Phoenix, AZ 80004 or kvitek@asu.edu) immediately following the workshop.
- The Evaluator emails the Follow-Up Survey to participants six weeks following the workshop.
- The Evaluator generates an automated course report based on the surveys. The links to this report are sent to the Workshop Instructor and the PD Coordinator.

Bureau of Women’s and Children’s Health (BWCH) Policies and Procedures Manual	DATE: March 2016; Revised July 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children’s Health

SUBTITLE: Professional Development Marketing and Evaluation

II. **Online Training** is tracked through an automated report that counts the number of people who have successfully completed the course each month. The evaluator receives these reports and includes them in the monthly report that goes to the PD Coordinator.

Beginning in 2016, the Online Training will be evaluated utilizing the 3-Stage evaluation method.

III. Evaluation for the **Annual Conference** will be the responsibility of the Meeting Planner and will include the completion of the Professional Development Information Form and a 1-Stage Post-Course Survey that is administered at the conclusion of each workshop and keynote session. The 1-Stage Post-Course Surveys are compiled in a report that is provided to the PD Coordinator along with the completed Professional Development Information Form.

IV. **Just In Time Local Workshops and Conferences** are the responsibility of the Home Visiting Coordinator. For Just In Time Local Workshops and Conferences the Evaluator will send the HVC the Post-Course Survey and the Strong Families AZ Data Form along with self-addressed, stamped envelopes for return of completed evaluation forms. The Instructor requests that participants complete the Post- Course Survey at the conclusion of training. The survey is collected by the Instructor or Home Visiting Coordinator and returned to the Evaluator ((Morrison Institute for Public Policy at Arizona State University, 411 N. Central Avenue, Suite 900, Phoenix, AZ 80004 or kvitek@asu.edu) along with the completed Strong Families AZ Data Form in the self-addressed stamped envelope.

V. **Webinars** are the responsibility of the Webinar Host who provides a standard count of the number of participants to the PD Coordinator monthly. These counts include both participants in the live webinar and the number of participants who have viewed cataloged webinars.

Bureau of Women's and Children's Health (BWCH) Policies and Procedures Manual	DATE: March 2016; Revised July 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health

SUBTITLE: Professional Development Marketing and Evaluation

VI. Organizers of **Train-the-Trainer** Workforce Development courses are responsible for evaluation. A copy of the evaluation and the number of people who completed the courses are submitted to the PD Coordinator at the completion of training.

VII. Providers of a **Community of Practice (CoP)** are responsible for evaluation. At the completion of the CoP, an evaluation will be submitted to the PD Coordinator along with the number of participants who completed the CoP.

IV. Reporting

1. The Evaluator will provide a Monthly Summary of courses completed, with enrollment numbers and, if available, feedback on content and instructional effectiveness to the PD Coordinator for:
 - MIECHV Workshops
 - Just In Time Local Workshops and Conferences
 - Online Training
 - Train the Trainer
2. The PD Coordinator will produce a Monthly Report that includes this information as well as any other information relevant to Professional Development, to be distributed to the MIECHV Team and IALT.
- 3 a) The Evaluator will provide a Quarterly Summary of the following data to the PD Coordinator:
 - Number of classes
 - Number of home visitors who received training
 - Types of roles of training participants

Bureau of Women's and Children's Health (BWCH) Policies and Procedures Manual	DATE: March 2016; Revised July 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health

SUBTITLE: Professional Development Marketing and Evaluation


- Distribution of home visitors from the different models
 - Experience of participants
 - Age of participants
 - Education of participants
- b) The Evaluator will provide participant feedback to the PD Coordinator on:
- Opportunity for professional development
 - Professional development variety and frequency
 - Ease of registering
 - Time required
 - Amount of time they are willing to travel for professional development
 - What training is needed
 - Distance they will drive for training
- c) For each course, the Evaluator will also provide information to the PD Coordinator as to what the combined satisfaction score was for:
- Instructional delivery
 - Content delivery
 - Meeting objectives
 - Level of ease or difficulty of course
 - Self efficacy for State Workshops
 - before training
 - after training

Bureau of Women's and Children's Health (BWCH) Policies and Procedures Manual	DATE: March 2016; Revised July 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health

SUBTITLE: Professional Development Marketing and Evaluation

- 6 weeks after training
- Impact
- Likelihood of use.

The PD Coordinator will prepare a quarterly report that includes this information as well as any other information relevant to Professional Development, to be distributed to the Professional Development Workgroup at their quarterly meetings.

Approved:  _____ Irene Burnton, Chief, Office of Children's Health	Date: 8/30/16 _____
The Primary Position of Responsibility for this policy is the Bureau of Women's and Children's Health. Users are encouraged to suggest improvements regarding this policy and procedure.	



Attachment A
TRAINING ANNOUNCEMENT
Template 1 of 3

Title of Training

FREE training is being offered for Home Visitors in (insert name of town) on (insert month, day, day of week, year). Training includes (insert materials and topics for this training).

Insert Direct Link to Registration

Name of Training

Date

Location

Location address

Time: Begin-End

Directions: Insert the name of your training into the Title Line. Insert the name of the specific location and the town/city where the training is being offered along with the complete address and start and end times. Finally, provide an active web link to register. Also, hyperlink that registration location to the course name.

After providing this information, if home visitors will receive training materials, booklets, pamphlets, or promotional items, list that next as it is information that makes the training more desirable for the home visitors. Also, include the core competencies that will be covered in this training. Email completed form to jeanette.shea@gmail.com.



Attachment A
TRAINING ANNOUNCEMENT
Template 2 of 3

Title of Training

FREE training is being offered for Home Visitors in (insert name of town) on (insert month, day, day of week, year). Training includes (insert materials and topics for this training).

Insert approved SFAZ image here

Insert Direct Link to Registration

Name of Training
Date
Location
Location address
Time: Begin-End

Directions: Insert the name of your training into the Title Line. Insert the name of the specific location and the town/city where the training is being offered along with the complete address and start and end times. Finally, provide an active web link to register. Also, hyperlink that registration location to the course name.

After providing this information, if home visitors will receive training materials, booklets, pamphlets, or promotional items, list that next as it is information that makes the training more desirable for the home visitors. Also, include the core competencies that will be covered in this training. Email completed form to jeanette.shea@gmail.com.



Attachment A
TRAINING ANNOUNCEMENT
Template 3 of 3

Insert approved SFAZ image

Title of Training

FREE training is being offered for Home Visitors in (insert name of town) on (insert month, day, day of week, year). Training includes (insert materials and topics for this training).

Insert Direct Link to Registration

Name of Training

Date

Location

Location address

Time: Begin-End

Directions: Insert the name of your training into the Title Line. Insert the name of the specific location and the town/city where the training is being offered along with the complete address and start and end times. Finally, provide an active web link to register. Also, hyperlink that registration location to the course name.

After providing this information, if home visitors will receive training materials, booklets, pamphlets, or promotional items, list that next as it is information that makes the training more desirable for the home visitors. Also, include the core competencies that will be covered in this training. Email completed form to jeanette.shea@gmail.com.

Attachment B – DATA FORM

Topic			
Number of Participants		Instructor's Name	
Hours (contact)		Date of Professional Development Activity	
CE Offered?	Yes No	Location (City or Town/County)	
Sponsored by			
Benchmark Addressed (Check all that apply)	Maternal and Newborn Health	<input type="checkbox"/>	
	Child Injuries, Child Abuse, Neglect or Maltreatment and Reduction of ER Visits	<input type="checkbox"/>	
	School Readiness and Achievement	<input type="checkbox"/>	
	Domestic Violence	<input type="checkbox"/>	
	Family Economic Self-Sufficiency	<input type="checkbox"/>	
	Coordination and Referrals for Other Community Resources and Supports	<input type="checkbox"/>	
Course Level (Check only one)	Awareness	<input type="checkbox"/>	
	Performance	<input type="checkbox"/>	
	Management and Planning	<input type="checkbox"/>	
Type of Training (Choose one)	Benchmark	<input type="checkbox"/>	
	Best Practice	<input type="checkbox"/>	
	Model Specific	<input type="checkbox"/>	
	On-line	<input type="checkbox"/>	
	Local	<input type="checkbox"/>	
	Conference	<input type="checkbox"/>	

Awareness level courses are designed for HV who would benefit from additional professional development in specific competency areas or topics to increase their basic skills
 Performance level courses are designed for HV who have basic competency skills in a core competency area or topic, but would benefit from advanced professional development
 Management and Planning Level Courses are designed for supervisors/administrators

NAME OF TRAINING OR MEETING
Day, Month, Year, Time
Address

ATTACHMENT C – Sign-In Sheet

Name Organization	County/Tribe	Email	Signature	I DO NOT want to receive emails from SFAZ



Attachment D (PDF fillable file)

CERTIFICATE *of* ATTENDANCE

Name of Training

Date

Location

Town/City

X Training Hours X Contact Hours

Name of Participant

—Funded By—

U.S. Department of Health and Human Services,
Health Resources and Services Administration,
Maternal and Child Health Bureau
Grant D89MC23140 (update grant # as appropriate)

OCH Chief E-signature

Chief, Office of Children's Health
Bureau of Women's and Children's Health
Arizona Department of Health Services



PRINT YOUR LINKAGE CODE:
 _____ - _____ - _____

Professional Development Pre-Course Survey
Depression Management for Home Visiting

1. Please **check one** response to each of the following statements about how you **feel right now**:

Statements	Strongly Disagree	Disagree	Not Sure/ Neutral	Agree	Strongly Agree
a. I feel confident in my ability to identify the primary components of depression management.					
b. I feel confident in my ability to explain to clients the primary components of depression management.					
c. I feel confident in my ability to intervene appropriately in situations where clients exhibit depressive symptoms.					
d. I feel confident in my ability to provide clients exhibiting depressive symptoms with helpful resources.					

2. What would you most like to get from today's training?

3. What is your role in your organization as it relates to home visiting? (Check all that apply.)

- Home Visitor
 Home Visiting Program Manager or Director
 Home Visitor Supervisor
 Doula
 Administrative/support staff in home visiting program
 Other home visiting-related role (describe): _____
 No home visiting-related role (describe your job): _____

PLEASE TURN OVER TO NEXT PAGE

4. What geographic areas do you serve? (Be as specific as possible.)

Counties (or individual or part of county): _____

Communities: _____

Zip Codes: _____

5. What home visiting program model(s) are you trained or certified to use? (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Healthy Families | <input type="checkbox"/> Early Head Start (Home-Based Option) |
| <input type="checkbox"/> Nurse-Family Partnerships | <input type="checkbox"/> High Risk Perinatal Program (HRPP/NICP) |
| <input type="checkbox"/> Family Spirit | <input type="checkbox"/> Health Start |
| <input type="checkbox"/> Parents as Teachers | <input type="checkbox"/> Not Applicable (not working in home visiting/model program) |
| <input type="checkbox"/> Other (describe): _____ | |

6. What is your home visiting program's funding source? (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> AZ Department of Child Safety | <input type="checkbox"/> AZ Department of Economic Security |
| <input type="checkbox"/> AZ Department of Education | <input type="checkbox"/> AZ Department of Health Services |
| <input type="checkbox"/> First Things First (AZ Early Childhood Development and Health Board) | |
| <input type="checkbox"/> AZ Maternal, Infant, and Early Childhood Home Visiting (AZ-MIECHV) program | |
| <input type="checkbox"/> Head Start/Early Head Start (US Department of Education) | |
| <input type="checkbox"/> Don't Know | <input type="checkbox"/> Not Applicable (not working in home visiting) |
| <input type="checkbox"/> Other (describe): _____ | |

7. How long have you been in your current job/position?

- | | |
|---|--|
| <input type="checkbox"/> 1 to 2 Months | <input type="checkbox"/> 1 to 2 Years |
| <input type="checkbox"/> 3 to 5 Months | <input type="checkbox"/> 3 to 5 Years |
| <input type="checkbox"/> 6 to 11 Months | <input type="checkbox"/> More than 5 years |

8. What is your approximate age?

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Under 20 years | <input type="checkbox"/> 40-49 years |
| <input type="checkbox"/> 20-29 years | <input type="checkbox"/> 50-59 years |
| <input type="checkbox"/> 30-39 years | <input type="checkbox"/> 60 or older |

9. With which race/ethnicity do you most closely identify? (Check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> White |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Other (describe): _____ |

10. What is your highest level of education completed?

- | | |
|--|--|
| <input type="checkbox"/> High School/GED | <input type="checkbox"/> 4-Year College Degree |
| <input type="checkbox"/> Some College | <input type="checkbox"/> Graduate Degree |
| <input type="checkbox"/> 2-Year College Degree | <input type="checkbox"/> Other (describe): _____ |

11. Which language(s) do you use regularly in your work? (Check all that apply.)

- English Spanish Other(s) (describe): _____

THANK YOU! PLEASE RETURN YOUR COMPLETED SURVEY TO THE INSTRUCTOR.

ATTACHMENT F – Post-Course Survey Template



PRINT YOUR LINKAGE CODE: _____ - _____ - _____

Professional Development Post-Course Survey

Depression Management for Home Visiting

1. Please check one response to each of the following statements about how you feel right now:

Statements	Strongly Disagree	Disagree	Not Sure/ Neutral	Agree	Strongly Agree
a. I feel confident in my ability to identify the primary components of depression management.					
b. I feel confident in my ability to explain the primary components of depression management.					
c. I feel confident in my ability to respond appropriately in situations where clients exhibit depressive symptoms.					
d. I feel confident in my ability to provide clients exhibiting depressive symptoms with helpful resources.					

2. Please check one response to each of the following statements about the content of today's training:

Statements	Strongly Disagree	Disagree	Not Sure/ Neutral	Agree	Strongly Agree
a. The content of the training is relevant to my job and will be useful in my work.					
b. The content of the training increased my knowledge of the subject.					
c. The content of the training was too complex or advanced for me.					
d. The content of the training applies to families like those I serve.					
e. The content of the training included new information I had not heard before.					
f. The content of the training was too simple or basic for me.					

PLEASE TURN OVER TO NEXT PAGE



3. Please check one response to each of the following statements about the instructor’s delivery of today’s training:

Statements	Strongly Disagree	Disagree	Not Sure/ Neutral	Agree	Strongly Agree
a. The instructor involved the group through discussion or other interactive activities.					
b. The instructor was well-organized and made efficient use of our time.					
c. The instructor clearly communicated the subject matter.					
d. The instructor made good use of examples and materials.					
e. The instructor allowed adequate time for questions and answered them thoroughly.					
f. I would take other courses presented by this instructor.					

4. Please check one response to each of the following statements about the learning objectives of today’s training:

Statements	Strongly Disagree	Disagree	Not Sure/ Neutral	Agree	Strongly Agree
a. The training adequately covered the impact of depression on individuals and families.					
b. The training adequately covered how to recognize symptoms, risks, and stressors associated with depression.					
c. The training adequately covered how to discuss depression management with the client and family.					
d. The training adequately covered how to use depression screening tools.					
e. The training adequately covered effective tools and interventions for management of depression.					
f. The training adequately covered how to work with clients to use proper resources for depression management.					

5. Please provide suggestions for improving today’s training, including how it could be better for someone in your role associated with home visiting, and/or any cultural issues related to the training that need to be addressed:

THANK YOU! PLEASE RETURN YOUR COMPLETED SURVEY TO THE INSTRUCTOR.



PRINT YOUR LINKAGE CODE:
 _____ - _____ - _____

Professional Development Course Follow-Up Survey
Depression Management for Home Visiting

1. Please **check one** response to each of the following statements about how you **feel right now**:

Statements	Strongly Disagree	Disagree	Not Sure/ Neutral	Agree	Strongly Agree
a. I feel confident in my ability to identify the primary components of depression management.					
b. I feel confident in my ability to explain to clients the primary components of depression management.					
c. I feel confident in my ability to intervene appropriately in situations where clients exhibit depressive symptoms.					
d. I feel confident in my ability to provide clients exhibiting depressive symptoms with helpful resources.					

2. Please **check one** response to each of the following statements to indicate whether you have used, or plan to use, the following knowledge/skills from the training in your work as it relates to home visiting:

Knowledge/Skill	Have not used, and probably will not use	Have not used, but plan to use	Have used once or twice	Have used several times	Have used many times
a. Noticing the impact of depression on individuals and families.					
b. Recognizing symptoms, risks, and stressors associated with depression.					
c. Discussing depression management with the client and family.					
d. Using depression screening tools.					
e. Intervening with clients and families with depression.					
f. Referring clients and families to helpful resources for management of depression					

3. Please **check one** response to each of the following statements about the impact of the training on your job:

Statements	Strongly Disagree	Disagree	Not Sure/ Neutral	Agree	Strongly Agree
a. This training has helped me to improve my job performance.					
b. This training has helped me to assist my clients in a new or better way.					
c. I would like more advanced instruction about the subject of this training.					
j. This training has increased my desire to stay in my current job or in this field of work.					
k. This training has increased my desire to seek additional training on home visiting topics.					
l. This training has increased my desire to advance to higher levels in my profession.					

4. Overall, how would you rate your opportunities for training and professional development?

Professional Development factors	Poor	Fair	Good	Very Good	Excellent
a. Variety of courses offered.					
b. Frequency/timing of courses offered.					
c. Ease of obtaining permission or support from my supervisor/agency to take trainings.					
j. Time required away from work for training.					
k. Amount of travel required for training.					

5. How would you prefer to receive future training? Please rank order your preferences from 1 to 5.

- One-on-one training or coaching
- In-person single-day training class
- In-person multi-day class or conference
- Self-paced online training modules available to me at any time
- Interactive online webinars provided live at specific times only

6. What is the most time you would be willing to travel by car to receive in-person training? (Chose only one.)

- Less than an hour (generally within my county of work or residence)
- One-to-two hours (generally in a neighboring county)
- More than two hours (generally a central urban location outside my county, such as Phoenix/Tucson/Flagst

7. What other training courses related to your role in home visiting have you attended in the past two (2) years? (Check all that apply.)

IN PERSON:

- Breastfeeding Training
- Depression
- Domestic Violence
- EMPOWER Home Visiting
- Family Planning & Well-Woman training
- Infant/Toddler Mental Health
- Parents with Learning Challenges
- Substance Abuse

ONLINE:

- Baby Behavior
- Breaking the Diagnosis
- Culturally & Linguistically Appropriate Services
- Nutrition
- Participant-Centered Services
- Safe Sleep
- Supporting Behavioral Change

OTHERS:

- Home Visiting Model Program specific training (describe): _____
- Home Visiting Model Program specific training (describe): _____
- Other (describe): _____
- Other (describe): _____
- Other (describe): _____

8. What other training topics might you find useful or be interested in?

THANK YOU FOR HELPING US TO IMPROVE PROFESSIONAL DEVELOPMENT OPPORTUNITIES
FOR HOME VISITORS IN ARIZONA!

TO FIND MORE PROFESSIONAL DEVELOPMENT COURSES AND EVENTS,
PLEASE LOG IN TO THE HOME VISITOR PORTAL AT ***STRONGFAMILIESAZ.COM***.

INTENTIONALLY LEFT BLANK FOR TWO-SIDED PRINTING.

ATTACHMENT H – PD Brief Post-Course Survey (Conference Session) Template



Professional Development Brief Post-Course Survey (Conference Session)

1. **Session Title:** _____

2. **Session Date (mm/dd/yy):** ____/____/____ 3. **Session Location:** _____

4. **Session Speaker Name:** _____

5. Please **check one** response to each statement about your impressions of this session:

Statements	Strongly Disagree	Disagree	Not Sure/ Neutral	Agree	Strongly Agree
a. The content of the session is relevant to my job and will be useful in my work.					
b. The content of the session increased my knowledge of the subject.					
c. The content of the session applies to families like those I serve.					
d. The presenter was well-organized and made efficient use of our time.					
e. The presenter clearly communicated the subject matter.					
f. The presenter allowed adequate time for questions and answered them thoroughly.					
g. I would like more advanced instruction about the subject of this session.					
h. This session will help me to assist my clients in a new or better way.					
i. This session has increased my desire to stay in my current job or in this field of work.					

6. **Please provide your suggestions for improving this session, or any other comments you wish to share:**

THANK YOU FOR YOUR FEEDBACK! PLEASE RETURN YOUR COMPLETED SURVEY TO THE ROOM MONITOR.

INTENTIONALLY LEFT BLANK FOR LOCAL CUSTOMIZATION AND TWO-SIDED PRINTING.

THANK YOU FOR HELPING US TO IMPROVE PROFESSIONAL DEVELOPMENT OPPORTUNITIES
FOR HOME VISITORS IN ARIZONA!

TO FIND MORE PROFESSIONAL DEVELOPMENT COURSES AND EVENTS,
PLEASE LOG IN TO THE HOME VISITOR PORTAL AT ***STRONGFAMILIESAZ.COM***.

ATTACHMENT I – PD Brief Post-Course Survey (Local Training) Template



Professional Development Brief Post-Course Survey (Local Training)

1. Course Title: _____

2. Course Date (mm/dd/yy): ____/____/____ **3. Course Location:** _____

4. Course Instructor Name: _____

5. Please check one response to each statement about your impressions of today's training:

Statements	Strongly Disagree	Disagree	Not Sure/ Neutral	Agree	Strongly Agree
a. The content of this training is relevant to my job and will be useful in my work.					
b. The content of this training increased my knowledge of the subject.					
c. The content of this training applies to families like those I serve.					
d. The instructor was well-organized and made efficient use of our time.					
e. The instructor clearly communicated the subject matter.					
f. The instructor allowed adequate time for questions and answered them thoroughly.					
g. I would like more advanced instruction about the subject of this session.					
h. This training will help me to assist my clients in a new or better way.					
i. This training has increased my desire to stay in my current job or in this field of work.					

6. Please provide your suggestions for improving this course, or any other comments you wish to share:

THANK YOU FOR YOUR FEEDBACK! PLEASE RETURN YOUR COMPLETED SURVEY TO THE INSTRUCTOR OR COURSE ORGANIZER.

INTENTIONALLY LEFT BLANK FOR LOCAL CUSTOMIZATION AND TWO-SIDED PRINTING.

THANK YOU FOR HELPING US TO IMPROVE PROFESSIONAL DEVELOPMENT OPPORTUNITIES
FOR HOME VISITORS IN ARIZONA!

TO FIND MORE PROFESSIONAL DEVELOPMENT COURSES AND EVENTS,
PLEASE LOG IN TO THE HOME VISITOR PORTAL AT ***STRONGFAMILIESAZ.COM***.

ATTACHMENT J – PD Brief Post- Course Survey (Informational Session) Template



Professional Development Brief Post-Course Survey (Informational Session)

1. Session Title: _____

2. Session Date (mm/dd/yy): ____ / ____ / ____ **3. Session Location:** _____

4. Session Speaker Name: _____

5. Please check one response to each statement about your impressions of this session:

Statements	Strongly Disagree	Disagree	Not Sure/ Neutral	Agree	Strongly Agree
a. The content of the session is relevant to my job and will be useful in my work.					
b. The content of the session increased my knowledge of the subject.					
c. The content of the session applies to families like those I serve.					
d. The presenter was well-organized and made efficient use of our time.					
e. The presenter clearly communicated the subject matter.					
f. The presenter allowed adequate time for questions and answered them thoroughly.					
g. I would like more advanced instruction about the subject of this session.					
h. This session will help me to assist my clients in a new or better way.					
i. This session has increased my desire to stay in my current job or in this field of work.					

6. Please provide your suggestions for improving this session, or any other comments you wish to share:

THANK YOU FOR YOUR FEEDBACK! PLEASE RETURN YOUR COMPLETED SURVEY TO THE INSTRUCTOR.

INTENTIONALLY LEFT BLANK FOR LOCAL CUSTOMIZATION AND TWO-SIDED PRINTING.

THANK YOU FOR HELPING US TO IMPROVE PROFESSIONAL DEVELOPMENT OPPORTUNITIES
FOR HOME VISITORS IN ARIZONA!

TO FIND MORE PROFESSIONAL DEVELOPMENT COURSES AND EVENTS,
PLEASE LOG IN TO THE HOME VISITOR PORTAL AT *STRONGFAMILIESAZ.COM*.

Bureau of Women’s and Children’s Health Resource Manual	DATE: September 2014
SUBJECT: Maternal Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children’s Health

SUBTITLE: Continuous Quality Improvement (CQI) Process

PURPOSE

The purpose of this policy is to provide written guidelines for the MIECHV CQI process to ensure services are delivered pursuant to the terms and conditions of the contract, in order to advance efficient, effective program delivery and achievement of strategic and program goals through continuous examination and improvement in processes and practice for home visitation.

POLICY

MIECHV CQI will be conducted through a contractor(s) and monitored by appropriate Arizona Department of Health Services (ADHS) staff to ensure that all tasks and deliverables are completed as per contract requirements.

AUTHORITY

The implementation and enforcement of this policy is at the discretion of the Chief, Office of Children’s Health, BWCH

APPLICABILITY

This document applies to all individuals working within the MIECHV program.

BACKGROUND

There are four CQI related teams associated with MIECHV CQI. They include the Interagency Leadership Team (IALT), MIECHV Team, MIECHV CQI Team, and local CQI Program level teams.

DEFINITIONS

“CQI” for the purpose of this document refers to Continuous Quality Improvement.

“IALT” for the purpose of this document refers to the Interagency Leadership Team.

“MIECHV Team” for the purpose of this document refers to the Team of staff and consultants involved in the CQI process.

“MIECHV CQI Team” for the purpose of this document refers to the Team that leads the CQI process by consolidating insights from review of data and statewide and local input into coherent P-D-S-A cycles and quality improvement projects.

Bureau of Women's and Children's Health Resource Manual	DATE: September 2014
SUBJECT: Maternal Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health

SUBTITLE: Continuous Quality Improvement (CQI) Process

"MIECHV Local CQI Program-level Teams" for the purpose of this document refers to local teams that establish measurable local objectives in coordination with statewide P-D-S-A cycles, benchmarks and constructs.


"P-D-S-A" for the purpose of this document refers to Plan, Do, Study, and Act cycles.

PROCEDURE

- A. Appropriate ADHS staff will ensure that the Contractor(s) shall conduct and oversee the CQI process as follows:
 - 1) Prepare Monthly Reports as required;
 - 2) Disseminate reports to all appropriate MIECHV individuals involved;
 - 3) Teams review and coordinate with local CQI findings and processes;
 - 4) Reviews monthly reports with IALT and MIECHV Team, ensures IALT identifies any CQI issues, and provides follow up or additional information as needed.
 - 5) MIECHV CQI Team will consolidate information from monthly review of data with statewide and local insights (including IALT, MIECHV team, and MIECHV Local CQI Program level Teams).
 - 6) Based on data review and feedback from all teams, implement quality improvement projects (P-D-S-A cycles) to improve outcomes in an ongoing and consistent manner.

REFERENCES

- A. Refer to Arizona CQI Plan Final 8-1-13 and further updated Arizona CQI Plans located in the BWCH MIECHV file.

Approved: 	Date: 8/30/16
Irene Burnton, Chief, Office of Children's Health	
The Primary Position of Responsibility for this policy is the Bureau of Women's and Children's Health. Users are encouraged to suggest improvements regarding this policy and procedure.	

Bureau of Women’s and Children’s Health (BWCH) Resource Manual	DATE: September 2014 Revised: April 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children’s Health

SUBTITLE: State & Community Level Program Evaluation, & Data Collection Process

PURPOSE

The purpose of this document is to provide written guidelines for the State & Community Level Program Evaluation, Survey Research, & Data Collection Process of the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant to ensure services are delivered pursuant to the terms and conditions of the contract.

POLICY

The MIECHV Program Evaluation, Survey Research, & Data Collection Process will be conducted by Arizona Department of Health Services (ADHS) or ADHS sub-recipients/contractors, and will comply with all ADHS contracted tasks and deliverables as per contract requirements.

AUTHORITY

The implementation and enforcement of this policy is at the discretion of the Chief, Office of Children’s Health, BWCH.

APPLICABILITY

This document applies to all individuals working within the MIECHV program.

DEFINITIONS

1. “Benchmark” for the purpose of this document means the Benchmarks laid out by the Health Resources Services Administration (HRSA) in the Supplemental Information Request and further clarified in the Updated Plan including latest revisions. This definition includes any updates HRSA makes to these Benchmarks. This includes all the constructs which are parts of the benchmarks. (See Attachment A&B)
2. “Community Readiness Assessment (CRA)” for the purpose of this document refers to a tool which measures the capacity or degree to which a community is prepared to take action on an issue, including implementing programs, policies and other changes.
3. “Cross-site Evaluation” for the purpose of this document means the systematic collection of context, product, process and impact information across MIECHV program sites. The data will inform HRSA regarding the magnitude, importance, reach and effectiveness of MIECHV activities as well as the programs effect on improving benchmarks and constructs.

Bureau of Women's and Children's Health (BWCH) Resource Manual	DATE: September 2014 Revised: April 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health

SUBTITLE: State & Community Level Program Evaluation, & Data Collection Process

4. "Data" for the purpose of this document means the material gathered during the course of an evaluation which serves as the basis for information, discussion and inference.
5. "ETO" refers to Efforts to Outcomes, the Coordinated Home Visitation Data Management System.
6. Evaluation Sponsor" for the purpose of this document means the Arizona Department of Health Services, Bureau of Women's and Children's Health, MIECHV Program; the organization that requests or requires the evaluation and provides the resources to conduct it.
7. "HFAz" refers to the Healthy Families Arizona home visiting program.
8. "MIECHV" refers to the Maternal, Infant, and Early Childhood Home Visiting Program.
9. "Model Implementers" for the purpose of this document refers to the party overseeing the implementation of a particular evidence based home visiting model at a funded site. In some cases this maybe a separate entity from the entity providing services at the site.
10. "NFP" refers to the Nurse Family Partnership home visiting program.
11. "Outcome" for the purpose of this document means a state of the target population or the social conditions that a program is expected to have changed.
12. "Priority Populations" for the purpose of this document refers to the Priority Populations outlined by HRSA including but not limited to;
 - 12.1.1. Have low incomes;
 - 12.1.2. Are pregnant women who have not attained age 21;
 - 12.1.3. Have a history of child abuse or neglect or have had interactions with child welfare services;
 - 12.1.4. Have a history of substance abuse or need substance abuse treatment;
 - 12.1.5. Are users of tobacco products in the home;
 - 12.1.6. Have, or have children with, low student achievement;
 - 12.1.7. Have children with developmental delays or disabilities;
 - 12.1.8. Are in families that include individuals who are serving or have formerly served in

Bureau of Women’s and Children’s Health (BWCH) Resource Manual	DATE: September 2014 Revised: April 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children’s Health

SUBTITLE: State & Community Level Program Evaluation, & Data Collection Process

the armed forces, including such families that have members of the armed forces who have had multiple deployments outside of the United States.

13. “Process Evaluation” for the purpose of this document means the examination of the process of a program while it is in progress, focusing on such things as activities offered, staff practices, and the actions of program participants. This evaluative study answers questions about sites and model operations, implementation, and service delivery.
14. “Principal Investigator (PI)” for the purpose of this document means the individual who is responsible for providing oversight of the MIECHV program evaluation. The Office Chief of Assessment and Evaluation in the Bureau of Women and Children’s Health at ADHS fulfills that role.
15. “State Program Manager” for the purpose of this document means the individual who is responsible for the fiscal and administrative oversight of the MIECHV grant, including oversight of the contractors to ensure that the State is in compliance with all grant requirements.
16. “Sites” for the purpose of this document means the individual sites chosen by the Interagency Leadership Team (IALT) to implement the evidence based home visiting model.
17. “Technical Assistance” for the purpose of this document means expert consultation regarding a range of evaluation research activities used in appraising the design, implementation, effectiveness, and efficiency of prevention and promotion activities and programs.

PROCEDURE

- A. Regarding Outcome, Process, Cost Evaluation, and Survey Research, the Contractor shall, under the guidance of the ADHS Office Chief of Assessment and Evaluation, BWCH:
 1. Develop a Benchmark plan identifies each evidence-based home visiting program and the specific tools and time periods for data collection for each performance measure

Bureau of Women's and Children's Health (BWCH) Resource Manual	DATE: September 2014 Revised: April 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health

SUBTITLE: State & Community Level Program Evaluation, & Data Collection Process

under the six Benchmark Areas. The plan also defines improvement for each performance measure;

2. Identify and incorporate appropriate core performance measures required by HRSA including benchmark and demographic measures ensuring that the MIECHV data collection tools align with the data collection processes in Healthy Families AZ, Nurse-Family Partnership and Parents As Teachers;
3. Work with Model Implementers, and where needed individual sites, to revise current data collection instruments and develop additional surveys, discussion guides, screening tools, and other data collection instruments, as needed.
4. Provide Spanish translation of data collection instruments, if requested;
5. Make available web-based data reporting and surveys, if requested, and possess the technological capacity to administer surveys or collect data via the Internet and to communicate and transfer files electronically;
6. Select and implement appropriate data analysis methods with benchmark data as required for DGIS reporting.
7. Collaborate with the Evaluation Sponsor & Model Implementers to ensure data collection forms and surveys are implemented at the funded sites as prescribed and set forth in the benchmark plan;
8. Collect, analyze and interpret data according to research plan including, but not limited to:
 - a. Benchmarks and constructs
 - b. Demographics
 - c. Service Delivery
 - d. Family Satisfaction with Home Visits
 - e. Referrals and referral services that were received
 - f. Priority Populations are being reached
 - g. The quality of implementation of evidence-based programs and practices,
 - h. Attrition
 - i. Other requirements set forth by HRSA

Bureau of Women's and Children's Health (BWCH) Resource Manual	DATE: September 2014 Revised: April 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health

SUBTITLE: State & Community Level Program Evaluation, & Data Collection Process

9. Create and maintain a project database to implement benchmark data collection via the Internet for Parents As Teachers, when implemented, to include the following:
 - a. Incorporate data elements from monthly report
 - b. Incorporate demographic, benchmark, and service delivery measures
 - c. Provide hard and electronic databases
 - d. Provide integration of data in the event of the establishment of a statewide data system when available
 10. Conduct Quality Assurance monitoring to include the following:
 - a. Provide monthly feedback to HV supervisors at all HV sites on data collection activities
 - b. Recommend "just-in-time" training to address data collection issues identified during monthly QA review
 11. Collect, analyze, and interpret data regarding staff and client satisfaction.
 12. Collect, analyze and interpret data regarding program fidelity.
 13. Maintain primary responsibility for data entry.
 14. Analyze and use existing data to determine trends, identify gaps, and suggest recommendations for CQI purposes.
 15. Prepare reports and presentations on:
 - a. Benchmark Attainment
 - b. Staff & Client Satisfaction
 - c. Program Fidelity
 - d. Quarterly Updates to HRSA
 16. Present plans and findings in written reports and in person so that material can be easily understood by people with minimal knowledge of evaluation research.
 17. Make available reports, data, and documentation in print and electronic versions.
- B. Regarding Evaluation Innovation for Expansion of MIECHV to Tribal Communities, the Contractor shall:

Bureau of Women's and Children's Health (BWCH) Resource Manual	DATE: September 2014 Revised: April 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health

SUBTITLE: State & Community Level Program Evaluation, & Data Collection Process

1. Conduct a process evaluation to measure progress through the program activities that focus on delineating a tribal capacity-building model for home visiting services. The process evaluation will examine the extent to which MIECHV competitive grant expectations are being met and the infusion of cultural competence and Native inclusion into each phase. Using the Community Based Participatory Evaluation (CBPE) logic model, the evaluation will use an expanded Theory of Change to guide the process evaluation.
2. Develop an AZ-MIECHV evaluation model with the Tribal Evaluation Workgroup.
3. Conduct a series of community meetings and sharing circles, identifying a grounding in indicators that are useful for community understanding and, ultimately, for people's decision-making for improved outcomes.
4. Prepare a matrix of evidenced based home visiting strategies together with the results of home visiting programs conducted with tribal communities. This matrix will be used with the Evaluation Team to communicate what indicators have been found to be successful in home visiting in tribal communities.
5. Work closely with the ADHS Native American Community Coordinator to ensure the voices of all stakeholders are heard and represented.
6. Create an Evaluation Workgroup for each Tribal Community that will drive the accomplishment of the following goals:
 - Establish evaluation practice that involves the community in determining priorities
 - Maintain dialogue with community to anchor evaluation within cultural and ethical practices
 - Develop guidelines and examples of evaluation components important to the community
 - Develop guidelines and examples of required evaluation components tied to funding
 - Remain transparent in evaluation and translation for community
7. Monitor fidelity of the PAT model based services in a way that is constantly informed by data, including the feedback of key stakeholders, to meet local cultural needs.

Bureau of Women's and Children's Health (BWCH) Resource Manual	DATE: September 2014 Revised: April 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health

SUBTITLE: State & Community Level Program Evaluation, & Data Collection Process

8. Use an exploratory study design at the initial stages of the evaluation followed by implementing a descriptive study to provide an in-depth description of the program expansion.
 9. Implement the evaluation methods (data sources, data collection, and timing, data analysis/synthesis and reporting) in accordance with the approved evaluation plan.
 10. Develop a dissemination plan in accordance with HRSA requirements and tribal requirements for review, interpretation and approval prior to dissemination.
- C. Regarding Staffing, the Contractor shall designate a sub-contractor as the Principal Evaluator to:
1. Oversee the evaluation activities for the MIECHV Program and serve as the primary contact. The Contractor will also designate the Senior Research Analyst for the contract. This individual shall, at a minimum:
 1. Assist the Principal Evaluator in leading all MIECHV program evaluation activities at the state and local levels
 2. Provide ongoing technical support to HV sites for administrative, programmatic, and data collection issues
 3. Attend quarterly HFA Supervisor Meetings conducted by DES
 4. Work with Evaluation Sponsor and local subcontractor(s) funded under the MIECHV grant program, as needed, to monitor progress and discuss evaluation-related problems that require immediate attention
 5. Coordinate collection of program data in order to meet federal reporting requirements
 6. The Principal Evaluator and/or designee will:
 - a. Attend monthly MIECHV Team Meetings at ADHS and attend quarterly State Task Force Home Visiting meetings and IALT meetings as requested
 - b. Ensure all staff working on MIECHV and handling MIECHV data are HIPAA certified
 - c. Ensure protection of data in all forms for storing, handling, and reporting
 - d. Collaborate with the Cross-site Team in informing and assisting any other data collection for the purposes of Cross-site Evaluation when mandated by HRSA

Bureau of Women's and Children's Health (BWCH) Resource Manual	DATE: September 2014 Revised: April 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health

SUBTITLE: State & Community Level Program Evaluation, & Data Collection Process

- D. Regarding the Coordinated Data Management System, the Contractor shall:
1. Work with ADHS and Social Solutions to develop Benchmark and ADHS-required reports in the ETO system.
 2. Conduct Quality Assurance of Reports generated in ETO for MIECHV.
 3. Respond to email and phone questions about programmatic data collection.
 4. Oversee data migration of Nurse Family Partnership MIECHV data into the ETO system once a bridge with NFP's NSO ETO system is established.
 5. Receive raw data exports from ETO system for data analysis
- E. Regarding the Community Readiness Assessment the Contractor shall:
1. Develop/Adapt the Home Visiting Community Readiness Assessment tool to assist in determining capacity building needs,
 2. Develop a template for reporting and assist the MIECHV Community Coordinator in compiling Community Readiness Reports,
 3. Review transcripts and notes from focus groups and community site visit reports conducted in 2012 and complete Community Readiness Assessment tool for each community,
 4. Assist the MIECHV Team in the interpretation of the results of the HVCRA for each state of readiness and make recommendations for capacity building at each stage based on results,
 5. Assist the MIECHV Community Coordinator in development of process for continual assessment of community readiness (e.g., development of community readiness survey and community readiness interview protocol),
 6. Develop a template for a capacity building action plan.

Bureau of Women's and Children's Health (BWCH) Resource Manual	DATE: September 2014 Revised: April 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health

SUBTITLE: State & Community Level Program Evaluation, & Data Collection Process

- F. Regarding Data Collection Training and Technical Assistance for Home Visitors and Supervisors, the Contractor shall:
- a. Design and conduct training for MIECHV home visitors and supervisors on data collection using the MIECHV data forms
 - b. Conduct training with all MIECHV home visitors throughout the year as sites are established
 - c. Develop materials for training purposes including copies of all data forms
 - d. Provide technical assistance on data collection to home visitors and supervisors on an ongoing basis
 - e. Maintain communication with ADHS on data transfer from HFAz and NFP
 - f. Develop and distribute "just-in-time" trainings for home visitor supervisors to use with home visitors when critical data collection issues are identified.
- G. Regarding Administrative Services, the Contractor shall:
1. Assist with the preparation and submission of a Mid-Year Report, as mandated by HRSA
 2. Assist with the preparation and submission of an End-of-Year Report, as mandated by HRSA
 3. Prepare and submit a monthly Contractor's Expenditure Report (CER), in accordance with the approved Contract Price Sheet and supporting documentation, as appropriate
 4. Participate in the preparation of other reports and presentations resulting from project findings
 5. Maintain regular communication and work closely with ADHS to:
 1. Ensure effective program implementation
 2. Notify ADHS regarding any changes to personnel and daily operations as issues arise, and
 3. Ensure timely response to ADHS requests for clarification, missing data or other requested information
- H. Regarding approvals, ADHS must approve the following:
1. Monthly Contractor's Expenditure Report (invoice/CER) shall be approved by ADHS prior to reimbursement,
 2. Contents of all plans, presentations and reports,

Bureau of Women's and Children's Health (BWCH) Resource Manual	DATE: September 2014 Revised: April 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health

SUBTITLE: State & Community Level Program Evaluation, & Data Collection Process


3. All data collected will be the property of ADHS; no report and/or publication shall be produced by the vendor without ADHS IRB approval and authorization of the MIECHV program and,
4. Appropriate human subjects exemption and/or IRB approvals shall be obtained to protect confidentiality of client-level data,

I. Regarding Contract Deliverables, the Contractor shall submit:

1. Monthly Contractor's Expenditure Report, within thirty (30) days following the 20th of the month
2. All data collection instruments developed under this contract in electronic format for further analysis in standard statistical softwares,
3. Cross-site evaluation data, semi-annually,
4. Benchmark and demographic data, quarterly,
5. Evaluation Section for Mid-Year Report by date designated by ADHS,
6. Evaluation Section for End-of-Year Report by date designated by ADHS.

J. References

References are located in the BWCH drive, Office of Children's Health MIECHV Resource Manual and include the SIR, Updated State Plan and Updated Data Plan.

Approved: 	Date: 8/30/16
Irene Burnton, Chief, Office of Children's Health	
The Primary Position of Responsibility for this policy is the Bureau of Women's and Children's Health. Users are encouraged to suggest improvements regarding this policy and procedure.	



STRONG FAMILIES AZ MIECHV BENCHMARKS

1. Maternal and Newborn Health

How it will be measured:

- Preterm Birth
- Breastfeeding: Increase in mothers who report any breastfeeding at 6 months postnatal
- Screening for Depression
- Well-Child Visits
- Postpartum care: Postpartum visit within 8 weeks of delivery
- Tobacco Cessation Referrals

- Continuity of Insurance Coverage

6. Improve Coordination and Referrals for Other Community Resources and Supports

How it will be measured:

- Completed Depression Referrals
- Completed Developmental Referrals
- Provision of Intimate Partner Violence Referrals

2. Child Injuries, Child Abuse, Neglect, or Maltreatment and Emergency Department Visits

How it will be measured:

- Safe Sleep: Increase in infants placed to sleep on their backs, without bed-sharing or soft bedding
- Visits by Children to Emergency Department for injury-related causes
- Child Maltreatment: Decrease in children with at least 1 investigated case of maltreatment

3. School Readiness and Achievement

How it will be measured:

- Parent-Child Interaction
- Early Language and Literacy Activities
- Screenings for Developmental Delay
- Behavioral Concerns

4. Domestic Violence

How it will be measured:

- Screenings for Intimate Partner Violence

5. Family Economic Self-Sufficiency

How it will be measured:

- Primary Caregiver Education

MIECHV DATA SNAPSHOT

ATTACHMENT B - Program Data Collection Process

The Arizona Department of Health Services was awarded funding to implement the Maternal, Infant and Early Childhood Home Visiting federal grant funded by Health Resources and Services Administration. The implementation phase began in October 2011, and as of this report, MIECHV is being implemented in the 15 home visiting program sites in Arizona. The home visiting programs include two evidence-based programs: Healthy Families Arizona (HFAz) and Nurse Family Partnership (NFP).

Service Levels & Selected Benchmarks 5/2012 through 8/2014¹

Enrollments / Service / Discharges	Total # & % of Families	Competitive Grant # & % of Families	Formula Grant # & % of Families
Cumulative Enrollment of Families	2299	1701	598
Families Actively Receiving MIECHV Home Visiting Services	1135	884	251
Cumulative Discharge	1164 / 2299 50.6%	817 / 1701 48.0%	347 / 598 58.0%
Benchmarks Selected by IALT for Continuous Quality Improvement²			
Benchmark 4.1 – Women screened for domestic violence by six-months postnatal	88.6%	90.4%	83.0%
Benchmark 1.6 – Average number of weeks of breastfeeding at six-months postnatal	12.64	12.88	11.83
Benchmark 1.7 – Percentage of children receiving 75% or more of AAP-recommended well-child visits by six-months postnatal	83.3%	84.4%	79.5%
Benchmark 2.3 – Percentage of families provided with information on the prevention of child injuries by 12-months postnatal	99.9%	99.8%	100.0%

Cumulative Year-to-Date Priority Populations Identified

- 67.8% Low income
- 21.8% Pregnant under age 21
- 67.7% Parental history experiencing child abuse or neglect
- 35.4% History of substance abuse or need treatment
- 7.0% Users of tobacco products in home
- 27.9% Parents with low student achievement
- 6.5% Have child with developmental delays/disabilities
- 6.0% Family member serving or formerly served in Armed Forces

Competitive Grant includes Healthy Families Arizona home visiting programs in Phoenix, Graham, Continental, and Apache Junction, and Nurse-Family Partnership home visiting programs in Tucson and Phoenix.

Formula Grant includes Healthy Families Arizona home visiting programs in Tucson, Casa Grande, Coolidge, Holbrook, and Winslow.

MEMORANDUM OF UNDERSTANDING
MOU No. #####

Memorandum of Understanding for Data Sharing ("MOU")

BETWEEN

ARIZONA DEPARTMENT OF HEALTH SERVICES ("ADHS")
PROGRAM NAME ("PROGRAM INITIALS/ABBREVIATION, if applicable")

AND

ENTITY ("ENTITY ABBREVIATION, if applicable")

DEFINITIONS. Capitalized terms used herein shall have the meanings set forth in this Section [1].

1. **"Authorized Employees"** means Entity's employees who have a need to know or otherwise access Highly-Sensitive Personal Information or Personally Identifying Information to enable Entity to perform its obligations under this MOU.
2. **"Authorized Persons"** means (i) Authorized Employees; and (ii) Entity's [contractors,] [agents,] [outsourcers] [and] [auditors] [as each is specified on Exhibit [EXHIBIT NUMBER] to this MOU] who have a need to know or otherwise access Highly-Sensitive Personal Information or Personally Identifying Information to enable Entity to perform its obligations under this MOU, and who are bound in writing by confidentiality obligations sufficient to protect Personal Information in accordance with the terms and conditions of this MOU.]
3. **"Highly-Sensitive Personal Information"** means an (i) individual's government-issued identification number (including social security number, driver's license number or state-issued identified number); (ii) financial account number, credit card number, debit card number, credit report information, with or without any required security code, access code, personal identification number or password, that would permit access to an individual's financial account; or (iii) biometric or health data.
4. **"Personally Identifying Information"** means information provided to Entity by or at the direction of ADHS Program abbreviation, or to which access was provided to Entity by or at the direction of ADHS Program abbreviation, in the course of Entity's performance under this MOU that: (i) identifies or can be used to identify an individual (including, without limitation, names, signatures, addresses, telephone numbers, e-mail addresses and other unique identifiers); or (ii) can be used to authenticate an individual (including, without limitation, employee identification numbers, government-issued identification numbers, passwords or PINs, financial account numbers, credit report information, biometric or health data, answers to security questions and other personal identifiers), in case of both sub-clauses (i) and (ii), including, without limitation, all Highly-Sensitive Personal Information. ADHS Program abbreviation 's business contact information is not by itself deemed to be Personal Information.
5. **"Security Breach"** means [(i)] any act or omission that [materially] compromises either the security, confidentiality or integrity of Personal Information or the physical, technical, administrative or organizational safeguards put in place by Entity [(or any Authorized Persons)] that relate to the protection of the security, confidentiality or integrity of Personal Information[, or (ii) receipt of a complaint in relation to the privacy practices of Entity [(or any Authorized Persons)] or a breach or alleged breach of this MOU relating to such privacy practices].

MEMORANDUM OF UNDERSTANDING

MOU No.

1. Term of the Agreement:

The Term of this MOU shall commence upon signature of both parties and shall continue for a period of three (3) years thereafter, unless terminated, canceled or extended as otherwise provided herein.

2. Contract Extension:

By mutual written contract amendment, this MOU may be extended for two (2) years. The total MOU term, including extension, shall not exceed a total of five (5) years from the effective date of the MOU.

3. Termination:

3.1 This MOU remains in effect until terminated in accordance with Provision One (1) of this section, or as otherwise provided below:

3.1.1 Termination without Cause

Both the ADHS and the **Entity** may terminate this MOU at any time with thirty (30) calendar day notice, in writing specifying the termination date. Such notices shall be given by personal delivery or by certified mail, return receipt requested.

3.1.2 Termination for Default

The ADHS reserves the right to terminate the MOU in whole or in part due to the failure of the **Entity** to comply with any material obligation, term or condition of the MOU, to acquire and maintain all required bonds, licenses and permits, or to make satisfactory progress in performing the MOU. The **Entity** should receive written notice detailing the area of non-performance and have thirty (30) days to correct non-performance prior to termination for default;

3.1.3 Cancellation for Conflict of Interest

Pursuant to A.R.S. § 38-511, the ADHS may cancel this MOU within three (3) years after MOU execution without penalty or further obligation if any person significantly involved in initiating, negotiating, securing, drafting or creating the MOU on behalf of ADHS is, or becomes at any time while the MOU or an extension of the MOU are in effect, an employee of or a consultant to any other party to this MOU with respect to the subject matter of the MOU. The cancellation shall be effective when the Entity receives written notice of the cancellation, unless the notice specifies a later time. If the Entity is a political subdivision of the ADHS, it may also cancel this MOU as provided in A.R.S. § 38-511; or

3.1.4 Mutual Termination

This MOU may be terminated by mutual written agreement of the parties specifying the termination date and the terms for disposition of property and, as necessary, submission of

MEMORANDUM OF UNDERSTANDING

MOU No.

required deliverables therein.

4. Utilization of Confidential Information:

- 4.1 **Entity** agrees to monitor Authorized Persons use of of ADHS **Program abbreviation** personally identifying data and not to use or disclose confidential medical information, Personally Identifying Information or Highly-Sensitive Personal Information other than as permitted by this MOU or as required by law,
- 4.2 **Entity** agrees to use appropriate safeguards to prevent a Security Breach, such as, but not limited to, the disclosure of confidential medical information, Personally Identifying Information or Highly-Sensitive Personal Information other than as provided by this MOU,
- 4.3 **Entity** agrees to mitigate, to the extent practicable, any harmful effect that is known to **Entity** from a use or disclosure of confidential medical information, Highly-Sensitive Personal Information, or Personally Identifying Information other than as provided by this MOU,
- 4.4 **Entity** agrees to report to the ADHS any Security Breach, including the use or disclosure of confidential medical information, Personally Identifying Information or Highly-Sensitive Personal Information not provided in this MOU of which it becomes aware, and
- 4.5 **Entity** agrees to ensure that any Authorized Persons, including any agent, or subcontractor to **Entity**, to whom **Entity** provides confidential medical information, Personally Identifying Information or Highly-Sensitive Personal Information received from the ADHS or created or received by **Entity** on behalf of the ADHS, agrees to the same restrictions and conditions that apply through this MOU to **Entity** with respect to such information.

5. Non-Discrimination:

The Parties shall comply with Executive Order 75-5 as modified by Executive Order 2009-09, which mandates that all persons, regardless of race, color, religion, sex, age, national origin or political affiliation, shall have equal access to employment opportunities, and all other applicable State and Federal employment laws, rules, and regulations, including the Americans with Disabilities Act. The Parties shall take affirmative action to ensure that applicants for employment and employees are not discriminated against due to race, creed, color, religion, sex, national origin or disability.

6. Records and Right of Inspection:

Under A.R.S. § 35-214 and § 35-215, the **Entity** shall retain all data and other records ("records") relating to the MOU for a period of five (5) years after the completion of the MOU. All records shall be subject to inspection and audit by ADHS at reasonable times. **Entity** shall provide ADHS the right of access to its facilities, servers, at all reasonable times, in order to monitor and evaluate performance, compliance, and/or quality assurance under this MOU.

7. Arbitration:

MEMORANDUM OF UNDERSTANDING

MOU No. #####

The parties to this MOU agree to resolve all disputes arising out of or relating to this MOU, after exhausting applicable administrative review, through arbitration to the extent required by A.R.S. §12-1518.

8. Amendment or Modifications:

No amendment or modifications to this MOU, including any amendment or modification of this paragraph, shall be effective unless the same is in writing signed by the Parties.

9. Arizona Law:

The law of Arizona applies to this MOU including, where applicable, the Uniform Commercial Code as adopted by the State of Arizona.

10. Relationship of Parties:

The **Entity** under this MOU is an independent entity. Neither party to this MOU shall be deemed to be the employee or agent of the other party to the MOU.

11. Severability:

The Provisions of this MOU are severable. Any term or condition deemed illegal or invalid shall not affect any other term or condition of the MOU.

12. No Parole Evidence:

This MOU is intended by the parties as a final and complete expression of their agreement. No course of prior dealings between the parties and no usage of the trade shall supplement or explain any terms used in this document.

13. No Waiver:

Either Party's failure to insist on strict performance of any term or condition of the MOU shall not be deemed a waiver of that term or condition even if the party accepting or acquiescing in the nonconforming performance knows of the nature of the performance and fails to object to it.

14. Headings:

Headings are for organizational purposes only and shall not be interpreted as having legal significance or meaning.

15. Advertising and Promotion of Contract:

The **Entity** shall not advertise, publish, or re-release any information for commercial benefit concerning this MOU without the prior written approval of an ADHS Procurement Officer and the ADHS Human Subject Review Board (HSRB).

MEMORANDUM OF UNDERSTANDING
MOU No. #####

16. Non-disclosure of data:

Entity shall not disclose, in whole or in part, the data described in this MOU to any individual or agency not specifically authorized by this MOU. **Entity** shall not disclose directly to, or use for the benefit of, any third party confidential information, knowledge or data acquired by virtue of its relationship with the other party named in this MOU, without the prior written approval of the other Party. It is understood and agreed by the Parties that the obligations of this paragraph shall survive the expiration of termination of this MOU.

17. Data Use and Ownership:

17.1 **Entity** may request data use approval from ADHS for development of papers or reports. Such papers or reports must have the specific written approval of the ADHS Human Subject Review Board (HSRB) before such products are submitted for presentation or publication.

17.2 ADHS shall be cited as the source of the data in all tables, reports, presentations, and scientific papers, and **Entity** or its corresponding authors shall be cited as the source of interpretations, calculations, and/or manipulations of the data.

17.3 **Entity** shall furnish a copy of a proposed publication or presentation or request approval to the ADHS HSRB for review and comment.

MEMORANDUM OF UNDERSTANDING
MOU No. #####

SCOPE OF WORK

1. Background

Customize for each MOU based on need.

2. Scope of Work

2.1 ADHS Program abbreviation will grant Entity the following access. Customize based on need.

2.2 Add any customized information that is needed.

2.3 ADHS will provide Entity Authorized Persons, access to databases and datasets specific to Entity after access is authorized by Program abbreviation. ADHS will provide the means and instructions by which Entity will access the data. Customize/revise as necessary.

3. Security of customize for specific data sharing/need

3.1

3.2 Entity Authorized Persons shall secure all print outs containing individual identifiers or confidential data, including, but not limited to print outs, government certificates and white copies, in a locked vault, file cabinet or other method necessary to protect the confidential information. Customize/revise as necessary

3.3 Entity warrants that at no time will the ADHS data be stored off Entity servers on an unencrypted device or unencrypted media and that at the termination of this MOU all stored ADHS stored files will be securely deleted and in the case of data disks, destroyed.

4. Other Security Measures:

The Entity agrees to:

4.1 Provide or continue to provide the ADHS with a description of the security measures that are in place to maintain the confidentiality of the data being received. These measures at a minimum should follow the recommendations for "Security Considerations for Applicants" prepared by the ADHS HSRB (See http://www.azdhs.gov/ops/oacr/documents/HSRB_SecurityChecklist.pdf).

4.2 Provide or continue to provide the ADHS with evidence that all Authorized Persons who have access to this data have signed confidentiality agreements that are on file with the Entity.

4.3 Provide or continue to provide the ADHS with a copy of their written procedure for notification of the actual or reasonable belief of a Security Breach to ADHS upon signature by both Parties to the MOU. The procedure shall include users of the data to immediately notify a designated individual at

MEMORANDUM OF UNDERSTANDING

MOU No.

the **Entity** and ADHS.

- 4.4 Maintain a log of all encrypted devices and identification numbers of those devices that are authorized to transmit, receive or store the information until the data is destroyed. The ADHS may request a copy of the log at any time during the term of the MOU or until the data is destroyed or returned to ADHS. The **Entity** is prohibited from storing the data on non-encrypted flash drives, CDs, external drives, smart phones or other non-networked hard drives.
- 4.5 Maintain an audit log of all parties who accessed or used the data and which devices provided the access or use. The ADHS may request a copy of the log at any time during the term of the MOU or until the data is destroyed or returned to ADHS.
- 4.6 Return to ADHS the original CD and any copies of the CD or of the data contained on the CD within ten (10) days of the termination of this MOU or proof of complete destruction of the original data and any copies or subsidiary data sets containing PHI which are developed from the original data. Destruction of any data shall be provided by the State Records Division or ADHS with written evidence of the destruction or return of the data.
- 4.7 Confidential Information:
 - 4.7.1 The **Entity** agrees that the Information shall not be released outside **Entity** or to those who aren't Authorized Persons.
 - 4.7.2 The **Entity** shall not use, or disclose to any third party, any data of ADHS In any manner whatsoever except for the various aspects of **Entity** work, and shall require that it's Authorized Persons who have access to such information maintain the same In strict confidence after the termination of this MOU; provided that the **Entity's** obligations hereunder shall not apply to Information that was already known to the receiving party prior to the time of first disclosure, as demonstrated by contemporaneous, written documentation; or
 - 4.7.3 At the time of disclosure is in the public domain, or after the date of the disclosure, lawfully becomes a part of the public domain other than through breach of this MOU by the receiving party; or
 - 4.7.4 Is received without any obligation of confidentiality from a third party having a legal right to disclose the same; or
 - 4.7.5 Is independently developed by the receiving party by individuals without access to such information, as demonstrated by contemporaneous, written documentation; or
 - 4.7.6 Is required to be disclosed by the receiving party pursuant to a legally enforceable order, subpoena, or other regulation (ORDER), provided, however, that the receiving party promptly notifies the disclosing party In advance of such disclosure and discloses only that information necessary to comply with said ORDER; or
 - 4.7.7 In the advent of an **Entity** Security Breach, pursuant to A.R.S. § 44-7501, the **Entity** and

MEMORANDUM OF UNDERSTANDING

MOU No.

ADHS shall collaborate with each other on the investigation, mitigation, remediation and, if necessary, breach notification of citizens. Pursuant to A.R.S. § 41-3507, the **Entity** and ADHS shall notify the Arizona Strategic Enterprise Technology (ASET) Statewide Information Security and Privacy Office (SISPO) immediately of any breach.

4.8 The Parties agree:

- 4.8.1 To carefully restrict use and access of ADHS **Program abbreviation** Personally Identifying Information and Highly-Sensitive Personal Information to those designated by the **Entity**. Any vital records provided by ADHS are for the use of the **Entity** only and no copies may be made of such records to provide to other individuals or entities for other purposes.
- 4.8.2 To prohibit identifying information about a person that was supplied under the terms of this MOU, from being released to anyone not working on **Entity** data collection and analysis.
- 4.8.3 To require all Authorized Persons to keep all such shared Information strictly confidential. The **Entity** shall provide a list to ADHS of all Authorized Persons who have access to or will be users of the data upon signature by both parties to the MOU and shall update the list should other persons be granted access to the data.
- 4.8.4 To communicate the requirements for this section to all officers, agents, and employees; discipline all persons who may violate the requirements of this section; and notify the originating party in writing within forty-eight (48) hours of any Security Breach, violation or corrective actions to be taken.
- 4.8.5 That pursuant to Paragraph Four (4), all Parties that have access to the data will participate in any training that shall be required or shall sign any documents that are reasonably necessary to keep both parties in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), including but not limited to, Business Associate Agreement, user confidentiality affirmation statement, HIPAA training certification or other HIPAA related compliance documents.
- 4.8.6 That all devices and servers which contain the Personal Health Information (PHI) shall be encrypted at a minimum to ASET State policies and standards. ASET State requirements are available at <http://aset.azdoa.gov/security/policies-standards-and-procedures>.
- 4.8.7 That the data shall only be accessed at locations which are considered physically secure far data access and use including but not limited to, specified **Entity** office or other authorized Capitol Mall locations. The data shall not be accessed at any public venue.
- 4.8.8 To meet on an as needed basis to discuss program developments and problem resolution.

5. Technical Support

- 5.1. **Program abbreviation** will provide **Entity** staff with the necessary method to allow the approved

MEMORANDUM OF UNDERSTANDING
MOU No. #####

participating **Entity** staff access to ADHS web-based applications. **If applicable**

- 5.2. ADHS Information Technology Services (ITS) will provide **Entity** with the necessary secure method to allow the approved participating **Entity** staff to access the ADHS-program specific databases and datasets. **If applicable**

6. Training/Outreach

- 6.1. Participating **Entity** staff utilizing the **name ADHS** systems shall first satisfy new-user training, complete necessary documentation and self-register as requested by the **Program abbreviation** training department. To schedule a training session, **Entity** shall call the **specify who they should contact**
- 6.2. Users of the **name ADHS** systems shall attend an annual refresher class offered by the **Program abbreviation** trainer(s) regarding system use and new policies and procedures.
- 6.3. **Any other information relevant to training and technical assistance..**

7. Notices, Correspondence and Reports

- 7.1. Notices, correspondence and reports from the **Entity** to ADHS shall be sent to:

Arizona Department of Health Services
Program Contact
18 W. Adams
Phoenix, AZ 85007
Phone: (602) xxx-xxxx
Fax: (602) xxx-xxxx

- 7.2. Notices, correspondence, and reports from ADHS to the **Entity** shall be sent to:

Entity information

MEMORANDUM OF UNDERSTANDING
MOU No. #####

9. Signatures/Approvals

FOR THE Entity

Arizona Department of Health Services:

Chief Procurement Officer

Date: _____ Date: _____

Bureau of Women’s and Children’s Health (BWCH) Resource Manual	DATE: March 2016; Revised July 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children’s Health

SUBTITLE: Nurse Family Partnership (NFP), Healthy Families (HF), and Parents As Teachers (PAT)

PURPOSE

The purpose of this document is to provide written guidelines for the Nurse Family Partnership (NFP) Program, the Healthy Families Program (HF), and the Parents As Teachers (PAT) Program of the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program to ensure services are delivered pursuant to the terms and conditions of the contract.

POLICY

The Nurse Family Partnership Program, Healthy Families Program, and Parents As Teachers Program will be implemented by ADHS sub-recipients/ contractors and will comply with all ADHS contracted tasks and deliverables as per contract requirements.

AUTHORITY

The implementation and enforcement of this policy is at the discretion of the Chief, Office of Children’s Health, of BWCH.

APPLICABILITY

This document applies to all individuals working within the MIECHV program.

DEFINITIONS

“ADCS” refers to the Arizona Department of Child Safety.

“ADHS” refers to the Arizona Department of Health Services.

“ADHS Evaluators” refers to the internal and external evaluators working for ADHS on the MIECHV program.

“AZ ETO” refers to Efforts to Outcomes, Arizona’s statewide home visiting data management system.

"Benchmark" for the purpose of this document means the Benchmarks laid out by HRSA in the Supplemental Information Request and further clarified in the Updated Plan. This definition includes any updates HRSA makes to these Benchmarks. This includes all the constructs which are parts of the benchmarks.

Bureau of Women's and Children's Health (BWCH) Resource Manual	DATE: March 2016; Revised July 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health

SUBTITLE: Nurse Family Partnership (NFP), Healthy Families (HF), and Parents As Teachers (PAT)
--

"BWCH" refers to the Bureau of Women's and Children's Health.

"CBPE" refers to Community Based Participatory Evaluation.

"CER" refer to Contractor Expenditure Report.

"CQI" refers to Continuous Quality Improvement.

"FTF" for the purposes of this document refers to the contractor which will enter into sub-contracts with tribal implementing agencies (TIA)

"HF" refers to Healthy Families.

"HHS" refers to Health & Human Services.

"HRSA" refers to Health Resources and Services Administration.

"IALT" refers to Inter Agency Leadership Team.

"LIA(s)" refers to the Local Implementing Agency(ies) service provider awarded the subcontract for implementing services by the Contractor's RFGA funded by this Agreement.

"MIECHV" refers to Maternal, Infant and Early Childhood Home Visiting Program.

"Models" refers to the Nurse Family Partnership, Healthy Families, and/or Parents As Teachers funded under this agreement.

"New Site" refers to a newly established program site for Nurse Family Partnership and/or Healthy Families funded under this Agreement.

Bureau of Women’s and Children’s Health (BWCH) Resource Manual	DATE: March 2016; Revised July 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children’s Health

SUBTITLE: Nurse Family Partnership (NFP), Healthy Families (HF), and Parents As Teachers (PAT)

“NFP” refers to Nurse Family Partnership.

“PAT” refers to Parents As Teachers.

"PCAs" refers to Primary Care Areas. A geographical unit of measurement identified by the ADHS Bureau of Public Health Statistics for disease surveillance and built from US 2000 Census Block Groups.

“Program Manager" refers to the Maternal Infant and Early Childhood Program Manager.

"RFGA" refers to Request for Grant Application.

“Site" refers to a location offering Nurse Family Partnership, Healthy Families, and/or Parents As Teachers under this Agreement.

“Target Community" refers to a Primary Care Areas (PCAs) identified by ADHS as being at high risk and eligible to received home visiting services under this Agreement.

“TIA(s)” refers to Tribal Implementing Agency(ies). The service provider awarded the tribal agreement to implement services as specified by this agreement.

“Tribal Expansion Site” refers to expansion site of Parents As Teachers in tribal communities.

PROCEDURE

A. The ADHS MIECHV Program Manager or appropriate ADHS staff will ensure that the Contractor shall conduct and oversee the Nurse Family Partnership (NFP), Healthy Families, and Parents as Teachers models in funded areas to:

- 1) Implement the appropriate model and provide home visits;

Bureau of Women's and Children's Health (BWCH) Resource Manual	DATE: March 2016; Revised July 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health

SUBTITLE: Nurse Family Partnership (NFP), Healthy Families (HF), and Parents As Teachers (PAT)

- 2) Work with the national model developer(s) to ensure fidelity to the model;
- 3) Provide all programs in accordance with the specifications of the national model;
- 4) Maintain NFP & HF accreditation and PAT affiliation.
- 5) Provide initial and ongoing training and professional development activities to the local implementing agencies, or obtained from the national model developer;
- 6) Conduct individualized assessments of participant families and provide services in accordance with those individual assessments;
- 7) Collect and provide data to the ADHS Evaluation team, and participate in CQI;
- 8) Meet program and reporting requirements including but not limited to submitting required reports and invoices on a monthly basis;
- 9) For NFP, hire a State Nurse Consultant to assist, support and mentor NFP nurses in the NFP model of home visiting and work with NFP programs throughout the state;
- 10) For NFP, become an authorized NFP site within ninety (90) days of the contract becoming effective.
- 11) Provide home visiting services through the NFP and HF models to eligible families in identified PCAs in Arizona, and to MIECHV Tribal Expansion Sites using the PAT model to eligible families.

Bureau of Women’s and Children’s Health (BWCH) Resource Manual	DATE: March 2016; Revised July 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children’s Health

SUBTITLE: Nurse Family Partnership (NFP), Healthy Families (HF), and Parents As Teachers (PAT)

12) Ensure participation by programs in the Tribal Expansion in the CBPE and CQI to assess effectiveness and PAT model fidelity. This provision shall be accomplished through ADHS providing funding to FTF to enter into tribal agreements with the tribal communities and through an IGA with the Navajo nation for MIECHV Tribal Expansion of PAT. The CBPE in the Tribal Expansion Sites will be carried out by an evaluator contracted with ADHS funded directly through ADHS MIECHV program.

B. The Contractor shall deliver to ADHS:

- 1) An implementation plan for each new site/area by the end of the first forty-five (45) days of the initiation of a new site. Tribal Expansion Site plans should include organizational capacity and leadership to implement and support the program, staff, and professional development, core services development, and quality assurance and evaluation of MIECHV Expansion and PAT Affiliate site requirements. Changes to the plan need to be reported to the Program Manager and approved before being implemented.
- 2) Monthly CERs that are due within twenty-one (21) calendar days following the end of the month and include all information as directed by the Program Manager on invoices for non-model mandated staff training. Supporting documentation is due with corresponding monthly CERs as requested by the ADHS Program Manager at a minimum of four (4) times during fiscal year.
- 3) Monthly Invoices including all information as directed by the Program Manager on Invoices. For staff training beyond what is required by the model, documentation of attendance shall be provided including a Certificate of Attendance and copy of e-mail of prior approval from ADHS;
- 4) Monthly Progress reports, due within twenty-one days following the end of the month using the ADHS report located in Section 10 of the Resource Manual;

Bureau of Women’s and Children’s Health (BWCH) Resource Manual	DATE: March 2016; Revised July 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children’s Health

SUBTITLE: Nurse Family Partnership (NFP), Healthy Families (HF), and Parents As Teachers (PAT)

- 5) Annual Reports to include updates on: work-to-date with national model developers, description of technical assistance and support provided to date through national models, curriculum and other materials, training and professional development activities obtained from the national model developer, staff recruitment, hiring, training and retention, family satisfaction with visit information, state of home visiting program caseloads, coordination between home visiting programs, and a discussion of challenges to maintaining quality and fidelity of each home visiting program and response to the issues identified;
 - 6) Data to the ADHS evaluator and any cross site evaluation team within the timeframe outlined in the data and evaluation plans and latest revisions thereof.
 - 7) Collected and entered participant data in the AZ ETO within two (2) weeks of data collection including all individual-level benchmarks, demographic and service-utilization data on the participants in the NFP and HF programs, which shall at least meet the federal requirements for individual-level data.
 - 8) Collected and provided Unidentified Data to the ADHS evaluator (for Tribal expansion programs) and any cross site evaluation team within the timeframe outlined in the data and evaluation plans and latest revisions thereof including all individual-level benchmarks, demographic and service-utilization data on the participants in the PAT programs, which shall at least meet the federal requirements for individual-level data.
- C. For Tribal Expansion Sites, the Contractor shall also ensure compliance with PAT Expansion and MIECHV monitoring and data collection requirements, benchmarks, and model affiliate quality assurance with the following understandings:

Bureau of Women’s and Children’s Health (BWCH) Resource Manual	DATE: March 2016; Revised July 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children’s Health

SUBTITLE: Nurse Family Partnership (NFP), Healthy Families (HF), and Parents As Teachers (PAT)

1. The tribe owns the data and the results and agrees to release the results of the Benchmark data, with no family or child identifiers to the MIECHV evaluators for use to report to HRSA in aggregate across all MIECHV programs on progress of the expansion of PAT to tribal communities;
2. The tribe agrees to provide unique identifiers for families involved in the MIECHV home visiting program;
3. The tribe agrees to allow the MIECHV Parent Educator to collect tribal council approved data according to the MIECHV Benchmark Plan during the home visits with MIECHV families using PAT home visiting forms and MIECHV forms, as needed;
4. The tribe agrees to recommend five (5) to six (6) people to participate in a community-based Evaluation Workgroup to assist the MIECHV Evaluator in finalizing the evaluation questions;
5. The tribe agrees to participate in answering the evaluation questions determined by the community-based Evaluation Workgroup; and
6. The tribe agrees to release tribal council approved data collected through the evaluation questions to the MIECHV evaluators for analysis that includes no family or child identifiers.
7. The tribe further agrees to allow the following process for completion of the evaluation report:
 - a) MIECHV Evaluators shall analyze the data collected through the evaluation questions;
 - b) Community-based Evaluation Workgroup and MIECHV Evaluators shall collaborate in the interpretation of the results;
 - c) MIECHV Evaluators shall write the draft of the evaluation report with input from the Evaluation Workgroup;
 - d) The Evaluation Workgroup shall read and review the evaluator report and provide feedback on the report, and
 - e) MIECHV Evaluators shall finalize the evaluation report and provide to the Tribal Council for approval to submit to HRSA as a requirement of funding.


Bureau of Women’s and Children’s Health (BWCH) Resource Manual	DATE: March 2016; Revised July 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children’s Health

SUBTITLE: Nurse Family Partnership (NFP), Healthy Families (HF), and Parents As Teachers (PAT)

- D. The ADHS MIECHV Program Manager or appropriate ADHS staff will ensure that the following Requirement is met: The Health and Human Services (HHS) Appropriations Act requires that when issuing statements, press releases, request for proposals, bid solicitations, and other documents describing projects or programs funded in whole or in part with Federal money, all grantees receiving Federal funds, including but not limited to State and local governments, shall clearly state the percentage of the total costs of the program or project which will be financed with Federal money, the dollar amount of Federal funds for the project or program, and percentage and dollar amount of the total cost of the project or program that will be financed by non-governmental sources.
- E. The ADHS MIECHV Program Manager or appropriate ADHS staff must approve any marketing or educational materials, promotional items, and/or media but not limited to brochures, posters, publications or journal articles developed using funds awarded under this contract. The process for this approval is as follows:
- 1) A draft of the materials shall be submitted to the ADHS Program Manager for approval prior to printing.
 - 2) A copy of the final printed version shall be provided to the ADHS Program Manager for each item created.
 - 3) All marketing or educational materials shall bear the following “Funded in part by the Bureau of Women’s and Children’s Health as made available through the Arizona Department of Health Services, through the ACA *Maternal and Infant and Early Childhood Home visiting Program Grant*”, and must include the ADHS logo and the Strong Families AZ logo as required”
- F. For specific Monthly Monitoring Procedure requirements please refer to Section 10 of this Resource Manual.

Bureau of Women's and Children's Health (BWCH) Resource Manual	DATE: March 2016; Revised July 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health

SUBTITLE: Nurse Family Partnership (NFP), Healthy Families (HF), and Parents As Teachers (PAT)

Approved: 	Date: <u>8/30/16</u>
Irene Burnton, Chief, Office of Children's Health	
The Primary Position of Responsibility for this policy is the Bureau of Women's and Children's Health. Users are encouraged to suggest improvements regarding this policy and procedure.	

Bureau of Women’s and Children’s Health (BWCH) Resource Manual	DATE: September 2014
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children’s Health

SUBTITLE: Family Spirit – White Mountain Apache Tribe (WMAT) Program

PURPOSE

The purpose of this document is to provide written guidelines for the Family Spirit- WMAT Program of the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program to ensure services are delivered pursuant to the terms and conditions of the contract.

POLICY

The Family Spirit-WMAT Program will be conducted by ADHS sub-recipients/contractors and will comply with all ADHS contracted tasks and deliverables as per contract requirements.

AUTHORITY

The implementation and enforcement of this policy is at the discretion of the Chief, Office of Children’s Health, of BWCH.

APPLICABILITY

This document applies to all individuals working within the MIECHV program.

DEFINITIONS

"ADE" refers to the Arizona Department of Education

"ADCS" refers to the Arizona Department of Child Safety

"ADHS" refers to the Arizona Department of Health Services

"ADHS Evaluators" refers to the internal and external evaluators working for ADHS of the Maternal, Infant, and Early Childhood Home Visiting Program.

"Benchmark" for the purpose of this document refers to standards of measures and evaluation and means the Benchmarks laid out by HRSA in the Supplemental Information Request and further clarified in the Updated Plan. This definition includes any updates HRSA makes to these Benchmarks This includes all the Constructs which are part of the Benchmarks

“Constructs” refers to individual measures listed in each Benchmark. The Constructs for the covered measures can be found in the Supplement Information Request and further clarified in the Updated State Plan

Bureau of Women's and Children's Health (BWCH) Resource Manual	DATE: September 2014
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health
SUBTITLE: Family Spirit – White Mountain Apache Tribe (WMAT) Program	

"Covered Benchmarks" are the benchmarks that White Mountain Apache Tribe agrees to provide information on, including all constructs for these benchmarks. These benchmarks are:

- Benchmark One (1) Improved Maternal and Newborn Health,
- Benchmark Three (3) Improvements in School Readiness and Achievement,
- Benchmark Five (5) Family Economic Self-Sufficiency, and
- Benchmark Six (6) Coordination and Referrals for other Community Resources and Support

"CQI" refers to Continuous Quality Improvement

"HRSA" refers to Health Resources and Services Administration

"IALT" refers to the Inter-Agency Leadership Team

"Program Manager" refers to the Maternal Infant and Early Childhood (MIECHV) Program Manager

"Site" refers to the Supplemental Information Request issued by HRSA

"WMAT" refers to the White Mountain Apache Tribe

PROCEDURE

A. The ADHS Program Manager or appropriate ADHS staff will ensure that the Contractor shall implement, conduct and oversee the Family Spirit program as follows:

1. The Contractor shall be responsible for:
 - 1.1 Submitting an implementation plan, due to ADHS by the end of the first forty-five (45) days of the initiation of the Agreement;
 - 1.2 Working with the national model developer, Johns Hopkins University, and a providing a description of the technical assistance and support to be provided through the University;
 - 1.3 Recruiting, hiring, and retaining appropriate staff for all positions;

Bureau of Women's and Children's Health (BWCH) Resource Manual	DATE: September 2014
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health

SUBTITLE: Family Spirit – White Mountain Apache Tribe (WMAT) Program

- 1.4 Ensuring high quality clinical supervision and reflective practice for all home visitors and supervisors;
- 1.5 Obtaining the curriculum or other materials needed to implement Family Spirit with fidelity;
- 1.6 Providing initial and ongoing training and professional development activities including a description of how and what type of training will be provided by or through Johns Hopkins University;
- 1.7 Identifying, screening, and recruiting participants;
- 1.8 Conducting individualized assessments of participant families including a description of what assessments shall be used and how services shall be provided in accordance with those individual assessments;
- 1.9 Assuring that services shall be provided on a voluntary basis, and
- 1.10 Assuring that priority shall be given to serve eligible participants who have the following risk factors: Have low incomes, Are pregnant women who have not attained age twenty-one (21), Have a history of child abuse or neglect or have had interactions with child welfare services, Have a history of substance abuse or need substance abuse treatment, Are users of tobacco products in the home, Have, or have children with, low student achievement, Have children with developmental delays or disabilities, and, Are in families that include individuals who are serving or have formerly served in the armed forces, including such families that have members of the armed forces who have had multiple deployments outside of the United States.
- 1.11 Minimizing the attrition rates for participants enrolled in the program;
- 1.12 Estimating a timeline to reach maximum caseload in each location;
- 1.13 Operationalizing the coordination between the proposed home visiting program(s) and other existing programs and resources in those communities, especially regarding health, mental health, early childhood development, substance abuse, domestic violence prevention, child maltreatment prevention, child welfare, education, and other social and health services;
- 1.14 Establishing a system of referrals for families with identified needs, including follow up to ensure referred services were received;

Bureau of Women's and Children's Health (BWCH) Resource Manual	DATE: September 2014
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health

SUBTITLE: Family Spirit – White Mountain Apache Tribe (WMAT) Program

- 1.15 Developing, maintaining and updating a list of collaborative public and private partners;
 - 1.16 Monitoring data for quality;
 - 1.17 Measuring family satisfaction with visits;
 - 1.18 Participating in the MIECHV CQI committee;
 - 1.19 Anticipating challenges to maintaining quality and fidelity, and responding to the issues identified;
 - 1.20 Describing data collection instruments, data entry, management of case notes, and data quality assurance process, and
 - 1.21 Describing the partnership and coordination between the White Mountain Apache Tribe, Johns Hopkins University, ADHS and the ADHS external evaluation team
2. The Contractor shall Implement, conduct and evaluate the Family Spirit home visiting program and:
- 2.1 Comply with the Family Spirit Model as outlined by Johns Hopkins University;
 - 2.2 Collaborate with Johns Hopkins University to implement and monitor the Family Spirit program;
 - 2.3 Subcontract with Johns Hopkins University to evaluate the program in accordance with the requirements laid out in the Supplemental Information Request and Updated Plan and its revisions. WMAT agrees to share these reports with ADHS to meet the federal reporting requirements of the grant;
 - 2.4 Supply ADHS with a copy of all subcontracts funded through this Agreement, including that with Johns Hopkins University;
 - 2.5 Ensure program implementation and set-up period does not exceed ninety (90) days, provided that all Tribal and Institutional Review Board (IRB) approvals are secured within that timeframe;
 - 2.6 Implement Family Spirit with fidelity to the model;
 - 2.7 Provide home visits for at least one hundred fifty (150) families through the Family Spirit Program over the grant period;

Bureau of Women’s and Children’s Health (BWCH) Resource Manual	DATE: September 2014
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children’s Health

SUBTITLE: Family Spirit – White Mountain Apache Tribe (WMAT) Program

- 2.8 Provide referrals to community resources for families with identified needs;
 - 2.9 Ensure that all staff attend ADHS sponsored meetings, trainings, and conference calls and/or webinars as directed;
 - 2.10 Ensure subcontractor Johns Hopkins University conducts data analysis every six (6) months of benchmarks, demographic, and CQI measures; Johns Hopkins University will also conduct an additional annual data report. WMAT agrees to provide these reports to ADHS; and
 - 2.11 Fulfill with subcontractor, Johns Hopkins University, the requirements of a promising practice outlined in the SIR (Supplemental Information Report)
3. The Contractor shall cooperate with ADHS by providing data and reports on program performance including but not limited to:
- 3.1 Participate in CQI committee
 - 3.2 Track that referred services were received or document the reason why the services were not received
 - 3.3 Cooperate with ADHS program evaluation team to supply de-identified aggregate benchmark and construct data for families served through this grant including:
 - 3.3.1 The tribe agrees to ongoing discussion with ADHS about the remaining benchmarks, Benchmark Two (2) Prevention of Child Injuries, Child Abuse, Neglect, or Maltreatment, and Reduction of Emergency Department Visits and Benchmark Four (4) Domestic Violence, and share the constructs within these benchmarks as they are willing and able;
 - 3.3.2 Ensure that all of the Program forms and visit notes are kept in a locked location and are transported in a locked file;
 - 3.3.3 Be responsive and ensure timely response to ADHS Program Managers and Evaluators to any request for clarification, reports and/or any questions regarding program implementation and evaluation;
 - 3.3.4 Provide additional information in the format and medium requested

Bureau of Women's and Children's Health (BWCH) Resource Manual	DATE: September 2014
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health

SUBTITLE: Family Spirit – White Mountain Apache Tribe (WMAT) Program

3.3.5 Submit Monthly invoices due to the Program Manager within fifteen (15) days following the end of the month to include Number of visits completed and Number of visits per staff member. Number of Families served and Staff training of attendance shall also be provided including a Certificate of Attendance; Include a copy of e-mail prior approval from ADHS for trainings that are beyond those required by the model.

3.3.6 Submit Monthly Progress Reports in compliance with federal reporting requirements. Monthly Progress Reports are due within fifteen (15) days following the end of the Month. The reports will be submitted to the Program Manager on the form provided and will include at least: Number of referrals made, Number of referral services received, and New partnerships formed. (See Attachment A for example)

3.3.7 In addition, the monthly report should outline successes and challenges including, but not limited to: Recruitment, Home visits, Referrals, Staffing, Professional Development, Training, Number of referrals made, and Number of referral services received

3.3.8 The name, phone numbers, and Resume of program staff if replaced, within fifteen (15) days of hire

4. The tribe and/or subcontractor will work with the program evaluator to establish a format for submitting covered benchmark and construct data so that the MIECHV program can be in compliance with federal reporting requirements The data shall be submitted in the agreed upon format; and

5. All required reports shall be written by the tribe and/or its subcontractor specifically reporting data and analysis of benchmarks and contracts


B. Reference Documents

1. Supplemental Information Report
2. Arizona's Maternal, Infant and Early Childhood Updated Plan (also referred to as the Update Plan and/or Updated State Plan)
3. Data Plan (upon completion by the ADHS evaluator after requirements are received by the State)

Bureau of Women's and Children's Health (BWCH) Resource Manual	DATE: September 2014
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health

SUBTITLE: Family Spirit – White Mountain Apache Tribe (WMAT) Program

C. For additional specific Monthly Monitoring Procedure requirements please see Section 10 of this Resource Manual.

Approved: 	Date: <u>8/30/16</u>
_____ Irene Burnton, Chief, Office of Children's Health	
The Primary Position of Responsibility for this policy is the Bureau of Women's and Children's Health. Users are encouraged to suggest improvements regarding this policy and procedure.	

Bureau of Women’s and Children’s Health Resource Manual	DATE: September 2014; Revised 7/21/16
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program Grant	SECTION: Children’s Health

SUBTITLE: Family Engagement Guidelines

PURPOSE

The purpose of this policy and procedure is to provide written guidelines for Family Engagement within the Maternal, Infant and Early Childhood Home Visiting Program (MIECHV).

POLICY

The Arizona Department of Health Services (ADHS) will encourage the involvement of families and young adults regarding policies, programs, and practices that affect home visiting services in the State of Arizona. In addition, ADHS will ensure that families and young adults partner with agencies in decision-making at the state and local level of the home visiting system.

AUTHORITY

The implementation and enforcement of this policy is at the discretion of the Chief, Office of Children’s Health, BWCH.

APPLICABILITY

This policy and procedure applies to all individuals working within the MIECHV program.

PROCEDURE

- A. The MIECHV Community Coordinator (Note: Position expires on 9/30/16) will work with Home Visiting Coordinators (Note: Positions expire on 9/30/16) and the ADHS Office of Children with Special Healthcare Needs (OCSHN) to establish a family engagement program at the state and local level. The following actions will take place:
 - The MIECHV Community Coordinator, with input from the Program Manager of the Office of Children with Special Healthcare Needs (OCSHN) will utilize the Family Engagement Activity Planning Guide (See DRAFT Attachment A) for Family Engagement within the MIECHV Program;
 - The Family Engagement Activity Planning Guide shall include a timeline, specific activities, and a budget.
- B. Upon completion of the actions listed in section A, the following will occur:

Bureau of Women's and Children's Health Resource Manual	DATE: September 2014; Revised 7-21-16
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program Grant	SECTION: Children's Health

SUBTITLE: Family Engagement Guidelines

- 1) Recruitment of Families
 - The MIECHV Community Coordinator will work with local Home Visiting Coordinators and members of the Strong Families Arizona (SFaz) Alliance and Interagency Leadership Team (IALT) to identify one or preferably two parents to serve on each local home visiting coalition and SFaz Alliance.
- 2) Training
 - Families identified to be a part of the local community coalition or SFaz Alliance, must complete 5 hours of training from the Office of Children with Special Healthcare Needs (OCSHN) sponsored organization Raising Special Kids;
- 3) Placement
 - After training is completed families will be given the dates and times of coalition meetings and participate in said meetings;
- 4) Invoice submission
 - When families attend the SFaz Alliance meetings they will receive a time sheet from the MIECHV Community Coordinator, and when families attend local coalition meetings they will receive a Time Sheet from the Home Visiting Coordinator which must be submitted to the MIECHV Community Coordinator by the 15th of each month (See Attachment B);
 - The MIECHV Community Coordinator will submit all parent time sheets to the OCSHN Program Manager, who will then submit the time sheets to Raising Special Kids for payment to parents;
 - The MIECHV Community Coordinator will track that parents receive timely payment and resolve any problems that may arise in relation to payments.
- 5) Implementation
 - The MIECHV Community Coordinator and Home Visiting Coordinators will communicate with families who do not attend two (2) consecutive regular meetings to assess their continued interest and to provide any needed information or support.
 - By December 1, 2014, the MIECHV Community Coordinator will ensure that there is at least one parent on the SFaz Alliance.
 - By April 1, 2015 the MIECHV Community Coordinator will ensure that there is


Bureau of Women's and Children's Health Resource Manual	DATE: September 2014; Revised 7-21-16
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program Grant	SECTION: Children's Health

SUBTITLE: Family Engagement Guidelines

at least one parent on all local coalitions overseen by the Home Visiting Coordinator.

6) Review

- The MIECHV Community Coordinator will report quarterly on the number of parents on the SFAz Alliance and local coalitions over seen by the Home Visiting Coordinator;
- The MIECHV Community Coordinator will ensure that any vacancies on the either the SFAz Alliance or local coalitions are replaced within ninety (90) days;
- The MIECHV Community Coordinator will ensure that a Parent Satisfaction survey report is completed annually and will report results to the IALT.

Approved: 	Date: 8/30/16
Irene Burnton, Chief, Office of Children's Health	

The Primary Position of Responsibility for this policy is the Bureau of Women's and Children's Health.
Users are encouraged to suggest improvements regarding this policy and procedure.



ATTACHMENT A -
Arizona Department of Health Services
Family Engagement Activity Planning Guide
 Building Partnerships for Quality Care
 SOLICITATION NO: HP932196

**ARIZONA DEPARTMENT
 OF HEALTH SERVICES**

Contact Name: _____	Phone Number: <u>602-364-xxxx</u>
Date: _____	Division/Program: <u>Children's Health/MIECHV</u>
Project/Activity Date: Start and end date	10-1-20xx through 9-30-20xx

<p>Activity: A detailed description of the project or activity that can include but not limited to focus group, work groups, health fairs, program planning committee, advisory board/group, conference, meetings, resource/document or webpage review, presentation, program or contract/grant evaluation or seminar/training content.</p>	<p>The Office for Children with Special Health Care Needs has a long history of involving parents/family members of children and young adults with special health care needs in systems level activities. Because of this, the Maternal, Infant and Early Childhood Home Visiting Program (MIECHV) are expressing interest to the Office of Children with Special Health Care needs to solicit Raising Special Kid to identify/recruit parents or family members of a child or young adult with special health care needs to participate in one of the MIECHV team meetings.</p> <p>Strong Families Alliance</p> <ul style="list-style-type: none"> ➤ The Strong Families Task Force is a collaboration of 62 agencies with 92 members from home visiting programs within the State of Arizona; the goal of the task force is to build the infrastructure for a home visiting system; ➤ The Task Force meets quarterly. ➤ Participant's role on the Strong Families Alliance will be to : <ul style="list-style-type: none"> ▪ Communicate the experiences of a family receiving home visiting services. ▪ Serve as a reviewer for documents such as (policies, webpages, evaluations and seminar/training materials) developed during meetings. <p>Coordination and Referral Workgroup</p> <ul style="list-style-type: none"> ➤ The Coordination and Referral Workgroup is a sub-committee of the Strong Families Alliance. ➤ The workgroups goal is to create a coordinated system of local referral sites that reflects best practices, that is community driven, that works in large and small communities, is sustainable and that has a linkage to the state level. ➤ The workgroup meets quarterly. ➤ Participant's role on the workgroup will be to : <ul style="list-style-type: none"> ▪ Communicate the experiences of a family receiving home visiting services. ▪ Serve as a reviewer for documents such as (policies, webpages, evaluations and seminar/training materials) developed during meetings. ▪ Participants will provide valuable feedback regarding the administration of the MIECHV grant. <p>Strong Families Home Visiting Coalitions</p> <ul style="list-style-type: none"> ➤ The Strong Families Home Visiting Coalitions is a collaboration of regional home visiting programs that address issues and build infrastructure for the home visiting system at a local level. ➤ The following Counties have local home visiting or early childhood coalitions; <ul style="list-style-type: none"> ▪ Gila County ▪ Navajo County ▪ Graham/Greenlee County ▪ Mohave/La Paz County ▪ Cochise County ▪ Pima County ▪ Pinal County ➤ Meeting Times for 2014 are to be determined ➤ Participant's role on the workgroup will be to : <ul style="list-style-type: none"> ▪ Communicate the experiences of a family receiving home visiting services. ▪ Serve as a reviewer for documents such as (policies, webpages, evaluations and seminar/training materials) developed during meetings. ▪ Participants will provide valuable feedback regarding the administration of the MIECHV grant. <p>Other participants in workgroups include individuals from home visiting programs, community agencies and other planners at the State agency, county, tribal, local governments as well as from private sector entities.</p>
--	--

ATTACHMENT A

Family Engagement Activity Planning Guide

Total Number of Projected Hours: 156 total hours	<ul style="list-style-type: none"> ➤ Up to _____ hours for Raising Special Kids to recruit parents or family member of children with special healthcare needs. ➤ Up to 112 hours for Home Visiting Coalition Meetings ➤ Up to 16 hour for Strong Families Task Force Meetings ➤ Up to 28 hour for Coordination and Referral Work Group Meetings
Number of participants needed:	<ul style="list-style-type: none"> ➤ Up to 9 family members to share their perspectives of receiving direct home visiting services in Arizona
Method of Involvement: Will the activity/project require regularly scheduled meetings during business hours; will it require a meeting face to face or will partners be able to use other technological methods such as teleconferencing, e-mail exchange, webcast, etc.?	<ul style="list-style-type: none"> ➤ Participation will require availability during normal scheduled business hour, for 3 hours per scheduled meeting. ➤ Participants can attend up to three face to face meetings during the calendar year and can attended up to ten meetings by teleconference, or webcast. ➤ Participants will need to complete follow up emails and/or phone calls and/ or meeting notes to the program manager. ➤ Participants will need to provide a meeting agenda to the program manager after every meeting.
Resources: What resources will be needed by the partners to participate? (i.e., computer, Internet access, telephone, transportation, etc.)	<ul style="list-style-type: none"> ➤ Participants must have e-mail or fax to receive and send back important information, meeting minutes and note; they must also have telephone to ask and answer questions, transportation to and from required meetings, computer with internet and commitment to participate in scheduled meetings.
Desired Experience: Describe what would be helpful qualifications for the participant to have. Example: leadership training, experience or training at chairing a committee, knowledge of a system of care (for example CRS) etc.	<ul style="list-style-type: none"> ➤ Participants must have the ability to present information to a small or large audience and willingness to continue developing skills as a presenter; ➤ Excellent interpersonal, oral and written communication skills; ➤ Ability to prepare written report/summary/evaluation of events or meetings; ➤ Willingness and ability to provide families perspective within various groups contexts. ➤ Participants must have received or have direct experience with home visiting.
Deliverables: What will the Contractor need to create and deliver to ADHS requestor as part of their contracting obligation? Deliverables can include but not limited to requirement documentation as identified in contract deliverables, presentation slideshow, design documents, article and training curriculums.	<ul style="list-style-type: none"> ➤ Monthly timesheet ➤ Monthly reporting highlighting the type of approved projects activities (presentation, meeting, training, teleconferences calls, etc.) including: ➤ Successes ➤ Challenges, including any obstacles experienced and they needed follow-up by MIECHV ➤ New contacts to share with MIECHV ➤ Copy of the meeting or training agenda (topic of training or meeting) ➤ Copy of the meeting or training sign-in sheet (who was in attendance, how many people) ➤ Summary of evaluation results, if appropriate
ADHS Requestor: _____	Date: _____
ADHS Approval: _____	Date: _____

Attachment B - Family Engagement - Time Sheet

Arizona Department of Health Services
Bureau of Women's and Children's Health
Office for Children with Special Health Care Needs

Time Sheet : Family & Youth Advisor

Name : _____

For the Period from	9/1/2014	To	9/30/2014	Total Hours	0
---------------------	----------	----	-----------	-------------	---

Week 1	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Total Hours
			09/01	09/02	09/03	09/04	09/05	
Office								0
Remotely								0

Week 2	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Total Hours
	09/06	09/07	09/08	09/09	09/10	09/11	09/12	
Office								0
Remotely								0

Week 3	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Total Hours
	09/13	09/14	09/15	09/16	09/17	09/18	09/19	
Office								0
Remotely								0

Week 4	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Total Hours
	09/20	09/21	09/22	09/23	09/24	09/25	09/26	
Office								0
Remotely								0

Week 5	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Total Hours
	09/27	09/28	09/29	09/30				
Office								0
Remotely								0

Certification : I hereby certify that the attendance reported for the period is correct and that I have performed services on the days for which hours worked are indicated. Any future hours submitted are my best estimate and I will report any necessary adjustments. I understand that any falsification on my time sheet may subject me to disciplinary action and/or legal prosecution.

Signature Date

MIECHV Program Manager Signature Date

Office Chief's Signature Date

Bureau of Women’s and Children’s Health Resource Manual	DATE: September 2014
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program Grant	OFFICE: Children’s Health

SUBTITLE: Coalition Member Agency Agreement Guidelines

PURPOSE:

The purpose of this document is to provide written guidelines for Coalition Member Agency Agreements within the Maternal, Infant and Early Childhood Home Visiting Program (MIECHV), to encourage and enhance community partnerships within the Strong Families AZ Alliance (SFAz Alliance).

POLICY:

Coalition Member Agency agreements may be established between two or more parties to establish community partnerships and to define the terms of these relationships within the SFAz Alliance.

AUTHORITY

The implementation and enforcement of this policy is at the discretion of the Chief, Office of Children’s Health, BWCH.

APPLICABILITY

This document applies to all individuals working within the MIECHV program.

BACKGROUND


- A. A Coalition Member Agency Agreement is executed when member agencies join the SFAz Alliance. The following actions will take place:
- New SFAz Alliance members will receive a copy of the Agreement. (Please see Attachment A)
 - The MIECHV Community Coordinator will monitor the progress of the agreements and follow up with organizations to ensure they sign the agreement.
 - Upon receipt of the signed agreement, the MIECHV Project Specialist will file and archive all signed agreements and report progress to the SFAz Alliance.

Bureau of Women's and Children's Health Resource Manual	DATE: September 2014
SUBJECT: Maternal, Infant and Early Childhood Home Visiting Program Grant	OFFICE: Children's Health

SUBTITLE: Coalition Member Agency Agreement Guidelines

B. MIECHV Partnerships with New Agencies

- Responses to agencies requesting to enter into an agreement with the SFAz Alliance will be given within 60 days.

Approved:  _____ Irene Burnton, Chief, Office of Children's Health	Date: <u>8/30/16</u>
The Primary Position of Responsibility for this policy is the Bureau of Women's and Children's Health. Users are encouraged to suggest improvements regarding this policy and procedure.	



ATTACHMENT A – Agency Agreement

The Strong Families AZ Home Visiting Alliance is composed of any agencies, organizations and individuals interested in home visiting for young children and their families. The purpose of the Alliance is networking and resource sharing related to early childhood home visiting and providing input/feedback on issues related to the development and enhancement of home visiting in Arizona.

The Strong Families AZ Alliance provides:

- The opportunity to meet with other home visiting and family support programs to share information and collaboratively plan to serve young families;
- Professional development opportunities to strengthen the state home visiting infrastructure of highly qualified home visitors and inform parents of resources and supports;
- Quarterly updates on developments in home visiting; and
- The opportunity to participate in workgroups on special issues.

As an alliance member, I agree to:

- Attend Alliance meetings held quarterly
- Have my agency listed as a partner
- Provide input and expertise on home visiting issues
- Participate in professional development, training, and networking opportunities made available to the alliance when applicable
- Receive updates through Constant Contact
- Participate on Alliance work groups as they are appropriate to my agency

Partnership Agreement Signature

Full Name

Date

Organization

E-mail address

Address

Phone number

Send completed agreements to Barbara.Valenzuela@azdhs.gov

Visit us at www.strongfamiliesaz.com

Bureau of Women’s and Children’s Health Resource Manual	DATE: September 2014; Revised July 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting Program Grant	SECTION: Children’s Health

SUBTITLE: Community Capacity Building Process

PURPOSE

The purpose of this document is to provide written guidelines for the Community Capacity Building process within the Maternal, Infant and Early Childhood Home Visiting Program (MIECHV).

POLICY

Community Capacity Building is defined as working with communities to identify and build on their assets, abilities, and interests, and empowering communities with skills, information, and education to build their capacity for delivering family support and evidence informed home visiting services for families. The lead for Community Capacity Building activities will be the MIECHV Community Coordinator and Home Visiting Coordinators (Funding for these positions ends 9/30/16) and include a mechanism to coordinate the work of local communities with state home visiting activities including delivery of home visiting services, professional development, marketing, CQI and other required activities, and will comply with all ADHS contracted tasks and deliverables as per contract requirements through 9/30/16.

AUTHORITY

The implementation and enforcement of this policy is at the discretion of the Chief, Office of Children’s Health, BWCH.

APPLICABILITY

This document applies to all individuals working within the MIECHV program.

DEFINITIONS

“Asset Maps” for the purpose of this document refers to a written plan that identifies the assets and gaps of a community as it pertains to home visiting services.

“Community Readiness Assessment (CRA)” for the purpose of this document refers to an assessment that measures the degree to which a community has resources in place to address various components of a local home visiting infrastructure.

“Community Meetings” for the purpose of this document refers to meetings with members of a geographical region with a specific goal and purpose pertaining to home visiting.

Bureau of Women’s and Children’s Health Resource Manual	DATE: September 2014; Revised July 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting Program Grant	SECTION: Children’s Health

SUBTITLE: Community Capacity Building Process

“IGA” refers to an Inter-Governmental Agreement.

“Implementing Partner” refers to the associate government or non-government entity(ies) or agency(ies) that will help carry out the ADHS MIECHV goals and objectives.

BACKGROUND

The Community Capacity Building process consists of four main areas outlined below:

- A. Community Readiness Assessments (CRAs) - Evaluators administer CRAs to at-risk communities, the rubric of which consists of the following:
- Identification of nine areas that demonstrate whether communities are ready to provide and sustain home visiting services; These include: Experience with Evidence Based Home Visiting program implementation; Referral Systems; Workforce (staffing resources); Continuous Quality Improvement; Collaboration and Interaction with Stakeholders (Service Linkages); Creation of a Legacy: Dissemination & Sustainability; Resource Availability; Infrastructure to Implement; and, Decision Making Process
 - Assignment of a numeric ranking to the nine stages of community capacity readiness;
 - A 1-5 ranking of communities, which assigns 1 as the lowest ranking and 5 as the highest ranking;
 - Utilizing community meeting notes, information from focus groups and key stake holders to create each CRA;
 - Communities that score below a 2.5 rank are eligible for community capacity funding from the MIECHV Program.

See Attachment A1 for CRA Template and Attachment A2 for completed CRA example.

B. Community Meetings

Community meetings were initially held in 31 at-risk communities identified in the first tier of the MIECHV competitive grant as eligible for MIECHV home visiting funding. The process is as follows:

Bureau of Women's and Children's Health Resource Manual	DATE: September 2014; Revised July 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting Program Grant	SECTION: Children's Health

SUBTITLE: Community Capacity Building Process

- The MIECHV Community Coordinator contacts key stakeholders, from First Things First, local Health Departments, and other local participants, to develop an invitation list, location, time, and date for a community meeting;
- Community meetings are held within the targeted community and are facilitated by MIECHV staff and consultants.
- Individual communities determine the assets and gaps of a community;
- Communities then determine if they are interested in additional home visiting services and/or capacity building services.

See Attachment B1 for Community Meetings Template and B2 for completed example.

C. Asset Maps

- The MIECHV Community Coordinator analyzes the community meeting notes and creates an assets and gaps map for individual communities;
- After the asset map is created by the MIECHV Community Coordinator, meetings with key stakeholders are held to review the asset maps and determine if the information is accurate;
- If the community determines they would like to begin home visiting services and/or have a home visiting coordinator, a list of implementing partners is established. An implementing partner is an organization which will receive MIECHV funds and ensure the contract with ADHS to provide MIECHV services is implemented.

See Attachment C1 for Asset Map Template and C2 for completed example.

D. Implementation

- When a community partner is established for home visiting coordination, the MIECHV Community Coordinator develops a capacity building Scope of Work and budget;
- Upon approval of the Scope of Work and budget, the MIECHV Community Coordinator works with the ADHS procurement office to finalize the Scope of Work. If the implementing partner is another government entity, an IGA is developed.


Bureau of Women's and Children's Health Resource Manual	DATE: September 2014; Revised July 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting Program Grant	SECTION: Children's Health

SUBTITLE: Community Capacity Building Process

- The Scope of Work is developed into an IGA that is then sent to the implementing partner for review and signature;
- The contract is then sent back to ADHS for completion;
- The contract is then monitored by the MIECHV Community Coordinator.

See Attachment D1 for Implementation Action Plan Template and D2 for completed example.

See Attachment E for an example of a Capacity Building Update.

Approved: 	Date: <u>8/30/16</u>
Irene Burnton, Chief, Office of Children's Health	
The Primary Position of Responsibility for this policy is the Bureau of Women's and Children's Health. Users are encouraged to suggest improvements regarding this policy and procedure.	

ATTACHMENT A1 - CRA RUBRIC FOR COMMUNITY READINESS

Stage of Readiness	CONFIRMATION/ EXPANSION 4	INITIATION / STABILIZATION 3	PREPLANNING/ PREPARATION 2	VAGUE AWARENESS 1
Dimensions				
Experience with EBHV program implementation	Community has history of implementing EBHV programs, close to full capacity, measuring outcomes and fidelity	Community is implementing EBHV, some structures and supports are in place, working on measurement	Community has EBHV champions and is engaging in outreach to develop community support	Little to no efforts or evidence of interest in implementing EBHV program
Referral Systems	Community has a well---developed system for service referral and system structure to reduce service duplication	Community has no formal structure for coordination but providers are well---connected and work together	Community has some connection between some providers	Community has little to no coordination of services
Workforce (Staffing Resources)	Community is well---resourced with qualified and culturally competent staff and supervisors	Community has some resources and focus on professional development to build capacity	Community has few resources for staffing, but is interested in development or partnering with others	Community has few resources development of resources or external supports are needed
Continuous Quality Improvement	Widespread use of the CQI approach. Conducts analysis that reflects the conceptualization of HV program and benchmarks and uses data in decision making.	Results of program review are evident and are part of discussion on impact and effectiveness.	Preliminary exploration of a framework for linking results of program review to planning for improvement and to align results to resource allocation.	No evaluation or no evidence of the results of program review being used to continually refine and improve program practices.
Collaboration and	Collaboration in place	Appropriate	Community identifies	Community has not

Interaction with Stakeholders (Service Linkages)	that leads to sustainability of program. Actively enables stakeholders in program from beginning. Identifies similar programs and develops collaborations when appropriate.	stakeholders engaged in planning, execution and dissemination of information and sharing of resources. Partners are skilled in building community and political support.	& becomes familiar with stakeholders, settings and resources. Expectations and roles of partners are being defined.	identified potential collaborative opportunities including stakeholders, settings, and resources and has not taken advantage of pre-existing relationships and resources.
Creation of a legacy: Dissemination & Sustainability	Community has created service linkages that engage and disseminate results to all stakeholders such that impact is sustained.	Community has plan to disseminate information in an appropriate manner to stakeholders within specific timelines.	Community has developed a shared vocabulary with collaborators and has shared goals.	Community has no plan for dissemination of information regarding impact / outcomes of HV programs.
Resource Availability	Community has dedicated resources to support EBHV programs and the plan for acquisition and deployment is reasonable and clearly linked to program mission & goals.	Community list of required resources is largely complete and mostly reasonable; the plan for acquisition & deployment includes some inconsistencies, but is generally linked to program goals.	Community list of required resources is missing important elements and there are significant inconsistencies in plan for acquisition and deployment.	Community has little knowledge of required resources and there is no plan for acquisition and deployment of resources.
Infrastructure to Implement	Broad infrastructure is in place to implement, scale up, and sustain EBHV	Community has infrastructure to support operations, workforce development, financial support, community and political support	Community has knowledge of required infrastructure, but partners are not in place to contribute or build needed infrastructures.	Community has no knowledge of infrastructures needed to implement EBHV.

		<p>and communications and evaluation capacities. partners are in place to contribute or build these infrastructures.</p>		
<p>Decision Making</p>	<p>Community makes on-going decisions about the HV policies and practices that they will create, maintain, and change.</p>	<p>Process for making decisions is generally understood and adhered at most decision-making points.</p>	<p>Decisions are usually informed by some degree of community dialogue.</p>	<p>A process for making decisions is not transparent, does not exist or is not adhered to by stakeholders.</p>

ATTACHMENT A2 – Community Capacity COMMUNITY READINESS ASSESSMENT (CRA) COMPLETED EXAMPLE
REPORT ON COMMUNITY READINESS
BISBEE (February 13, 2013)

Stage of Readiness	CONFIRMATION/ EXPANSION		INITIATION / STABILIZATION		PREPLANNING/ PREPARATION		VAGUE AWARENESS	
	4	3.5	3	2.5	2	1.5	1	
OVERALL READINESS RATING: 2.0	4	3.5	3	2.5	2	1.5	1	
Experience with EBHV program implementation	Community has history of implementing EBHV programs, close to full capacity, measuring outcomes and fidelity	Community is implementing EBHV, some structures and supports are in place, working on measurement	Community has EBHV champions and is engaging in outreach to develop community support	Little to no efforts or evidence of interest in implementing EBHV program				
Readiness Rating	4	3.5	3	2.5	2	1.5	1	
<p>The community has a history of implementing evidence-based home visiting programs including Healthy FamiliesAZ, Early Head Start, and Parents as Teachers. In addition, the community has had other home visiting programs, which include Arizona Early Intervention Program (AzEIP), Health Start, and Newborn Intensive Care Program. Behavioral Health, Child Protective Services, New Visions and Snap-Ed support home visiting programs.</p> <p>To the community, the following important attributes should constitute the home visiting process and should be apparent in the home visitor/educator, making home visiting a positive experience for families:</p> <ul style="list-style-type: none"> • Trust and a positive relationship • Utilizing best practices • Reasonable caseload size • Good supervision • Collaboration among providers <p>In regards to expansion, the only concern the community has is that existing programs, which are in a building mode, may not be adversely impacted by the addition of new resources. Comments around the community's experience include:</p> <ul style="list-style-type: none"> • People are receptive to resources and are accepting, once trust is established. • There is interest in exploring both Healthy FamiliesAZ and Nurse Family Partnership, although expansion of Healthy Families seems to be more feasible than the development of a Nurse Family Partnership program. • People are receptive to resources and are accepting once trust is established • Existing programs work well together <p>The community also indicated what would enhance the community's ability to support home visiting services:</p> <ul style="list-style-type: none"> • Additional funding 								

ATTACHMENT A2 – Community Capacity COMMUNITY READINESS ASSESSMENT (CRA) COMPLETED EXAMPLE Page 2

- Support for networking and collaboration
 - Leveraging local talent and wisdom
- The community also provided reasons why families leave home visiting programs:
- Families moving away from the area
 - Parents breaking off contact
 - Special needs of the child/family

The community identified several barriers to implementing home visiting programs in the community:

- Misperceptions about home visiting
- Lack of funding
- The geography of the area, coupled with lack of transportation

Referral Systems	Community has a well-developed system for service referral and system structure to reduce service duplication	Community has no formal structure for coordination but providers are well-connected and work together	Community has some connection between some providers	Community has little to no coordination of services
Readiness Rating	4	3	2	1

Multiple programs are implementing home visiting. The home visiting programs that have the same funder or organizational home have some shared administrative processes. The community indicated that there has been some recent conversation about the topic of shared reporting, common forms, and/or processes.

Main sources of referral to home visiting programs in the community include:

- AHCCCS and insurance companies
- Arizona’s Children Association (AzCA)
- AzEIP
- County Health Department
- Courts
- CPS
- Dentists
- Healthcare providers
- Hospital
- Schools
- WIC
- Word of mouth

The community stated that better coordination is needed in regards to referring families to other services who are receiving home visiting services.

ATTACHMENT A2 – Community Capacity COMMUNITY READINESS ASSESSMENT (CRA) COMPLETED EXAMPLE Page 3

Workforce (Staffing Resources)	Community is well-resourced with qualified and culturally competent staff and supervisors	3.5	3	2.5	2	1.5	1
	Community has some resources and focus on professional development to build capacity						
	Community has few resources for staffing, but is interested in development or partnering with others						
	Community has few resources development of resources or external supports are needed						
Readiness Rating	4	3.5	3	2.5	2	1.5	1
<p>Training resources for home visitors include:</p> <ul style="list-style-type: none"> In-house training provided by agencies Trainings in Cochise County, including the community college Travel outside the community Webinars or other online resources <p>It was noted that local schools, including the community college could be a resource.</p> <p>Although there are professional development trainings in the area, several comments were made regarding the need for additional training for home visitors:</p> <ul style="list-style-type: none"> A need for more local training resources. A need for more cultural competency training is needed. <p>In regards to staffing, the community indicated that a home visitor position could be filled in a matter of weeks, but a nursing position might take longer. They were not sure how difficult it would be to hire a bilingual home visitor.</p>							
Continuous Quality Improvement	Widespread use of the CQI approach. Conducts analysis that reflects the conceptualization of HV program and benchmarks and uses data in decision-making.						
	Results of program review are evident and are part of discussion on impact and effectiveness.						
	Preliminary exploration of a framework for linking results of program review to planning for improvement and to align results to resource allocation.						
	No evaluation or no evidence of the results of program review being used to continually refine and improve program practices.						
Readiness Rating	4	3.5	3	2.5	2	1.5	1
<p>The home visiting programs that have the same funder or organizational home have some shared administrative processes. The community indicated that there have been some recent conversations about this topic (shared reporting, common forms, and/or processes).</p> <p>The community identified what they want to preserve about home visiting programs they currently have in their community:</p> <ul style="list-style-type: none"> Funding Parent connections Screenings and assessments Qualified staff Existing programs 							

ATTACHMENT A2 – Community Capacity COMMUNITY READINESS ASSESSMENT (CRA) COMPLETED EXAMPLE Page 4

The community identified what they want to change about home visiting programs in their community:

- Additional funding
- An assessment worker, dual roles
- Bilingual home visitors
- Additional funding

Collaboration and Interaction with Stakeholders (Service Linkages)	Collaboration in place that leads to sustainability of program. Actively enables stakeholders in program from beginning. Identifies similar programs and develops collaborations when appropriate.	Appropriate stakeholders engaged in planning, execution and dissemination of information and sharing of resources. Partners are skilled in building community and political support.	Community identifies & becomes familiar with stakeholders, settings and resources. Expectations and roles of partners are being defined.	Community has not identified potential collaborative opportunities including stakeholders, settings, and resources and has not taken advantage of pre-existing relationships and resources.
Readiness Rating	4	3.5	3	2.5
			2	1.5
				1

The Community identified the coalitions that currently operate within the community:

- Infant Toddler Mental Health Coalition
- Best for Babies
- Cochise County Networking Breakfast
- Cenpatico Coalitions (Regional Behavioral Health Authority)
- Child Abuse Prevention Council

The community recognizes that collaboration among providers is important in a home visiting program.

The community listed the community's strengths:

- The community is close-knit and family oriented.
 - Existing programs work well together.
- The community indicated that the community's strengths could be leveraged to build effective maternal, infant and early childhood home visiting programs for at-risk families by building on current relationships to strengthen coordination and collaboration and by involving the community, rallying them, and seeking out a champion.

The community identified barriers that keep home visiting programs and other services from working together to address community needs :

- Misconceptions
- Funding to support networking and collaboration

ATTACHMENT A2 – Community Capacity COMMUNITY READINESS ASSESSMENT (CRA) COMPLETED EXAMPLE Page 5

<p>Creation of a legacy: Dissemination & Sustainability</p>	<p>Community has created service linkages that engage and disseminate results to all stakeholders such that impact is sustained.</p>	<p>Community has plan to disseminate information in an appropriate manner to stakeholders within specific timelines.</p>	<p>Community has developed a shared vocabulary with collaborators and has shared goals.</p>	<p>Community has no plan for dissemination of information regarding impact / outcomes of HV programs.</p>			
<p>Readiness Rating</p>	<p>4</p>	<p>3.5</p>	<p>3</p>	<p>2.5</p>	<p>2</p>	<p>1.5</p>	<p>1</p>
<p>The community did not discuss the Creation of a Legacy: Dissemination & Sustainability dimension.</p>							
<p>Resource Availability</p>	<p>Community has dedicated resources to support EBHV programs and the plan for acquisition and deployment is reasonable and clearly linked to program mission & goals.</p>	<p>Community list of required resources is largely complete and mostly reasonable; the plan for acquisition & deployment includes some inconsistencies, but is generally linked to program goals.</p>	<p>Community list of required resources is missing important elements and there are significant inconsistencies in plan for acquisition and deployment.</p>	<p>Community has little knowledge of required resources and there is no plan for acquisition and deployment of resources.</p>			
<p>Readiness Rating</p>	<p>4</p>	<p>3.5</p>	<p>3</p>	<p>2.5</p>	<p>2</p>	<p>1.5</p>	<p>1</p>
<p>The community listed that a community strength is that people are receptive to resources. The community listed the main sources for where they get information about local services:</p>							
<ul style="list-style-type: none"> • Word of mouth • First Things First (FTF) Resource Guide • Child Support Office • Coop 							
<p>The community listed the best places in the community to advertise about home visiting services:</p>							
<ul style="list-style-type: none"> • Print media • Child care centers and homes • DES • Hospital • Schools 							
<p>The community identified the unmet needs of families with young children in the community:</p>							
<ul style="list-style-type: none"> • Issues such as drugs • Being a border community - distrust of government • The economy • Lack of access to fresh foods 							

ATTACHMENT A2 – Community Capacity COMMUNITY READINESS ASSESSMENT (CRA) COMPLETED EXAMPLE Page 6

- Grandparents raising grandchildren
- Need for services - birthing hospital, pediatricians, pediatric dentists, child care subsidies, supports for young parents, parenting education, and support groups

Infrastructure to Implement	Broad infrastructure is in place to implement, scale up, and sustain EBHV	Community has infrastructure to support operations, workforce development, financial support, community and political support and communications and evaluation capacities. Partners are in place to contribute or build these infrastructures.	Community has knowledge of required infrastructure, but partners are not in place to contribute or build needed infrastructures.	Community has no knowledge of infrastructure needed to implement EBHV.
Readiness Rating	4	3	2	1
<p>The community has some of the components of the infrastructure in place to support many of its home visiting operations. The following comments reflect the existence of the infrastructure components:</p> <ul style="list-style-type: none"> • The community already has programs in place. • Existing programs work well together. • There are existing programs which are in building mode. <p>Areas where there is a need to build infrastructure are highlighted in these comments on unmet needs:</p> <ul style="list-style-type: none"> • Need for birthing hospital, pediatric dentists • Need for supports for young parents • Need for parenting education and support groups 				
Decision Making	Community makes on-going decisions about the HV policies and practices that they will create, maintain, and change.	Process for making decisions is generally understood and adhered at most decision-making points.	Decisions are usually informed by some degree of community dialogue.	A process for making decisions is not transparent, does not exist or is not adhered to by stakeholders.
Readiness Rating	4	3	2	1
<p>The community did not discuss the Decision Making dimension.</p>				

WHAT NEEDS OUR IMMEDIATE ATTENTION MOVING FORWARD?

1. Community Awareness
2. More local training
3. Networking and collaboration among programs
4. Additional funding

ATTACHMENT B1 – CAPACITY BUILDING COMMUNITY MEETING/FORUM
QUESTIONS TEMPLATE - 4 PAGES

**Maternal, Infant and Early Childhood Home Visiting Program
Community Forum Discussion Questions**

COMMUNITY STRENGTHS AND NEEDS

**Question 1: How can we build on community strengths to meet the needs of
young children and their families?**

- 1.1 What do you see as your community's strengths?
- 1.2 How can your community's strengths be leveraged to build effective maternal, infant and early childhood home visiting programs for at-risk families?
- 1.3 What do you see as the unmet needs of families with young children in your community?
- 1.4 Where do you get information about local services available in your community?
- 1.5 What local coalitions currently operate within your community?

ATTACHMENT B1 – CAPACITY BUILDING COMMUNITY MEETING/FORUM
QUESTIONS TEMPLATE - 4 PAGES

**Maternal, Infant and Early Childhood Home Visiting Program
Community Forum Discussion Questions**

CURRENT HOME VISITING PROGRAMS

Question 2: What does home visiting currently look like in your community?

- 2.1 What home visiting programs do you currently have in your community?
Which agencies provide these services?
- 2.2 What are the main sources of referral to home visiting programs?
- 2.3 Do families who are receiving home visiting services routinely get referred to other services? Which services? Does this need improvement?
- 2.4 What are the barriers that keep home visiting programs and other services from working together to address community needs? What would help programs work together to solve common problems?
- 2.5 What is the level of cultural competency of local home visitors? Is there a need for cultural competency training?
- 2.6 Where do home visitors find training resources to maintain and improve their skill set?
- 2.7 Do home visiting programs share professional development (training)? If so, how?
- 2.8 Do home visiting programs have shared reporting, common forms, and/or processes? If so, what are the commonalities?
- 2.9 Do home visiting programs coordinate to maximize funding streams and/or diversify funding sources? If so, how?

ATTACHMENT B1 – CAPACITY BUILDING COMMUNITY MEETING/FORUM
QUESTIONS TEMPLATE - 4 PAGES

**Maternal, Infant and Early Childhood Home Visiting Program
Community Forum Discussion Questions**

DESIRED FUTURE FOR HOME VISITING

Question 3: What should home visiting look like in your community?

- 3.1 What is important in a home visiting program? What makes a home visiting experience positive?
- 3.2 What have been some of the barriers to implementing home visiting programs in your community? Where are there gaps?
- 3.3 Why do families leave home visiting programs?
- 3.4 What do you want to preserve about the home visiting programs you currently have in your community?
- 3.5 What would you like to change about home visiting programs in your community?
- 3.6 What needs immediate attention going forward?

ATTACHMENT B1 – CAPACITY BUILDING COMMUNITY MEETING/FORUM
QUESTIONS TEMPLATE - 4 PAGES

**Maternal, Infant and Early Childhood Home Visiting Program
Community Forum Discussion Questions**

**READINESS FOR EXPANSION/
PREFERRED EVIDENCE-BASED MODELS**

**Question 4: How ready is your community to expand evidence-based home
visiting programs?**

- 4.1 Would expansion of evidence-based home visiting programs be supported in your community?
- 4.2 Is there a preferred evidence-based model? If so, why?
- 4.3 How long does it usually take to fill a home visiting position? Nursing position? What level of staffing is available? What is needed? (Consider availability of qualified, culturally competent staff with appropriate educational background and work experience)
- 4.4 What would improve your community's ability to support home visiting services?
- 4.5 To what extent does the community value, measure, collect and reflect on outcomes?
- 4.6 How might evidence-based home visiting programs be sustained past the period of grant funding?



**ATTACHMENT B2 – EXAMPLE - COMMUNITY CAPACITY COMMUNITY MEETING/
FORUM NOTES - 12 pages**

Maternal, Infant and Early Childhood Home Visiting Program

Bisbee Community Forum

Cochise County Board of Supervisors Meeting Room

1415 Melody Lane, Building G, Bisbee, Arizona 85603

February 13, 2013

1:00 p.m. – 3:00 p.m.

Meloney Baty (Arizona Department of Health Services/Bureau of Women and Children's Health [ADHS/BWCH]) welcomed community members and explained the purpose of the community forum. Jessica Stewart (ADHS/BWCH) described the home visiting funding that Arizona has received from the Federal government, under the provisions of the Patient Protection and Affordable Care Act (ACA). Arizona has both a competitive grant and formula funding for its Maternal, Infant, and Early Childhood Home Visiting Program, which is referred to as MIECHV. She explained that the MIECHV Program is a joint venture of several State agencies, including the Arizona Departments of Economic Security, Education, and Health and First Things First (FTF). Initial funding is being targeted to areas of the state that have the highest risk, based on the indicators which states were required by the funder to use. The grant requires the state to show improvement in several outcome areas within the first three years and has stringent evaluation criteria. Home visiting programs funded under the grant must be evidence-based; Arizona has selected Healthy Families and Nurse Family Partnership from the approved list of programs because of their demonstrated effectiveness in addressing risk factors that are prevalent in Arizona's communities.

Community forums, such as the one today, are being held in the targeted areas of the state for the purposes of identifying existing services, determining community interest in participating and preferred program model(s), and identifying any barriers that exist. Resources are available for capacity building in local communities, if needed to enhance readiness for program implementation/expansion in the area.

Facilitated Group Discussion

Working in small groups, participants responded to a series of questions. Responses were recorded on post-it notes and grouped. Following is a summary of the responses.

Community Strengths and Needs

Question 1: How can we build on community strengths to meet the needs of young children and their families?

1.1 What do you see as your community's strengths?

Some of the strengths mentioned were:

- The community is close-knit and family-oriented

- People are receptive to resources and are accepting once trust is established
- Existing programs work well together

1.2 How can your community's strengths be leveraged to build effective maternal, infant, and early childhood home visiting programs for at-risk families?

Key points included:

- Involve the community, rally them, seek out a champion
- Build on current relationships to strengthen coordination and collaboration

1.3 What do you see as the unmet needs of families with young children in your community?

Some of the needs mentioned related to:

- Issues, such as drugs, being a border community, distrust of government, the economy, lack of access to fresh foods, grandparents raising grandchildren
- Need for services, such as a birthing hospital, pediatricians, pediatric dentists, child care subsidies, supports for young parents, parenting education, and support groups

1.4 Where do you get information about local services available in your community?

The main sources of information on local services include:

- Word of mouth
- First Things First (FTF) Resource Guide
- Child Support Office
- Coop

1.5 Where would be the best place in your community to advertise about home visiting services?

The following were mentioned:

- Print media
- Child care centers and homes
- DES
- Hospital
- Schools

1.6 What local coalitions currently operate within your community?

Local coalitions include the following:

- Infant Toddler Mental Health Coalition
- Best for Babies
- Cochise County Networking Breakfast
- Cenpatico Coalitions (Regional Behavioral Health Authority)
- Child Abuse Prevention Council

Current Home Visiting Programs

Question 2: What does home visiting currently look like in your community?

2.1 What home visiting programs do you currently have in your community? Which agencies provide these services?

Existing in-home services include:

- Arizona Early Intervention Program (AzEIP)
- Behavioral Health
- Child Protective Services (CPS)
- Early Head Start (EHS)
- Health Start
- Healthy Families
- New Visions
- Newborn Intensive Care Program (NICP)
- Parents as Teachers (PAT)
- SnapEd

2.2 What are the main sources of referral to home visiting programs?

Main sources of referral include:

- AHCCCS and insurance companies
- Arizona's Children Association (AzCA)
- AzEIP
- County Health Department
- Courts
- CPS
- Dentists
- Healthcare providers
- Hospital
- Schools
- WIC
- Word of mouth

2.3 Do families who are receiving home visiting services routinely get referred to other services? Which services? Does this need improvement?

It was noted that better coordination is needed.

2.4 What are the barriers that keep home visiting programs and other services from working together to address community needs? What would help programs work together to solve common problems?

Barriers include:

- Misconceptions
- Funding to support networking and collaboration

2.5 What is the level of cultural competency of local home visitors? Is there a need for cultural competency training?

More training is needed.

2.6 Where do home visitors find training resources to maintain and improve their skill set?

Training resources include:

- In-house training provided by agencies
- Trainings in Cochise County, including the community college
- Travel outside the community
- Webinars or other online resources

It was noted that local schools, including the community college, could be a resource and that there is a need for more local training resources.

2.7 Do home visiting programs share professional development (training)? If so, how?

It was noted that a person from the behavioral health agency distributes information to those on an email list she keeps.

2.8 Do home visiting programs have shared reporting, common forms, and/or processes? If so, what are the commonalities?

Those that have the same funder or organizational home have some shared administrative processes. There has been some recent conversation about this topic.

2.9 Do home visiting programs coordinate to maximize funding streams and/or diversify funding sources? If so, how?

The FTF Regional Partnership Council has a role in this.

Desired Future for Home Visiting

Question 3: What should home visiting look like in your community?

3.1 What is important in a home visiting program? What makes a home visiting experience positive?

Key factors mentioned included:

- Trust and a positive relationship
- Utilizing best practices
- Reasonable caseload size
- Good supervision
- Collaboration among providers

**3.2 What have been some of the barriers to implementing home visiting programs in your community?
Where are there gaps?**

Some of the major barriers mentioned were:

- Misperceptions about home visiting
- Lack of funding
- The geography of the area, coupled with lack of transportation

3.3 Why do families leave home visiting programs?

Key factors mentioned included:

- Moving away from the area
- Parents breaking off contact
- Special needs of the child/family

3.4 What do you want to preserve about the home visiting programs you currently have in your community?

Participants noted that they would like to preserve the following:

- Funding
- Parent connections
- Screenings and assessments
- Qualified staff
- Existing programs

3.5 What would you like to change about home visiting programs in your community?

Participants would like to have the following:

- Additional funding
- An assessment worker
- Bilingual home visitors

3.6 What needs immediate attention going forward?

Immediate needs include:

- Community awareness
- More local training
- Networking and collaboration among programs
- Additional funding

Readiness for Expansion/Preferred Evidence-Based Models

The final question was addressed with the full group. Following is a summary of responses.

Question 4: How ready is your community to expand evidence-based home visiting programs?

4.1 Would expansion of evidence-based home visiting programs be supported in your community?

The only concern about expansion was that existing programs which are in a building mode not be adversely impacted by the addition of new resources.

4.2 Is there a preferred evidence-based model? If so, why?

There was interest in further exploring both models, although expansion of Healthy Families seems to be more feasible than development of a Nurse Family Partnership program.

4.3 How long does it usually take to fill a home visiting position? Nursing position? What level of staffing is available? What is needed? (Consider availability of qualified, culturally competent staff with appropriate educational background and work experience)

Participants thought that a Healthy Families type home visitor position could be filled in a matter of weeks, but a nurse home visitor position might take longer. They were not sure about how difficult it would be to hire a bilingual home visitor.

4.4 What would improve your community's ability to support home visiting services?

The following would enhance the community's ability to support home visiting services:

- Additional funding
- Support for networking and collaboration
- Leveraging local talent and wisdom

4.5 To what extent does the community value, measure, collect, and reflect on outcomes?

This was not discussed.

4.6 How might evidence-based home visiting programs be sustained past the period of grant funding?

This was not discussed.

Attachment 1 2/13/13 Community Forum Transcripts

Community Strengths and Needs

Question 1: How can we build on community strengths to meet the needs of young children and their families?

1.1 What do you see as your community's strengths?

- Word of mouth, good reputation spreads fast
- Hungry for support services, receptive
- Diverse, unique
- Very close knit community
- Very family oriented, everyone is involved
- Programs work together, don't duplicate
- Preschool collaboration
- Agencies working together
- Once you gain entry, there is a trusting relationship
- People here rally behind a cause or program
- FTF revamped funding approach
- FTF brought early childhood community together

1.2 How can your community's strengths be leveraged to build effective maternal, infant, and early childhood home visiting programs for at-risk families?

- Get community involved
- Coordination, facilitated by current relationships
- Right group to find a champion

1.3 What do you see as the unmet needs of families with young children in your community?

- Groceries more expensive, also gas
- Nutrition, costly fruits and vegetables so people load up on cheap carbs
- FQHC provide prenatal but drug users don't use the service
- Drug use
- No services for drug exposed infants
- Economy, people must move to work
- Hard to get parents involved at night
- Grandparents raising children
- Border community, transients, Border Patrol, can't serve in community where they live
- Suspicion of government
- WIC/health department available
- Mobile van, Copper Queen, doctors, pediatricians
- Pediatricians, have to go other places for services
- No pediatric dentist that takes AHCCCS
- No deliveries here

- Lack of childcare subsidies
- Limited funding for NICP
- Support in schools, but not for young families' children
- Special needs population
- Center of Excellence, transportation services
- Don't have play groups
- Parenting education
- No support groups, placed in the middle geographically

1.4 Where do you get information about local services available in your community?

- Word of mouth
- FTF Resource Guide
- Child Support Office is here in Bisbee

1.5 Where would be the best place in your community to advertise about home visiting services?

- Early childhood centers/homes
- Print media
- DES
- Hospital
- Schools

1.6 What local coalitions currently operate within your community?

- Infant Toddler Mental Health Coalition
- Best for Babies
- Cochise Networking Breakfast
- Cenpatico Coalitions
- CPCA

Current Home Visiting Programs

Question 2: What does home visiting currently look like in your community?

2.1 What home visiting programs do you currently have in your community? Which agencies provide these services?

- AZEIP, Blake
- AzEIP, New Visions, NICP
- NICP, Blake
- County Health Start
- First Smiles
- Healthy Families DES, plus FTF in other areas
- Healthy Families, CFR
- Early Head Start, Child Parent Centers, Blake
- SnapEd, low income housing, Fed \$ Coop Ext
- Nutrition, expanded food nutrition program, Rural Coop Extension
- First Smiles, FTF, U of A Cooperative Extension
- Easter Seals, County partnership, Parents as Teachers

- PAT, ESBF, Health Dept
- In home, CPS

2.2 What are the main sources of referral to home visiting programs?

- Doctors
- WIC
- Friend to Friend
- Word of mouth
- Court system
- Hospital
- Insurance companies
- AHCCCS
- CPS
- Schools, maybe
- AzCA

2.3 Do families who are receiving home visiting services routinely get referred to other services?

Which services? Does this need improvement?

- AzEIP
- County, WIC
- CPS
- Hospital
- Dentists
- Talked about it, coalition or task force for HV programs and agencies
- Communication network between agencies and programs
- Early childhood programs refer to each other freely
- FTF Resources Manual
- Yes, Cenpatico
- SEABHS is the mental health provider

2.4 What are the barriers that keep home visiting programs and other services from working together to address community needs? What would help programs work together to solve common problems?

- Do you think I'm a bad parent
- Getting over community perception to "spy" on them
- Word of mouth and tight knit work against
- Mandated reporting
- Unknown and fear
- Funding to coordinate services and communicate more often
- Need networking

2.5 What is the level of cultural competency of local home visitors? Is there a need for cultural competency training?

- Yes, cultural competency training is needed
- Very cultural competent, still need new programs and building trust
- No local applicants, need to know why that is
- Bilingual

- Very common for people to live in Sierra Vista and work in Bisbee
- Not interested in social services

2.6 Where do home visitors find training resources to maintain and improve their skill set?

- Local training on specific subjects, online training
- All training in Cochise County, save costs/hours
- Centralized in Cochise County
- Mini-conference in Cochise
- Getting better at sharing training
- Local community college, utilize this (Douglas, Willcox, Benson, Sierra Vista)
- Set up training for specific programs
- Depends on the program, bring trainers to the agency or state
- Home visitors must travel or use webinars
- Shortage of training component

2.7 Do home visiting programs share professional development (training)? If so, how?

- Susan Richards (SRichards@cenpatico.com) (SEABHS) sends out information to an e-mail list
- School districts could be a resource

2.8 Do home visiting programs have shared reporting, common forms, and/or processes? If so, what are the commonalities?

- Starting to talk to the agencies together
- No common forms
- Intake process at Health Department as well, funnel process
- No hot line for home visiting, the supervisors are the intake line
- Starting point is AZEIP

2.9 Do home visiting programs coordinate to maximize funding streams and/or diversify funding sources? If so, how?

- Time for programs to be up to capacity
- Home visiting through FTF subgrantees

Desired Future for Home Visiting

Question 3: What should home visiting look like in your community?

3.1 What is important in a home visiting program? What makes a home visiting experience positive?

- First day engagement
- Relationship with the home visitor is very critical
- Cutting edge best practices
- Reasonable caseloads
- Good supervision
- Collaborative effort so you don't overwhelm with too many people
- Trust, to finish the program

3.2 What have been some of the barriers to implementing home visiting programs in your community? Where are there gaps?

- Transportation
- Funding
- Funding
- Geography and sparse population
- Misconceptions

3.3 Why do families leave home visiting programs?

- Special needs
- Day care
- Jobs, employment, must leave
- Move, transient county
- Referred to other counties
- Stop contact

3.4 What do you want to preserve about the home visiting you currently have in your community?

- Funding
- Parents not stressed and are connected
- Assessments, screenings
- Staff, successes they see and hear, stories
- Health Start
- PAT with Blake

3.5 What would you like to change about home visiting programs in your community?

- Assessment worker, dual roles
- Need additional funding
- Bilingual
- Not enough funding to hire, several jobs open not qualified

3.6 What needs immediate attention going forward?

- More local training
- Collaboration
- Networking
- Community awareness
- Funding

Readiness for Expansion/Preferred Evidence-Based Models

Question 4: How ready is your community to expand evidence-based home visiting programs?

4.1 Would expansion of evidence-based home visiting programs be supported in your community?

- Healthy Families used to serve Bisbee, Naco, Elfrida, and Double Adobe (full caseload)

4.2 Is there a preferred evidence-based model? If so, why?

- Nurse Family Partnership has narrow eligibility, lots of rules, not in Bisbee now, do we have critical mass, do have a nursing program
- Healthy Families, comes out of Douglas, there are two openings

- PAT is building a caseload, need to make sure we build that before adding

4.3 How long does it usually take to fill a home visiting position? Nursing position? What level of staffing is available? What is needed? (Consider availability of qualified, culturally competent staff with appropriate educational background and work experience)

- 2 weeks for a Healthy Families home visitor, lots of applicants, are they qualified?
- There is a nursing program at Cochise College, which is good, but it would take longer to fill a nursing home visitor position
- Might be hard to get bilingual home visitors, especially nurses

4.4 What would improve your community's ability to support home visiting services?

- Funding
- Have lots of talent and wisdom, need to leverage that
- Unique community
- Need staff to coordinate/collaborate

4.5 To what extent does the community value, measure, collect, and reflect on outcomes?

- Did not discuss

4.6 How might evidence-based home visiting programs be sustained past the period of grant funding?

- Did not discuss

ATTACHMENT C1 - ASSET/GAP MAP TEMPLATE

**Asset/Gap Map
Community/Stakeholder Comments and Potential Support**

Concentration	Meeting Comments on Community Assets	Meeting Comments on Community Gaps	Potential Support
Workforce			
Communication			
Knowledge, Skills & Abilities			
Funding, Sustainability			
Cultural Competency			

ATTACHMENT C2 – Capacity Building Asset/Gap Map Example

Bisbee Asset/Gap Map

Community/Stakeholder Comments and Potential Support

Concentration	Assets	Gaps	Potential Support
Workforce	<p>This is a close knit and family oriented community.</p> <p>People are receptive to resources and are accepting once trust is established.</p> <p>The existing programs work well together.</p>	<p>There is a lack of coordinated services in the Bisbee, Sierra Vista area.</p> <p>The community needs to be rallied to support home visiting programs.</p>	<p>MIECHV support was turned down. The County Health Department is starting a new Health Start Program and would like to allow that program to grow before adding more home visiting models at this time.</p> <p>In addition MIECHV can support a Home Visiting Coordinator</p>
Communication	<p>The community has several coalitions including:</p> <ul style="list-style-type: none"> • Infant, Toddler Mental Health Coalition • Best for Babies • Cochise County Networking Breakfast • Cenpatco Coalition • Child Abuse Prevention Coalition. <p>Early childhood issues are addressed at these meetings.</p> <p>There is not any coalition for home visiting specifically.</p>	<p>There is a lack coordination of services among the home visiting community;</p> <p>The community is also experiencing problems effectively referring parents across service lines;</p> <p>The community has a lack of coalitions or support for home visiting community;</p> <p>Home Visiting Professionals are currently not aware of other services in the community;</p>	<p>Use existing forms of communication for this community.</p> <ul style="list-style-type: none"> • Local newspaper • Local webpages • Strong Families Webpage <p>Support a home visiting coordinator based in Pinal County to service (Apache Junction, Coolidge and Casa Grande). To provide the following duties:</p> <ul style="list-style-type: none"> • Create a list of home visiting programs in the area • Identify strategies to improve care coordination • Identify training needs and schedule trainings in the Ajo area • Connect community to the BWCH 1800#.
Knowledge, Skills & Abilities	<p>The community has an active early childhood community.</p> <p>There is limited professional development in the area.</p>	<p>There is a gap in coordinating professional development trainings, current information/resources;</p> <p>Professional Development often involves travel.</p>	<p>Just in Time Training: Targeted Training focused on benchmarks and Home Visiting survey.</p> <p>Training opportunities that can be made available through I-Link and recorded for the website or in person.</p>
Funding, Sustainability	<p>All home visiting programs are funded separately in this community;</p>	<p>There is no coordination of funding or plans for sustainable home visiting programs. Often programs just go away.</p>	<p>Strong Families Conference will provide sustainability workshops at the 2013 conference; with technical assistance in 2014.</p>
Cultural Competency	<p>This community is multi-cultural.</p>	<p>There is a need for cultural competency training.</p>	<p>Strong Families Conference will provide cultural competency workshops at the 2013 conference; with technical assistance in 2014.</p>

ATTACHMENT D1 – COMMUNITY CAPACITY IMPLEMENTATION ACTION PLAN TEMPLATE

ACTION PLAN FOR IMPLEMENTATION OF SERVICES FOR HOME VISITING COORDINATOR

Activities	Target Date
Responsible Party	
State Action	
• List action steps	
• List action steps	
• List action steps	
• List action steps	
• List action steps	
• List action steps	
Responsible Party	
State Action	
• List action steps	
• List action steps	
• List action steps	
• List action steps	
• List action steps	
• List action steps	
Responsible Party	
State Action	
• List action steps	
• List action steps	
• List action steps	
• List action steps	
• List action steps	
• List action steps	
Responsible Party	
State Action	
• List action steps	
• List action steps	
• List action steps	
• List action steps	
• List action steps	
• List action steps	
Responsible Party	
State Action	
• List action steps	
• List action steps	

**ACTION PLAN FOR IMPLEMENTATION OF SERVICES
HOME VISITING COORDINATOR**

<u>ATTACHMENT D2-COMMUNITY CAPACITY IMPLEMENTATION ACTION PLAN EXAMPLE FOR HOME VISITING COORDINATORS</u>	Target Date
Activities – Cochise County	
Referral Systems	
Rating 2: Community has some connections between some providers. Notes: The community stated that better coordination is needed in regards to referring families to other services who are receiving home visiting services.	
Responsible Party: Coordinator with support from Collaboration members	
Action Step	
Review referral process for agencies. Identify gaps, common areas.	April 15, 2014
Identify current agency-based and collaborative processes/strategies.	April 15, 2014
Implement Service Coordination/Referral Protocol.	
Workforce (Staffing Resources)	
Rating 2: Community has few resources for staffing, but is interested in development or partnering with others. Notes: The community indicated that a home visitor position could be filled in a matter of weeks, but a nursing position might take longer. They were not sure how difficult it would be to hire a bilingual home visitor. Although there are professional development trainings in the area, several comments were made regarding the need for additional training for home visitors; more local training resources; more cultural competency training is needed.	
Responsible Party: Coordinator with support from Collaboration members	
Action Step	
Collaborate with partner organizations for training and education.	April 1, 2014
Review/compare home visitor requirements among agencies	July 2014
Organize and offer two trainings for area.	June 1, 2014
Collaborate with First Things First to connect home visitors with child care providers.	September 15, 2014
Provide support to home visitors by building community connectedness—community resource fair.	December 1, 2014
Continuous Quality Improvement	
Rating 1.5: Preliminary exploration of a framework for linking results of program review...currently no formal review used to continually refine and improve program practices countywide. Notes: Community identified what they want to preserve and change about current HV programs (funding, parent connections, screenings/assessments, qualified staff).	
Responsible Party: Coordinator with Collaboration members	
Action Step	
Identify areas for improvement with stakeholders	September 15, 2014
Develop strategic plan for CQI.	December 1, 2014
Establish a CQI subcommittee through the collaboration	September 15, 2014
Formalize referral system	May 2014
Identify top five training priorities for the year among HV agencies.	Completed.

**ACTION PLAN FOR IMPLEMENTATION OF SERVICES
HOME VISITING COORDINATOR**

ATTACHMENT D2 – COMMUNITY CAPACITY IMPLEMENTATION ACTION PLAN – EXAMPLE - FOR HOME VISITING COORDINATORS Page 2

Collaboration and Interaction with Stakeholders (Service Linkages)	
Rating 2: Community identifies and becomes familiar with stakeholders, settings, and resources. Expectations and roles of partners are being defined. Note: The community indicated that the community's strengths could be leveraged to build an effective HV system by building on current relationships to strengthen coordination and collaboration—involvement community, rally them, seek out a champion.	
Responsible Party: Coordinator with support from Collaboration members	
Action Step	
Strengthen collaboration and interaction through outreach, marketing, and networking with stakeholders and partner organizations	On-going
Review current collaboration member list. Identify <i>missing</i> partners.	May 15, 2014
Formalize interactions with stakeholders—identify key representatives to report back to group when applicable.	September 15, 2014
Creation of a legacy: Dissemination and Sustainability	
Rating 2: Community has developed a shared vocabulary with collaborators and has shared goals. Note: Community has not discussed the creation of a legacy.	
Responsible Party: Coordinator with support from Collaboration members .	
Action Step	
Develop a plan for dissemination of information regarding impact/outcomes of HV programs	May 2014
Define the role of collaboration team in efforts to disseminate information	May 2014
Develop shared goals for sustainability of programs	June 2014
Resource Availability	
Rating 2: Community list of required resources is missing important elements and there are significant inconsistencies in plan for acquisition and deployment Note: The community identified the unmet needs of families with young children in the community.	
Responsible Party: Coordinator with support from Collaboration members	
Action Step	
Creation of an internal home visiting program matrix.	Completed.
Creation of a public home visiting program matrix.	March 31, 2014
Prepare a marketing plan based on template.	March 21, 2014
Marketing and outreach materials to promote home visiting in general and the collaboration/home visiting programs.	June 15, 2014
Decision Making	
Rating 1: A process for making decisions is not transparent, does not exist or is not adhered to by stakeholders. Notes:	
Responsible Party Coordinator with support from Collaboration members	
Action Step	
Establish transparent decision making process	June 1, 2014
Develop HV policies and practices for collaboration	On-going – December 2014
Discussion about decision making process	April, 2014

ATTACHMENT E – Community Capacity Building

MIECHV Capacity Building



Placement of Home

Visiting Coordinators

Cochise County-1.0 fte
Gila County-1.0 fte
Graham/Greenlee County-.5 fte
Mohave/La Paz County-1.0 fte
Navajo County-1.0 fte
Pima County-.5 fte
Pinal County-1.0 fte

Placement of Outreach

Coordinator

Pima County 1.0

Meetings/Professional

Development

Monthly Meeting

- Call 4th Tuesday of the Month

Quarterly PD

- Home Visiting Orientation 2/13/14
- Online Training/Community Facilitator 101 Training

Community Readiness

Assessment Scores

Cochise County-2.0
Gila County-1.9
Graham/Greenlee County-2.1
Mohave/La Paz County-1.75
Navajo County-2.4
Pima County-2.4
Pinal County-2.4

Number of Individual Participating in Local Coalitions

Cochise County-25
Gila County-8
Graham/Greenlee County-38
Mohave/La Paz County-21
Navajo County-
Pima County-38
Pinal County- 15
Total-155

Number of Agencies Participating in Local Coalitions

Cochise County-32
Gila County-5
Graham/Greenlee County-12
Mohave/La Paz County-13
Navajo County-
Pima County-32
Pinal County- 5
Total-81

Coordinated Referral Systems

Cochise County
Graham/Greenlee County
Pima County
Mohave/La Paz County
Navajo County
▪ FTF Care Coordination

Outreach Activities

Cochise County-weekly
Gila County-weekly
Graham/Greenlee County-weekly
Mohave/La Paz County-weekly
Navajo County-weekly
Pima County-Daily
Pinal County- weekly

Professional Development Trainings

September 2013 to Date:

Cochise County-4
Gila County-4
Graham/Greenlee County-3
Mohave/La Paz County-0
Navajo County-
Pima County-5
Pinal County-0

Asset Map Outcomes

There is a variety of resources including: health, social services, education, faith-based and business that families can access;

The community has a number of early childhood organizations that work well together;

This community is multi-cultural.

Gap Map Outcomes

There is no coalition or group specifically for home visiting;

There is no coordinated effort to support professional development;

There is a need for cultural competency training.

Capacity Building Plan

- Collaborate with teen pregnancy programs to link teens in the community to home visiting programs;
- Develop a coalition with the goal of building sustainability and expanding reach by sharing resources;
- Support a Home Visiting Coalition that can collectively position itself for grants funding and developing coordination of referral and networking.
- Explore the possibilities of providing support professional training for the local residents.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			Navajo County Home Visiting Coalition Meeting 12:00 – 2:00 1st Wed of the month			
	Cochise County Home Visiting Coalition Meeting 10:30-12:30 1st Mon of the month		Pima County Home Visiting Coalition Meeting 9:30-11:00 2nd Wed of the month			
			Mohave/ La Paz County Home Visiting Coalition Meeting 12:00 – 2:00 2nd Wed of the month			
		FTF has a coalition meeting 4th Tue of the month	Graham/Greenlee County Home Visiting Coalition Meeting 12:30 – 2:30 4th Wed of the month			
There are no dates for the following coalition meetings Pinal -Monthly Gila-Quarterly						

Bureau of Women's and Children's Health (BWCH) Resource Manual	DATE: September 2014
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health

SUBTITLE: Home Visiting Coordinator (HVC) Requirements

PURPOSE

The purpose of this document is to provide written guidelines for Home Visiting Coordinators (HVCs) within the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program to ensure services are delivered pursuant to the terms and conditions of the contract.

POLICY

Home Visiting Coordinator contracts will be implemented **through September 30, 2016** with various health departments or other approved entities, and monitored by appropriate Arizona Department of Health Services (ADHS) staff to ensure that all tasks and deliverables are completed as per contract requirements.

AUTHORITY

The implementation and enforcement of this policy is at the discretion of the Chief, Office of Children's Health, BWCH.

APPLICABILITY

This policy applies to all individuals working within the MIECHV program.

DEFINITIONS

"ACA" refers to the Affordable Care Act.

"ADE" refers to the Arizona Department of Education.

"ADCS" refers to the Arizona Department of Child Safety.

"ADHS" refers to the Arizona Department of Health Services.

"BWCH" refers to the Bureau of Women's and Children's Health.

"Community Coordinator" refers to the individual who is responsible for the community development, outreach, and coordination of local Home Visiting Services to a designated service area

"Data" for the purpose of this document means the material gathered during

Bureau of Women's and Children's Health (BWCH) Resource Manual	DATE: September 2014
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health

SUBTITLE: Home Visiting Coordinator (HVC) Requirements
--

the course of an evaluation which serves as the basis for information, discussion and inference.

"FTF" refers to the Arizona Early Childhood Development and Health Board, also known as First Things First.

"HRSA" refers to Health Resources and Services Administration.

"IALT" refers to the Inter-Agency Leadership Team.

"ITCA" refers to the Inter-Tribal Council of Arizona.

"MIECHV" refers to the Maternal, Infant, and Early Childhood Home Visiting Program.

"Model Implementers" for the purpose of this document refers to the party overseeing the implementation of a particular evidence based home visiting model at a funded site. In some cases this may be a separate entity from the entity providing services at the site.

"Priority Populations" for the purpose of this document refers to the Priority Populations outlined by HRSA including but not limited to those who: have low incomes; are pregnant women who have not attained age twenty-one (21); have a history of child abuse or neglect or have had interactions with child welfare services; have a history of substance abuse or need substance abuse treatment; are users of tobacco products in the home; have, or have children with, low student achievement; have children with developmental delays or disabilities; are in families that include individuals who are serving or have formerly served in the armed forces, including such families that have members of the armed forces who have had multiple deployments outside of the United States.

"State Program Manager" for the purpose of this document means the individual who is responsible for the fiscal and administrative oversight of the ACA MIECHV grant, including oversight of the contractors to ensure that the State is in compliance with all grant requirements.

Bureau of Women's and Children's Health (BWCH) Resource Manual	DATE: September 2014
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health

SUBTITLE: Home Visiting Coordinator (HVC) Requirements

"Sites" for the purpose of this document means the individual sites chosen by the Inter Agency Leadership Team (IALT) to implement the evidence based model

"Target Communities" for the purpose of this document refers to communities which are identified by the MIECHV program as needing further information and support to either initiate home visiting services or strengthen collaboration amongst home visiting programs

PROCEDURE

A. The ADHS MIECHV Program Manager, MIECHV Community Coordinator, or appropriate ADHS staff will ensure that the Contractor shall implement, conduct, and oversee the Home Visiting Coordinator Contract through 9/30/16 as follows:

- 1) Fund a full or part-time position to serve as a Home Visiting Coordinator for an identified geographic area. The Home Visiting Coordinator shall build a local home visiting infrastructure to include but not limited to the following:
 - a) Develop a Coalition Action Plan (See Attachment A) in collaboration with local partners within ninety (90) days of being hired as a Home Visiting Coordinator;
 - b) Assist the identified geographic area(s) in identifying successful strategies to develop local infrastructure for home visiting;
 - c) Develop a comprehensive list of available local home visiting services; Identify the number, the location; their characteristics, strengths, and target populations;
 - d) Set up meetings, recruit new members, and support coalitions mission and work;
 - e) Create and strengthen the referral system within the community; and
 - f) Strengthen or establish linkages and referral protocols among home visiting programs and community based providers (e.g agencies in the local community that a home visitor would refer a family to for services)

Bureau of Women's and Children's Health (BWCH) Resource Manual	DATE: September 2014
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health

SUBTITLE: Home Visiting Coordinator (HVC) Requirements

- 2) The Home Visiting Coordinator shall also establish communication pathways through the following:
 - a) Improve community collaboration by developing written and verbal communications to positively promote, inform, and educate the public regarding home visiting;
 - b) Create the local community component of the home visiting website to include but not be limited to meeting information, local trainings, and links to resources; and
 - c) Promote community acceptance of home visiting through outreach activities.

- 3) The Home Visiting Coordinator shall also provide Professional Development opportunities as follows:
 - a) Identify training needs with input from the various Home Visiting Coalitions, complete the revised MIECHV Professional Development Template (See Attachment B), plan and advertise training, evaluate training;
 - b) Work with BWCH to schedule training that is needed locally either in person, or utilizing web based training;
 - c) Annually develop five (5) trainings;
 - d) Coordinate efforts between local home visiting and social service programs, and work with them to establish Professional Development opportunities;
 - e) Work with local community colleges and universities to bring additional training to the community;
 - f) Research the possibility of providing scholarship grants to support professional training for local residents; and

Bureau of Women's and Children's Health (BWCH) Resource Manual	DATE: September 2014
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health

SUBTITLE: Home Visiting Coordinator (HVC) Requirements


- g) Establish cultural competency training for local home visitors and service providers
- 4) The Home Visiting Coordinator shall also:
 - a) Work with FTF to leverage funding and support community sustainability; and
 - b) Support the Home Visiting Coalition(s) to collectively position themselves for grant funding by developing grant materials in advance and utilizing the Home Visiting Coordinator to research grant websites
- B. Reference Documents (on file at ADHS)
 - a) Arizona's Maternal, Infant and Early Childhood Updated Plan,
 - b) Monthly Progress Report Forms, and
 - c) Other required forms (upon completion by ADHS)
- C. Approvals
 - a) Printed materials shall be submitted to the MIECHV Community Coordinator and approved before release.
 - b) Trainings shall be approved by MIECHV Community Coordinator before being implemented.
- D. The Contractor shall also provide the following deliverables **through 9/30/16**:
 - a) Submit sign in sheets and revised MIECHV Template for Course Development for five (5) trainings annually in the month following the training This should be submitted with the monthly updates;
 - b) Ensure monthly program updates have been uploaded on the website;
 - c) Submit minutes of monthly coalition meetings by the fifteenth (15th) of the month following the meeting;

Bureau of Women's and Children's Health (BWCH) Resource Manual	DATE: September 2014
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health

SUBTITLE: Home Visiting Coordinator (HVC) Requirements

- d) Submit a coalition action plan within ninety (90) days of beginning of the Agreement;
- e) Provide a list of local resources for home visitors to be submitted with the Monthly Agency Report;
- f) Prepare and submit a monthly Contractor's Expenditure Report by the fifteenth (15th) of the following month in accordance with the established budget; and
- g) Prepare and submit a Labor Activity Report (LAR) (See Attachment C) and Monthly Agency Contractor Report (See Attachment D) by the twenty-first (21st) of the following month in accordance with the established guidelines of the agreement.

E. For additional specific Monthly Monitoring Procedure requirements please see Section 10 of this Resource Manual.

Approved:  _____ Irene Burnton, Chief, Office of Children's Health	Date: <u>8/30/16</u>
The Primary Position of Responsibility for this policy is the Bureau of Women's and Children's Health. Users are encouraged to suggest improvements regarding this policy and procedure.	

ATTACHMENT A - 3 pages

COALITION ACTION PLAN FOR IMPLEMENTATION OF SERVICES HOME VISITING COORDINATOR

Activities	Target Date
Responsible Party	
Pre-Conference	
• List action steps	
• List action steps	
• List action steps	
• List action steps	
• List action steps	
• List action steps	
Responsible Party	
Live Steaming for SFAZ Conference	
• List action steps	
• List action steps	
• List action steps	
• List action steps	
• List action steps	
• List action steps	
Responsible Party	
CART Service	
• List action steps	
• List action steps	
• List action steps	
• List action steps	
• List action steps	
• List action steps	
Responsible Party	
Infant Mental Health Training	
• List action steps	
• List action steps	
• List action steps	
• List action steps	
• List action steps	
Responsible Party	
ASQ Training	
• List action steps	
• List action steps	
• List action steps	
• List action steps	
• List action steps	

• List action steps	
Responsible Party	
ADHS Facilitation Training	
• List action steps	
• List action steps	
• List action steps	
• List action steps	
• List action steps	
• List action steps	
Responsible Party	
Car Seat Training	
• List action steps	
• List action steps	
• List action steps	
• List action steps	
• List action steps	
• List action steps	
Responsible Party	
CMDP Training/ Substance Exposed Infants Special Filming of Conference Workshops	
• List action steps	
• List action steps	
• List action steps	
• List action steps	
• List action steps	
• List action steps	
Responsible Party	
Grants Management Training	
• List action steps	
• List action steps	
• List action steps	
• List action steps	
Responsible Party	
Pre-Conference	
• List action steps	
• List action steps	
• List action steps	
• List action steps	
• List action steps	
• List action steps	
Responsible Party	
Live Streaming for SFAZ Conference	
• List action steps	
• List action steps	
• List action steps	
ATTACHMENT A – HVC COALITION ACTION PLAN P.2	

• List action steps	
• List action steps	
• List action steps	
Responsible Party	
CART Service	
• List action steps	
• List action steps	
• List action steps	
• List action steps	
• List action steps	
• List action steps	
Responsible Party	
Infant Mental Health Training	
• List action steps	
• List action steps	
• List action steps	
• List action steps	
• List action steps	
• List action steps	

**ATTACHMENT B – HVC PROFESSIONAL DEVELOPMENT TEMPLATE –
(Broken into 2 pages)**



Topic			
Number of Participants		Instructor's Name	
Hours (contact)		Date of Professional Development Activity	
CE Offered?	<input type="radio"/> Yes <input type="radio"/> No	Location (City or Town/County)	
Sponsored by ¹			
Benchmark Addressed (Check all that apply)	Maternal and Newborn Health		<input type="checkbox"/>
	Child Injuries, Child Abuse, Neglect or Maltreatment and Reduction of ER Visits		<input type="checkbox"/>
	School Readiness and Achievement		<input type="checkbox"/>
	Domestic Violence		<input type="checkbox"/>
	Family Economic Self-Sufficiency		<input type="checkbox"/>
	Coordination and Referrals for Other Community Resources and Supports		<input type="checkbox"/>
Course Level ² (Check only one)	Awareness		<input type="checkbox"/>
	Performance		<input type="checkbox"/>
	Management and Planning		<input type="checkbox"/>
Type of Training (Choose one)	Benchmark		<input type="checkbox"/>
	Best Practice		<input type="checkbox"/>
	Model Specific		<input type="checkbox"/>
	On-line		<input type="checkbox"/>
	Local		<input type="checkbox"/>
	Conference		<input type="checkbox"/>

ATTACHMENT B – HVC PROFESSIONAL DEVELOPMENT TEMPLATE - P. 2



¹Strong Families AZ, AZ Department of Health Services, AZ Department of Education, AZ Department of Economic Security, First Things First

²**Awareness level** courses are designed for HV who would benefit from additional professional development in specific competency areas or topics to increase their basic skills

Performance level courses are designed for HV who have basic competency skills in a core competency area or topic, but would benefit from advanced professional development

Management and Planning Level Courses are designed for supervisors/administrators

Visit us at www.strongfamiliesaz.com

Pay Period 9/28/13 To 10/9/13

Timekeeper's Name _____
 Telephone Number _____
 Date _____

Position No: SHS00000596
 148973

Name: HVC ATTACHMENT C - LABOR ACTIVITY REPORT - EXAMPLE ONLY EIN: _____

Description	Index	PCA	AY	Percent	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	Total	
CDC Injury	99471	43560	13	75%			6	6	6	6	6			6	6	6					6	6	6			6	54
MIECHV	92351	43400	13	25%			2	2	2	2	2			2	2	2					2	2	2			2	18
				0%																						0	
				0%																						0	
				0%																						0	
				0%																						0	
				0%																						0	
				0%																						0	
				100%	0	0	8	8	8	8	8	0	0	0	8	8	8	0	0	0	0	8	8	0	8	72	
Total Hours Worked																											

Annual Leave	300																										0
Sick Leave	310																							8			8
Holiday	321/322																										0
Comp. Time Used	330																										0
Jury Duty	350																										0
Miscellaneous																											0
Short Term Leave w/o Pay	640																										0
Total Leave Hours																											

Pay Period Totals	0	0	8	8	8	8	8	8	8	8	8	0	0	0	8	8	8	0	0	0	0	8	8	0	8	80
--------------------------	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	----

I certify that the hours above represent, to the best of my knowledge, an accurate record of the time that I have devoted to the identified programs/activities as per ADHS policies and procedures.

NOTE: Due into Payroll Office on Monday, before close of business.
 LAR will not be processed without Signatures.

 Employee's Signature

 Business Manager/Supervisor Signature/Phone Number

ATTACHMENT D

Monthly Agency Contractor Report MIECHV

Agency:

Contact Person:

Date: _____ Telephone: _____ E-Mail: _____

The information reported in this document will be used to keep the MIECHV staff apprised of MIECHV grantee accomplishments, key issues, and upcoming events on a monthly basis. It should be completed on the last day of every month and submitted in an e-mail to the MIECHV staff monthly.

Items on the Monthly Report

1. **Coalition Meeting:**

- a. What is the recurrent date of the meeting ex. (2nd Friday of the month)
- b. How many people attended the coalition meeting?
- c. What Agencies attend the coalition meetings?
- d. What community business members were present?
- e. Is there a home visiting family involved in your coalition?
- f. What were major topics discussed at the meeting?
- g. What action step will be taken and by whom?

2. **Strong Families Website:**

- a. Any changes made to the website during the month.

3. **Coordinate Referral System:**

- a. Does your coalition have a coordinated referral system?
- b. How many referrals do you receive each month?
- c. How many agencies participate in the referral system?

4. **Major Accomplishments:**

- a. What major accomplishments; both internally and from a public information perspective, have been completed over the course of this month?

5. **New Programs:**

- a. Have you launched any new programs? [yes] [no]
[If yes] Please describe them.

6. **Media/ Marketing:**

- a. List all planned press conferences, earned media attempts, paid media programs, radio appearances, and miscellaneous press-worthy information.
- b. Does your coalition have any ongoing marketing? If so, please describe the marketing you are providing? Where it is located in your County?

- c. Did you produce any marketing materials for last month (flyers, rack cards, promotional material) Did you follow the Strong Families brand standards?

7. Agency Outreach:

- a. How many Outreach Activities did you do this month
- b. Where were the Outreach Activities located
- c. Did you receive any referrals from the Outreach
- d. If you got a referral what agencies received the referral/ Was it a MIECHV funded site
- e. Did the family get enrolled in services

8. Special Events:

- a. List any special events your coalition is participating in (e.g. in-state conferences your agency is hosting/attending, county fairs, clinics, community-oriented appearances, etc.) Where were the events located? Did you receive any referrals from the trainings? What home visiting model received the referrals from you? Where they MIECHV funded programs? Did the home visiting model enroll the family?

9. Training:

- a. Did you provide a MIECHV funded program last month?
- b. Where was the training located?
- c. How many people attended the training?
- d. Did you facilitate any MIECHV funded state trainings last month?
 - a. What was the name of the training?
 - b. How many people attended?
 - c. Where was the training located?

10. Other Issues:

- a. Do you have any additional areas of concern? Please list any other issues you may have encountered during the month.

MIECHV RESOURCE MANUAL - SECTION 8 –

ADHS INSTITUTIONAL REVIEW BOARD (IRB) PROCESS AND REQUIREMENTS:

IRB APPLICATION

CONFIDENTIALITY STATEMENT

SECURITY CHECKLIST

NEW PROJECT/STUDY SUBMISSIONS TO THE HUMAN SUBJECTS REVIEW BOARD (HSRB)

Human Subjects Review Board - Purpose: The HSRB is formed pursuant to the provisions of Section 474 of the National Research Act (Public Law 93-348) and Regulations (45 CFR 46.101. et seq.), to review biomedical and behavioral research involving human subjects that is conducted, funded, or sponsored by the Arizona Department of Health Services (ADHS), or uses data collected or maintained by ADHS in order to protect the rights of the human subjects of such research.

Nature of Research Requests to be Reviewed: All ADHS biomedical or behavioral studies, or investigations that seek to use data maintained by ADHS shall be considered under the purview of the HSRB. This includes all projects developed by ADHS personnel and all requests for data from outside persons, but does not necessarily include projects submitted for funding under state or federal programs, unless specifically required by the funding organization and accepted by the HSRB.

CONTENT OF SUBMISSIONS:

A request for review of a new research protocol involving human subjects or request for ADHS-maintained data shall be submitted to the HSRB in written form. The written submission must have the pages numbered and include the following:

1. A detailed description of the nature of the research to be conducted and the methodology and procedures which the research will utilize. Incomplete requests will be returned for further documentation. The HSRB requires an Executive Summary be prepared and submitted.
2. A statement of the goals which the research seeks to accomplish.
3. A description of mechanisms to be utilized during the research which are designed to safeguard the rights and welfare of human subjects involved in the research, including mechanisms to safeguard individually-identifiable data.
4. If applicable, a description of the ADHS-maintained data to which the researcher is seeking access, the name of the Program maintaining the data, and the frequency with which data is to be disclosed.
5. A list of each research investigator involved in the protocol, along with a description of the investigator's role in the protocol and the investigator's experience and expertise in the area of research proposed to be conducted.
6. A description of how the research investigator intends to monitor results and to report findings.
7. An assurance by the research investigator that the research will be conducted in accordance with applicable law and regulations and HSRB requirements, and that all material modifications in the research or any problems which may develop thereafter in the research shall be immediately submitted to the HSRB for review and action.
8. A description of how the research investigator will obtain informed consent of the human subjects in accordance with applicable law and rules, along with the written disclosure form by which informed consent will be obtained.
9. Any other information about the proposed research which will facilitate the HSRB's review of the research. All documents other than the protocol should be pertinent and as brief as possible, without reducing the clarity of the project's description, because the HSRB's time is limited.
10. Copies of any previous Institutional Review Board approval.
11. A completed Confidentiality Statement, signed by all named investigators; a completed Security Considerations Form; and, if applicable a signed Waiver of HIPAA Authorization.

CONFIDENTIALITY:

The HSRB requires documentation (Confidentiality Statement) of the intent and ability of the researcher to ensure that the data provided by ADHS or collected as part of the protocol is maintained so as to preserve the privacy of the human subjects.

Any release of confidential information by ADHS must clearly have benefits and scientific merit that outweigh the contemplated invasion of privacy or confidentiality. After the HSRB approves a submission, any requests for ADHS-maintained data must be signed by the individual who signed the Confidentiality Statement.

SUBJECTS NOT WITHIN THE HSRB'S PURVIEW:

The HSRB is not responsible for the scientific merit of the proposed research except that poorly prepared research protocols or inappropriate scientific studies in themselves may be considered an unwarranted risk for a human subject or inappropriate for disclosure of confidential records. In general, the merit of the methods, techniques, and goals of the research, as well as any required institutional approval, are the express responsibility of the investigator(s) and the appropriate administrator of the institution of the investigator submitting the request.

The HSRB's action cannot be construed as approving, granting, or providing funds for the research, nor guaranteeing that the requested data will be made available. These decisions are the responsibility of the offices having either the data or the funds.

HSRB Number Assigned by ADHS: _____

CONFIDENTIALITY STATEMENT
(To be signed and returned with your submission to the HSRB)

Name of Project: _____

We/I, _____, the Principal Investigator, and _____, the undersigned researchers for the

above-referenced project, agree to abide by Arizona Revised Statutes to protect the confidentiality of the data provided and the privacy of the human subjects under this study. These statutes and rules prohibit the following:

1. Disclosure in published results of the study or in communication with others of the name, address, or any other personally identifiable information of any individual identified on a vital record or other record provided by the Department;
2. Contact with any individuals named on a vital record or other record provided by the Department without prior permission from the State Registrar;
3. Delivery of confidential information to other persons not identified specifically in the submission to the HSRB as being connected with the study; and
4. Use of vital record information or other records provided by the Department in any way that may violate the privacy of any individual named on a vital record or other record provided by the Department or cause embarrassment to the registrant or the registrant's family.

After the HSRB approves a submission, any requests for ADHS-maintained data must be signed by an individual who signed the Confidentiality Statement.

ACKNOWLEDGEMENT:

We/I understand the above requirements and agree to maintain the confidentiality of the vital records, records which have been provided by the Department, or other data related to the above project by appropriately protecting all electronic and paper data during the conduct of the project, as described in the submission.

We/I agree to destroy all personally identifiable information provided by ADHS or derived from information provided by ADHS upon completion of the study, as described in the submission. We/I further agree to submit to ADHS through the Human Subjects Review Board (HSRB), immediately upon the conclusion of the project and the destruction of records, a written statement setting forth the specific date and the method of destruction used to destroy the vital records or other ADHS-provided records (Certificate of Destruction Form).

We/I understand that for a project using personally identifiable information, a request must be submitted to the HSRB for another review at least 30 days before: a change in the protocol for the project is implemented, the data is modified in any way, or the expiration of the HSRB's approval period. If the personally identifiable information provided by ADHS is to be kept for more than 5 years from the date of the HSRB's approval, the project must be re-submitted to the HSRB for another review/approval.

We understand that ADHS and/or the program providing the confidential information retain the right to review any report prior to dissemination to ensure that confidentiality has been protected.

Violators may be subject to other legal actions.

Typed Name of Principal Investigator Title/Position of the Principal Investigator

Signature Date

Typed Name of Researcher Title Signature Date

Typed Name of Researcher Title Signature Date

Typed Name of Researcher Title Signature Date

Typed Name of Researcher Title Signature Date

ARIZONA DEPARTMENT OF HEALTH SERVICES

Human Subjects Review Board

SECURITY CONSIDERATIONS FOR INVESTIGATORS

In Arizona and nationwide, there is a growing concern about identity theft and other fraudulent use of birth and death records or other individually identifiable information. There can be great temptations for unscrupulous persons (e.g., professional thieves or computer hackers) to obtain and use individually identifiable information unlawfully.

As part of the Arizona Department of Health Services (ADHS) heightened security awareness for research use of Arizona's vital records, registries and other confidential information, the ADHS requires you to address security considerations in your research protocol or request for ADHS-maintained data. **The following checklist may assist you to satisfy this requirement.**

ACCESS CONTROLS

- Yes No Have you identified all individuals who will be granted direct access to the information requested and their role in the study?
- Yes No Have these individuals signed the HSRB confidentiality agreement?
- Yes No Have you provided documentation of who is authorized to directly access confidential study data?
- Yes No Do those staff members receive privacy/security training, and are they required to sign a confidentiality agreement?
- Yes No Will anyone else have access to the area where ADHS information will be stored (e.g., students, custodians)?
- Yes No Are there any controls in place to prevent unauthorized access to the information?

PHYSICAL SECURITY: For ADHS records maintained in hard copy format, please address the following security issues.

- Yes No Have you established restricted access procedures for record storage areas (e.g., key code devices, locked cabinets, shelving or storage rooms, etc.)?
- Yes No Does your institution use a controlled-access vault or safe for the protection of this type of paper or electronic files?
- Yes No Does your institution have a monitored alarm system or physical security guards to detect unauthorized entry after hours?
- Yes No Does your institution destroy the hard copy records containing individually identified data after data entry is completed? If so, please identify in your protocol/submission the method of destruction to be used (e.g., shredding or incineration). If not, please explain in your protocol/submission the rationale for not destroying them.
- Yes No Does your institution require hard copy records containing confidential information to remain on-site? If not, please describe in your protocol/submission the procedures used to ensure the protection of hard copy records transported and used at off-site locations.
- Yes No Did you describe in your protocol/submission any other physical or electronic security procedures to protect hard-copy records?

ELECTRONIC DATA SECURITY: For ADHS records maintained in electronic format, please address the following security issues.

- Yes No Are workstations on which study personnel can access the records located in a secure area? If not, please explain in your protocol/submission.
- Yes No Are workstations on which study personnel can access the records part of a network? If so, please explain in your protocol/submission the type of computer network (e.g., VPN, LAN, WAN, etc.) that will house the ADHS records, and how you will ensure protection against unauthorized access (e.g., encryption, firewalls, intrusion detection or other security techniques).
- Yes No Is a method of authentication used to access data (e.g., passwords, passwords plus another level of authentication, etc.)?
- Yes No Are there scheduled updates of passwords and a policy against sharing of passwords?
- Yes No Are electronic records containing confidential information taken off-site or accessed from off-site? If so, describe in your protocol/submission the procedures used to ensure the protection of electronic records transported to or used from off-site locations. (Address, as applicable, connectivity or use of a web-based system; use of privacy/security agreements; storage on laptops or devices such as flash drives or PDAs; and storage procedures at the off-site location.)
- Yes No Are electronic records containing individually identified data from coding or data entry destroyed after transfer to statistical analysis programs? If not, please explain in your protocol/submission the rationale for not destroying them.
- Yes No Are other physical or electronic-security procedures used or planned to be used to protect electronic records?

OTHER INFORMATION PROTECTION AND SECURITY MEASURES

Please provide any additional pertinent information to the Human Subjects Review Board on how you will assure the integrity, privacy, and security of information you've requested, if applicable.

Bureau of Women’s and Children’s Health (BWCH) Policies and Procedures Manual	DATE: September 2014 July 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children’s Health

SUBTITLE: Federal Grant Compliance Requirements

PURPOSE

This policy establishes Arizona Department of Health Services (ADHS) guidelines related to federal grant compliance requirements and for including appropriate federal compliance requirements in each ADHS federally funded contractual agreement to an outside organization identified as a subrecipient/subgrantee

POLICY

Any ADHS division/program receiving federal financial assistance either directly from the federal government, or indirectly from other units of state and local governments, must ensure that the expenditure of funds complies with all applicable federal requirements. The recipient should also consider guidance from the grantor agency. In general, when there are multiple sources of federal requirements, the most specific requirement should be followed.

AUTHORITY

Federal Law 45 CFR, Part 75, Federal Common Rule for Uniform Administrative Requirements, Principles, and Audit Requirements for Health and Human Services awards.

State of Arizona Accounting Manual, Section II-M, Federal Financial Assistance.

APPLICABILITY

This Policy applies to all divisions and programs of the ADHS.

DEFINITIONS

- A. Cash Management Improvement Act (CMIA) - federal rules and procedures prescribed for the transfer of funds between the Federal Government and the states for federal grants and other programs. The same rules apply when ADHS make contract/IGA/ISA payments to third party contractors identified as subrecipients.
- B. CER - Contractors Expenditure Report
- C. CFR - Code of Federal Regulations.
- D. Contractor - an entity that receives a procurement contract for goods or services from a grantee

Bureau of Women's and Children's Health (BWCH) Policies and Procedures Manual	DATE: September 2014 July 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health

SUBTITLE: Federal Grant Compliance Requirements

that will be paid for from federal financial assistance. The contractor's responsibility is to meet the requirements of the procurement contract. Once these requirements are met, the normal claim process will take effect and the contractor will receive a payment from the federal financial assistance for services rendered and may not be required to comply with specific grant requirements. Generally, once the federal funds are spent procuring goods and/or services from a contractor, the funds lose their federal identity and subsequently there are no longer any federal restrictions in effect.

- E. Federal Grant - an award of financial assistance, including cooperative agreements, in the form of money, or property in lieu of money, by the federal government to an eligible grantee.
- F. Grant Agreement - contractual document between the State and Federal government that specifies terms and conditions of the grant, generally including administrative, program, accounting, reporting and close-out requirements.
- G. Interagency Service Agreement (ISA) - a contractual agreement between two or more units within one distinct legal entity, i.e., two or more state agencies within the State of Arizona.
- H. Inter-Governmental Agreement (IGA) - a contractual agreement between two or more legally distinct governmental entities, i.e., the State of Arizona and a County Health Department.
- I. Prime Recipient (Grantee) - the entity to which a grant is awarded and that is accountable for the use of the funds provided. The prime recipient is the entire legal entity even if only a particular component of the entity is designated in the grant award document (45 CFR Part 75).
- J. Subrecipient (Subgrantee) - the government or other legal entity to which a subgrant is awarded and that is accountable to the prime recipient (grantee) for the use of the funds provided (45 CFR Part 75). A subrecipient (subgrantee) receives a pass-through of federal monies from the prime recipient to perform its responsibilities under the grant agreement and will be required to comply with specific grant requirements. The subrecipient will also be required to comply with CMIA requirements.

DIVISION OF PRIMARY RESPONSIBILITY

Division of Business and Financial Services, Controller's Office

Bureau of Women's and Children's Health (BWCH) Policies and Procedures Manual	DATE: September 2014 July 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health

SUBTITLE: Federal Grant Compliance Requirements

PROVISIONS AND GUIDELINES

- A. The sources of requirements that govern all federal grants received are as follows:
1. United States Constitution
 2. Statutes of General Applicability
 3. Grant Enabling Statutes
 4. OMB and Treasury Department Circulars
 5. Agency-wide Regulations
 6. Grant Agencies Program Regulations
 7. Grant Agreement
- B. When making distributions of federal financial assistance to third party subrecipients/subgrantees via contractual agreements, ADHS programs are responsible for including in the contract all grant specific program requirements plus applicable general federal regulations pertaining to the federal program.
- C. Department, division and program personnel responsible for administering federal grants, will be knowledgeable of all grant specific requirements. In addition, the division/ program will be knowledgeable of the following general federal regulations which can be reviewed on the Internet starting at:
- For Federal Circulars: **[Http://www.whitehouse.gov/OMB/index.html](http://www.whitehouse.gov/OMB/index.html)**
For Code of Federal Regulations: **www.ECFR.gov**
1. Federal Law 45 CFR, Part 75, Federal Common Rule for Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Health and Human Services awards.
 2. Federal Law 31 CFR Part 205, Cash Management Improvement Act (CMIA);

Bureau of Women's and Children's Health (BWCH) Policies and Procedures Manual	DATE: September 2014 July 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health

SUBTITLE: Federal Grant Compliance Requirements

3. Related to, Federal Law 45 CFR Part 75, the Federal Government issues a Compliance Supplement for Single Audits of State and Local Governments (which can be reviewed on the Internet starting at the above noted location) that sets forth the major compliance requirements (i.e., general requirements and grant specific requirements) which will be considered in an organization-wide audit of State, local governments and non-profit organizations that receive federal financial assistance. The Compliance Supplement, although prepared for auditors, serves as an excellent tool for prime recipients and subrecipients as they capture all compliance requirements for assistance programs as required by national statute, Executive Orders, Code of Federal Regulations, OMB Circulars and other authoritative sources.
4. The Federal Law 45 CFR Part 75 Compliance Supplement outlines fourteen general compliance requirements that must be followed by any entity receiving federal funds, and are reviewed by the State Auditor General for applicability to each federal grant that is included in the annual audit of ADHS. For each compliance requirement that apply to a particular federal grant, the Auditor General applies detailed audit steps to verify that ADHS is complying with the federal requirement. ADHS personnel responsible for administering federal funded programs must be knowledgeable of which of the following compliance requirements apply to the federal grant. The fourteen Compliance Requirements are summarized as follows (See additional detail information on each requirement at Exhibit 1, which includes guidelines for ADHS compliance and subrecipient compliance):
 1. Activities Allowed or Unallowed
 2. Allowable Costs/Cost Principles
 3. Cash Management
 4. Davis-Bacon Act
 5. Eligibility
 6. Equipment and Real Property Management
 7. Matching, Level of Effort, Earmarking

Bureau of Women's and Children's Health (BWCH) Policies and Procedures Manual	DATE: September 2014 July 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health

SUBTITLE: Federal Grant Compliance Requirements

8. Period of Availability of Federal Funds

9. Procurement and Suspension and Debarment

10. Program Income

11. Real Property Acquisition and Relocation Assistance

12. Reporting

13. Subrecipient Monitoring

14. Special Tests and Provisions

- D. For each subrecipient contract, ADHS programs must include in the Uniform General Terms and Conditions the provision titled, Financial Management. The Financial Management provision states that, A . . . the practices, procedures and standards specified in and required by the Accounting and Auditing Procedures Manual for Contractors of Arizona Department of Health Services-funded Programs (AAPM) will be used by the Contractor in the management of contract funds and by the Department when performing a contract audit . The AAPM, Chapter 2, provides references to the various federal regulations and states that the contractor has the responsibility to ensure compliance with the appropriate federal regulations which include the fourteen Compliance Requirements outlined above.
1. For accounting and compliance purposes, an ADHS division/program making distributions of federal financial assistance to third parties must determine whether each third party is a subrecipient or a contractor:
 2. A subrecipient's responsibility is to help the prime recipient meet the requirements of the federal financial assistance award received. When a subrecipient receives a pass-through of federal monies from the prime recipient, the subrecipient is required to comply with the federal grant requirements.
 3. A contractor responsibility is to meet the requirements of the procurement contract which was

Bureau of Women's and Children's Health (BWCH) Policies and Procedures Manual	DATE: September 2014 July 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health

SUBTITLE: Federal Grant Compliance Requirements

competitively awarded under state procurement rules. The contractor will receive a payment for services rendered from the federal financial assistance received and may not be subject to specific grant requirements.

For assistance in making this determination, refer to Law 45 CFR Part 75, Subrecipient and Contractor Determinations, at Exhibit 2. The division Business Office and the ADHS Controller's Office will provide assistance and technical support to assist programs in determining the correct classification.

- E. All ADHS contractual agreements making distributions of federal financial assistance to third parties must include, as an integral part of the contractual agreement, the ADHS Federal Financial Assistance Information Form (Exhibit 3), which documents the following information as required under federal regulations:
1. The type of relationship (subrecipient or contractor);
 2. Compliance requirements;
 3. Name of the Federal Financial Assistance;
 4. Federal Code of Federal Domestic Assistance (CFDA) number;
 5. Amount of Federal Financial Assistance being distributed to the subrecipient.

The primary purpose of providing this information is to alert each contractor as to their status as either a subrecipient or a contractor. Each subrecipient must be informed that they are receiving federal funds which must be included and reported on their annual Schedule of Federal Financial Assistance and that they are subject to the federal grant compliance requirements. This information must be reviewed by each subrecipients CPA firm or the State Auditor General to determine the extent of federal audit procedures to be applied as required under Federal Law 45 CFR Part 75.

Under procurement contracts with contractors, ADHS is buying goods and/or services for its own use in carrying out the federal grant requirements and the contractor is not subject to the audit requirements of Federal Law 45 CFR Part 75. The contractor would be subject to the terms and conditions of the contractual agreement with ADHS.

Bureau of Women's and Children's Health (BWCH) Policies and Procedures Manual	DATE: September 2014 July 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health

SUBTITLE: Federal Grant Compliance Requirements

- F. All contractual agreements with third parties identified as subrecipients will include in the Uniform General Terms and Conditions section of the contract, the contract provision titled, Financial Requirements, which requires subrecipients to comply with the audit requirements of Federal Law 45 CFR Part 75, when they expend \$300,000 or more in federal funds received from ADHS and all other funding sources during the subrecipients fiscal year.
- G. To assure compliance with the Federal Common Rule and the Cash Management Improvement Act, the ADHS contract payment method to third party recipients of federal financial assistance identified as subrecipients will be cost reimbursement, i.e., contract payments will be based upon submission by the contractor of their actual expenditures via the ADHS Contractor's Expenditure Report (CER). If the subrecipient contract includes mixed funding of federal, state or other funds, the payment method will be cost reimbursement for all funding sources.
- H. ADHS Division Program Managers and contract coordinators will become familiar with the Accounting and Auditing Procedures Manual For Contractors of ADHS Funded Programs, which provides guidance to ADHS contractors as to their responsibility in managing and administering ADHS contract funds. A copy of this Manual may be obtained by calling the ADHS Controller's Office at (602) 542-2996.

PROCEDURES

- A. ADHS compliance with federal regulations will begin with the federal grant application process.
 - 1. For new grants applied for and current grants being renewed, ADHS division program managers will obtain and maintain in an official grant file, copies of the federal grant specific requirements that must be followed by ADHS. Program management will also review Federal Law 45 CFR Part 75 Compliance Requirements (see Exhibit 1), and identify which of the fourteen requirements would apply to the grant. Assistance with this review process will be available from the Division Business Office and the ADHS Controllers Office. The objective is for the ADHS personnel responsible for monitoring and administering the federal grant to assure that by the time the federal award is received, ADHS has identified all applicable grant compliance requirements for which ADHS has responsibility and that appropriate program controls are established to assure compliance.

Bureau of Women's and Children's Health (BWCH) Policies and Procedures Manual	DATE: September 2014 July 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health

SUBTITLE: Federal Grant Compliance Requirements

Responsible Position: Program Managers

2. If plans for use of the grant funds include contractual agreements with subrecipient contractors, the program plans must address the inclusion of all appropriate grant specific requirements as an integral part of the Scope of Work section of the contractual agreement. In addition, the ADHS program must complete the ADHS Federal Financial Assistance Information Form (Exhibit 3), which is to be attached to the original Purchase Requisition Form that initiates the establishment of the official contractual agreement. The ADHS Procurement Office will include the federal financial information recorded on the form as an official part of the contractual agreement.

Responsible Positions: Program Managers, Procurement Administrator

- B. Sub recipient Versus Contractor Determination (See Exhibit 2)
 1. The determination of a contractor as a subrecipient versus a contractor/~~vendor~~ is extremely important under federal regulations as ADHS is responsible for assuring that subrecipients comply with applicable federal regulations, whereas this is not a requirement for contractor-type contracts. In some cases the application of the Federal Law 45 CFR Part 75, Section 73.351 criteria related to subrecipients versus contractor can be confusing and complex. The Division Business Office and the ADHS Controllers Office will provide assistance and technical support to assist programs in determining the correct classification. When assistance is required to identify the correct classification, the Division Business Office will coordinate a meeting to include the Program Manager and the Controllers Office, Fiscal Grants Operations Unit Manager.

Responsible Position: Program Manager, Business Managers, Fiscal Grants Operations Manager

2. The Federal Law 45 CFR Part 75 criteria for determining the subrecipient versus contractor relationship are outlined at Exhibit 2. The rationale for the final decision will be documented and attached to the Federal Financial Assistance Information Form.
3. The subrecipient versus contractor determination must also be made when a contract is split-funded between federal and state or other funding sources.
- C. Contract Payment Methodology of Subrecipient Contracts: Cost Reimbursement

Bureau of Women's and Children's Health (BWCH) Policies and Procedures Manual	DATE: September 2014 July 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health

SUBTITLE: Federal Grant Compliance Requirements

1. Based upon compliance requirements of the following federal regulations, with the exception of programs who have received federal authorization to utilize capitation payments, the ADHS contract payment method for subrecipient contracts are cost reimbursement, i.e., contract payments will be based upon submission by the contractor of the ADHS Contractor's Expenditure Report (CER) for their allowable actual expenditures which qualify for reimbursement.
 - a. The Federal Common Rule,(a), Allowable costs, Limitations on Use of Funds, which states: A Grant funds may be used only for:
 - (1) The allowable cost of the . . . subgrantees . . .
 - (2) Reasonable fees or profit to cost-type contractors **but not fee or profit (or other increment above allowable costs) to the grantee or subgrantee**. The federal term subgrantee is synonymous with the term subrecipient, therefore, subrecipients are not allowed to make a profit or be paid amounts above their actual costs. ADHS is responsible for assuring that payments to subrecipients do not exceed the subrecipients actual cost of providing the contractual requirements. This federal requirement is always met when the payment method is cost reimbursement and the subrecipient complies with federal cost allocation guidelines (See Cost Allocation at paragraph C.2.a. below).
 - b. The Federal Cash Management Improvement Act (CMIA) is summarized at Exhibit 1, Paragraph C as a federal compliance requirement. A major responsibility for ADHS is to assure that the subrecipient is not accumulating excess federal cash and that the subrecipient is meeting federal guidelines for the prompt disbursement of federal cash. When the subrecipient accumulates excess federal cash, the subrecipient becomes responsible for federal interest expense for the excess cash balance and ADHS becomes responsible for the collection and payment of the interest penalty to the federal government. The federal CMIA requirements are automatically met when the payment method is cost reimbursement.
2. Important Financial Concepts Under Cost Reimbursement Contracts.

Once the contract is effective, the federal regulations relating to Cost Allocation and Subrecipient Monitoring must be followed.

 - a. Cost Allocation

Bureau of Women's and Children's Health (BWCH) Policies and Procedures Manual	DATE: September 2014 July 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health

SUBTITLE: Federal Grant Compliance Requirements

While line item budgets are established for cost reimbursement contracts to establish the maximum reimbursement amounts, the subrecipient is required to comply with federal cost allocation guidelines to assure that only direct and indirect expenses associated with providing the ADHS contract activities is billed to ADHS. Cost allocation is the accounting process whereby the allocable amount of allowable costs related to contract activities are charged to ADHS contracts. The federal cost allocation guidelines are provided in Federal Law 45 CFR Part 75.

Cost allocation is also covered in detail in Chapter 5, of the Accounting and Auditing Procedures Manual for Contractors of ADHS Funded Programs. A copy of this Manual may be obtained by calling the ADHS Controllers Office at (602) 542-2996.

b. Contract Monitoring

- (1) Under cost reimbursement contracts, ADHS Programs must have specific processes in place for the monitoring of subrecipient performance of all contract activities to assure compliance with federal grant program activity requirements (See Exhibit 1, Page 4, Section M: Subrecipient Monitoring). The contract must establish periodic reporting criteria whereby the contractor is documenting that the required contract activities are being provided in a timely manner. As the subrecipient submits the monthly CER's for payment, the ADHS Program Manager must be able to certify that subrecipient performance is satisfactory and authorize the payment by signature.
- (2) While the expectation is that a subrecipient will be able to satisfactorily provide all required contract deliverables, in the event a subrecipient is unable to perform a required contract activity(s), the ADHS Program must determine if the contract should be amended to reduce the contract amount or if the contract default provision must be enforced. If it is determined that the contract line item budget should be reduced via the contract amendment process, the amount of the adjustment must be negotiated between the ADHS Program and the subrecipient based on documentation of estimated costs associated with the non-deliverable contract activities. The documentation should provide an evaluation of the reduced personnel and operating expenses that would be associated with the affected contract activities plus the corresponding reduction of indirect costs. Note that the computed reduced costs should be in harmony with the federal cost allocation guidelines, referred to above, from the perspective that the subrecipient should only be billing ADHS for the cost of activities actually provided.
- (3) By close ADHS program monitoring of contract activity reports and site visits, subrecipient deficiencies should be identified and resolved within the official grant period.

Bureau of Women's and Children's Health (BWCH) Policies and Procedures Manual	DATE: September 2014 July 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health

SUBTITLE: Federal Grant Compliance Requirements

3. Phase-Out of Fixed Rate or Fee for Service Contracts

Inasmuch as payments to subrecipient contractors must be based on the actual cost of providing the services, it is the intent of ADHS to phase out the Fixed Rate and/or Fee for Service contracting formats as payment methods for disbursing federal funds to subrecipient organizations. In order to comply with the federal A Allowable Cost and the Cash Management Improvement Act regulations, ADHS must require subrecipient contractors to submit actual expenditure reports as a basis for the contract payments.

When a current federally funded A subrecipient contract has been established with a Fixed Rate or Fee for Service type contract methodology, the contract must be changed to a cost reimbursement contract for the next contract period.

Responsible Position: Program Manager, Business Manager

4. Advancing federal funds under a subrecipient contract can only be done when very specific criteria are met as outlined in the federal Common Rule, .21(e), Working Capital Advances and the CMIA. Any advance payment method for federal funds will require the advance approval of the ADHS Controller's Office in conjunction with the State General Accounting Office, as prior federal approval may be required. In addition, when an advance payment method is used, the contractor must be able to provide assurance and documentation that the federal funds will be disbursed timely in accordance with the federal CMIA guidelines. The contractor must also provide periodic expenditure reports to document the actual cost of providing the contract activities.

Advance payments generally require additional administrative time for both the contractor and ADHS. Under federal regulations, reimbursement, rather than advancement, is the preferred payment method.

Responsible Position: Program Manager, Business Manager, Fiscal Grants Operations Manager

D. ADHS Review of Federally Funded Contract Purchase Requisitions

1. Under \$10,000

Bureau of Women's and Children's Health (BWCH) Policies and Procedures Manual	DATE: September 2014 July 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health

SUBTITLE: Federal Grant Compliance Requirements

- a. Program Managers will route contract Purchase Requisitions to Procurement through the Division Business Office who will review the Federal Financial Assistance Information Form for compliance with the federal regulations as outlined in this Policy and Procedure.
- b. Any compliance questions will be reviewed with the Controller's Office, Fiscal Grants Operations Unit.

Responsible Position: Program Manager, Business Manager

2. \$10,000 and Over

a. Purchase Requisitions will be routed as follows:

- (1) The Program Manager will route in accordance with Division/Bureau protocol to the Division Business Office. The Business Office will review the Federal Financial Assistance Information Form for completion and provide assistance to the Program as considered necessary to complete the form. The Business Office Manager may contact the Controller's Office, Fiscal Grants Operations Unit Manager, for assistance at any time.
- (2) The Division Business Office will route the completed Purchase Requisition with the Federal Financial Information Form attached, to the ADHS Central Budget Office (CBO) for review.
- (3) The CBO will review for compliance. When the Federal Financial Assistance Information form is missing, the Purchase Requisition will be returned to the Division Business Office with instructions to complete the form and a reminder that the Controller's Office is available to provide assistance if needed. CBO will route completed contract Purchase Requisitions to the ADHS Procurement Office.
- (4) The ADHS Procurement Office will confirm that each federal funded contract Purchase Requisition has a completed Federal Financial Assistance Information form attached. Procurement will include the Federal Financial Assistance Information Form as an integral part of the official contract. When the Federal Financial Assistance Information form is missing, the Purchase Requisition will be returned to the Division Business Office with instructions to complete the form and a reminder that the Controller's Office is available to provide assistance if needed.

Responsible Position: Program Manager, Business Manager, Fiscal Grants Operations

Bureau of Women's and Children's Health (BWCH) Policies and Procedures Manual	DATE: September 2014 July 2016
SUBJECT: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	OFFICE: Children's Health

SUBTITLE: Federal Grant Compliance Requirements

Manager, CBO Administrator, Procurement Administrator

- b. When a contractor is identified as a subrecipient, the Division Business Office and CBO, will both verify as part of their review process, that:
 - (1) The contract payment method is cost reimbursement. If a payment method other than cost reimbursement is identified, the Purchase Requisition and/or contract will be returned to the Division/Bureau for correction and reminded that the Controller's Office is available to provide assistance to assure compliance with the federal Common Rule and the CMIA as covered above in Section C.
 - (2) That all appropriate federal grant compliance requirements have been included on the Federal Financial Assistance Information Form, as documented on the federal award document and as required per Part 3 of the Compliance Supplement.

Responsible Position: Business Manager, CBO Administrator

Approved:	Date:
_____	_____
MBFSCO , Deputy Director	
<p>The Division of Primary Responsibility for this policy is <u>the Division of Business and Financial Services, Controller's Office</u>. Users are encouraged to suggest improvements regarding this policy and procedure to the PPR.</p>	

ARIZONA DEPARTMENT OF HEALTH SERVICES
Law 45 CFR Part 75 Compliance Supplement for Single Audits of State and Local Governments Fourteen
General Compliance Requirements

A. ACTIVITIES ALLOWED OR UNALLOWED

The specific requirements for activities allowed or unallowed are unique to each federal program and are found in the laws, regulations, and the provisions of contract or grant agreements pertaining to the program. For programs listed in the Compliance Supplement, these specific requirements are Agency Program Requirements or Clusters of Programs, as applicable. This type of compliance requirement specifies the activities that can or cannot be funded under a specific program.

ADHS Compliance: Each ADHS division/program receiving a federal grant is responsible for assuring that only allowable federal authorized activities are charged to the federal grant.

Subrecipient Compliance: Allowable federal activities must be clearly outlined in the Scope of Work Section of subrecipient contracts.

B. ALLOWABLE COSTS/COST PRINCIPLES

Federal Law 45 CFR Part 75 prescribes the cost accounting policies associated with the administration of federal awards by states, local governments, and Indian tribal governments. However, for block grants authorized by the Omnibus Budget Reconciliation Act of 1981 and the Jobs Training Partnership Act, state rules for expenditures of state funds apply. Federal awards include federal programs and cost-type contracts and may be in the form of grants, contracts, and other agreements. The cost principles applicable to a non-federal entity apply to all federal awards received by the entity, regardless of whether the awards are received from the Federal Government or indirectly through a pass-through entity.

ADHS Compliance: In addition to the Federal Law 45 CFR Part 75, ADHS divisions/programs receiving federal grants must comply with ADHS financial controls and business processes as outlined in the Department's Encumbrance and Payment Procedure and the Timekeeping, Labor Distribution Procedures, to assure that only appropriate expenses related to grant activities are charged to federal grant programs.

Subrecipient Compliance: See NOTE 1 on page 6 below.

C. CASH MANAGEMENT

Treasury regulations at 31 CFR part 205, which implement the Cash Management Improvement Act of 1990 (CMIA), require state recipients to enter into agreements which prescribe specific methods of drawing down federal funds (funding techniques) for selected large programs. The agreements also specify the terms and conditions in which an interest liability would be incurred.

The Treasury State Agreement for the State of Arizona is coordinated by the State Department of Administration, General Accounting Office with the Federal Government. The State General Accounting Office coordinates specific grant cash draw-down techniques with individual state agencies.

The requirements for cash management are contained in the Federal Common Rule for Uniform Administrative Requirements Cost Principles, and Audit Requirements for Health and Human Service awards, which states, A Grantees must monitor cash draw-downs by their subgrantees to assure that they conform substantially to the same standards of timing and amount as apply to advances to the grantees.

ADHS Compliance: In order to comply with the CMIA and the A-102 Common Rule, ADHS has established the policy that payments to subgrantees/subrecipients shall be on the cost-reimbursement basis, ie., contract payments

FIN005 Date: 7/16

will be based upon submission by the contractor of their actual expenditures via the ADHS Contractor's Expenditure Report (CER).

Subrecipient Compliance: Under the ADHS Cost Reimbursement type contract payment method, the subrecipient has no requirement for administering federal grant funds for CMIA compliance.

D. DAVIS-BACON ACT

When required by the Davis-Bacon Act, the Department of Labors (DOL) government-wide implementation of the Davis-Bacon Act, or by federal program legislation, all laborers and mechanics employed by contractors or subcontractors to work on construction contracts in excess of \$2000 financed by federal assistance funds must be paid wages not less than those established for the locality of the project (prevailing wage rate) by the DOL.

The Davis-Bacon Act does not apply to grants with no construction type expenditures.

ADHS Compliance: The ADHS Procurement Office would be responsible for assuring ADHS compliance with the Davis-Bacon Act requirements related to federal funded construction contracts.

Subrecipient Compliance: Divisions/programs would include the Davis-Bacon Act requirements as a contract provision in the Special Terms and Conditions Section of all subrecipient contracts involving federal funded construction projects.

E. ELIGIBILITY

The specific requirements for eligibility are unique to each federal program and are found in the laws, regulations, and the provisions of contract or grant agreements pertaining to the program. This compliance requirement specifies the criteria for determining the individuals, groups of individuals, or subrecipients that can participate in the program and the amounts for which they qualify.

ADHS Compliance: The ADHS division/program is responsible to assure that the eligibility requirements of federal grants are enforced.

Subrecipient Compliance: The federal grant eligibility requirements should be clearly identified in the Scope of Work section of the contractual agreement.

F. EQUIPMENT AND REAL PROPERTY MANAGEMENT

Title to equipment acquired by a non-federal entity with federal awards vests with the non-federal entity. Equipment means tangible non-expendable property, charged directly to the award having a useful life of more than one year and an acquisition cost of \$5000 or more per unit.

A state shall use, manage, and dispose of equipment acquired under a federal grant in accordance with state laws and procedures. Subrecipients of states who are local governments or Indian tribes shall use state laws and procedures for equipment acquired under a subgrant from a state.

The requirements for equipment are contained in the A-102 Common Rule, .32, and the terms and conditions of the award.

ADHS Compliance: Per Federal, Law 45 CFR, Part 75 A Capital expenditures for equipment...are allowable as a direct cost when approved by the awarding agency. Federal approval of grant applications which included a budget request for specific items of equipment will constitute federal authorization for the purchase of the equipment by ADHS programs.

A Items of equipment with an acquisition cost of less than \$5000 are considered to be supplies and are allowable as direct costs of federal awards without specific awarding agency approval.

Subrecipient Compliance: Under cost reimbursement subrecipient contracts, ADHS programs shall approve the purchase of equipment costing \$5000 and above as part of the subrecipients line item budget and apply the federal standards for purchase of equipment as outlined in Federal Law 45 CFR Part 75.

G. MATCHING, LEVEL OF EFFORT, EARMARKING

The specific requirements for matching, level of effort, and earmarking are unique to each federal program and are found in the laws, regulations, and the provisions of contract or grant agreements pertaining to the program. The requirements for matching are contained in Federal Law 45 CFR Part 75 ,Matching, level of effort and earmarking and are defined as follows:

1. Matching or cost sharing includes requirements to provide contributions (usually non-federal) of a specified amount or percentage to match federal awards. Matching may be in the form of allowable costs incurred or in-kind contributions (including third-party in-kind contributions).

2. Level of effort includes requirements for (a) a specified level of service to be provided from period to period, (b) a specified level of expenditures from non-federal or federal sources for specified activities to be maintained from period to period, and (c) federal funds to supplement and not supplant non-federal funding of services.

3. Earmarking includes requirements that specify the minimum and/or maximum amount or percentage of the programs funding that must/may be used for specified activities, including funds provided to subrecipients. Earmarking may also be specified in relation to the types of participants covered.

ADHS Compliance: When a federal grant requires matching, level of effort or earmarking, ADHS divisions/programs and Business Offices are responsible to identify the ADHS non-federal funding sources (Indexes/PCAs) that will be used as the departments required share. This information must be coordinated with the ADHS Budget Office and the Fiscal Grants Operations Unit for inclusion in required federal reports including the Federal Financial Status Reports. The ADHS procedures related to matching requirements are covered in the ADHS Policies and Procedures Manual, as follows:

1. Applying For Grants/Contracts/IGAs/ISAs/Foundation Grants, Section GRA, Number 001;
2. State Matching Funds - Documentation Procedures, Section FIN, Number 002;
3. When local contractors are required to provide local match, the guidelines outlined in the ADHS Accounting and Auditing Procedures Manual for Contractors of ADHS Funded Programs, Chapter 6, A Matching Guidelines, should be followed. Program Managers should make sure the contractor has a copy of the Manual for reference. Copies may be obtained from the ADHS Controllers Office. It is particularly important to note that ADHS Program Managers are responsible to assure that the local contractors are providing the required match documentation on a regular basis. ADHS Program Managers must forward the local match amounts to the Controllers Office, Fiscal Grants/Operations Office for inclusion in the Federal Financial Status Reports which are forwarded to the awarding federal agency.

Subrecipient Compliance: When federal matching, level of effort or earmarking is passed on to subrecipients, the requirement must be clearly identified in the Scope of Work section of the contractual agreement. The references to federal regulations identified in NOTE 1 below also apply.

H. PERIOD OF AVAILABILITY OF FEDERAL FUNDS

Federal awards may specify a time period during which the non-federal entity may use the federal funds. Where a funding period is specified, a non-federal entity may charge to the award only costs resulting from obligations incurred during the funding period and any pre-award costs authorized by the federal awarding agency. Also, if authorized by the federal program, unobligated balances may be carried over and charged for obligations of the subsequent funding period. Obligations means the amounts of orders placed, contracts and subgrants awarded, goods and services received, and similar transactions during a given period that will require payment by the non-federal entity during the same or a future period (A-102 Common Rule, ' .23). Non-federal entities subject to the A-102 Common Rule shall liquidate all obligations incurred under the award not later than 90 days after the end of the funding period (or as specified in a program regulation) to coincide with the submission of the annual Financial Status Report (SF-269). The federal agency may extend this deadline upon request.

ADHS Compliance: It is ADHS policy that Purchase Requisitions must be processed with sufficient lead time for the merchandise or services to be encumbered and delivered by the end of the official grant period, or by deadlines established by specific grant requirements. Contract termination dates must not extend beyond the end of the grant period unless specifically approved by the Assistant Director, Division of Business and Financial Services, the Budget Office, and the Controller's Office in advance of the contract negotiations or amendment process. It may be necessary for the ADHS to obtain a written waiver or an extension to the reporting deadline, or other action from the federal government.

Subrecipient Compliance: The use of federal grant funds for payments to subrecipients must be controlled by the division/program and Business Office. When ADHS subrecipient contracts include federal grant funds as a funding source, the ADHS Purchase Requisition that initiates the contract process must identify that the federal grant funds are only authorized for use with dates/time periods that are within the official federal grant period.

I. PROCUREMENT AND SUSPENSION AND DEBARMENT

Procurement:

States, and governmental subrecipients of states, shall use the same policies and procedures used for procurements from non-federal funds. They also shall ensure that every purchase order or other contract includes any clauses required by federal statutes and executive orders and their implementing regulations. Non-profit organizations and public institutions of higher education shall use procurement procedures that conform to applicable federal law and regulations and standards identified in OMB Circular A-110. All non-federal entities shall follow federal laws and implementing regulations applicable to procurements, as noted in federal agency implementation of the A-102 Common Rule and OMB Circular A-110. Requirements for procurement (by state agencies) are contained in the A-102 Common Rule, ' .36, federal awarding agency regulations, and the terms of the award.

Suspension and Debarment:

Non-federal entities are prohibited from contracting with or making subawards under covered transactions to parties that are suspended or debarred or whose principals are suspended or debarred. Covered transactions include procurement contracts for goods or services equal to or in excess of \$100,000 and all nonprocurement transactions (e.g., subawards to subrecipients).

Contractors receiving individual awards for \$100,000 or more and all subrecipients must certify that the organization and its principals are not suspended or debarred. The non-federal entities may rely upon the certification unless it knows that the certification is erroneous. Non-federal entities may, but are not required to, check for suspended and debarred parties which are listed in the List of Parties Excluded From Federal Procurement or Nonprocurement Programs, issued by the General Services Administration (GSA).

ADHS Compliance: It is the responsibility of the ADHS Procurement Office to assure compliance with the federal Procurement and Suspension and Debarment regulations. Under federal regulations, compliance with state procurement rules satisfy the federal procurement requirements.

Subrecipient Compliance: See NOTE 1 on page 6 below.

J. PROGRAM INCOME

Program income is gross income received that is directly generated by the federally-funded project during the grant period. If authorized by federal regulations or the grant agreement, cost incident to the generation of program income may be deducted from gross income to determine program income. Program income includes, but is not limited to, income from: fees for services performed, the use or rental of real or personal property acquired with grant funds, the sale of commodities or items fabricated under a grant agreement, and payments of principal and interest on loans made with grant funds. Except as otherwise provided in the federal awarding agency regulations or terms and conditions of the award, program income does not include interest on grant funds (covered under Cash Management), rebates, credits, discounts, refunds, etc. (covered under Allowable Costs/Costs Principles), or interest earned on any of them (covered under Cash Management). Program income does not include the proceeds from the sale of equipment or real property (covered under Equipment and Real Property Management).

Program income may be used in one of three methods: deducted from outlays, added to the project budget, or used to meet matching requirements. Unless specified in the federal awarding agency regulations or the terms and conditions of the award, program income shall be deducted from program outlays. Unless federal awarding agency regulations or the terms and conditions of the award specify otherwise, non-federal entities have no obligation to the Federal Government regarding program income earned after the end of the grant period.

The requirements for program income are found in the A-102 Common Rule, ' .21 and .25, and federal awarding agency laws, program regulations, and the provisions of the contract or grant agreements pertaining to the program.

ADHS Compliance: Any ADHS program involvement with generating federal program income should be authorized by the federal grant or appropriate federal regulations. The collection and deposit procedures should be coordinated with the Controller's Office, Fiscal Grant Operations Unit, in order to assure the funds collected are deposited, reported and utilized in accordance with the federal requirements.

Subrecipient Compliance: See NOTE 1 on page 6 below.

K. REAL PROPERTY ACQUISITION AND RELOCATION ASSISTANCE

The Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, (URA) provides for uniform and equitable treatment of persons displaced by federally-assisted programs from their homes, businesses, or farms.

Note: As a general rule, no federal grants administered by ADHS involve this compliance requirement.

L. REPORTING

Recipients should use the standard financial reporting forms or such other forms as may be authorized by OMB.

The reporting requirements for subrecipients are as specified by the pass-through entity. In many cases, these will be the same as or similar to the requirements for recipients.

ADHS Compliance: ADHS programs are responsible for all federal program related reporting requirements and meeting federal reporting deadlines. The Controller's Office, Fiscal Grant Operating Unit is responsible for the Federal Financial Status Reports and meeting the federal FSR deadlines.

Subrecipient Compliance: The ADHS division/program must identify any specific federal reporting information required from a subrecipient as part of the Scope of Work section of the contractual agreement.

M. SUBRECIPIENT MONITORING

A pass-through entity is responsible for:

- A. Identifying to the subrecipient the federal award information (e.g., CFDA title and number, award name, name of federal agency) and applicable compliance requirements.
- B. Monitoring the subrecipient's activities to provide reasonable assurance that the subrecipient administers federal awards in compliance with federal requirements.
- C. Ensuring required audits are performed and requiring the subrecipient to take prompt corrective action on any audit findings.
- D. Evaluating the impact of subrecipient activities on the pass-through entity's ability to comply with applicable federal regulations.

Factors such as the size of awards, percentage of the total programs funds awarded to subrecipients, and the complexity of the compliance requirements may influence the extent of monitoring procedures. Monitoring activities may take various forms, such as reviewing reports submitted by the subrecipient, performing site visits to the subrecipient to review financial and programmatic records and observe operations, arranging for agreed-upon procedures engagements for certain aspects of subrecipient activities, such as eligibility determinations, reviewing the subrecipient's single audit or program-specific audit results and evaluating audit findings and the subrecipient's corrective action plan.

The requirements for subrecipient monitoring are contained in the A-102 Common Rule, ' .37, and ' .40(a), and federal awarding agency program regulations, and the terms and conditions of the award.

ADHS Compliance: ADHS divisions/programs are responsible for compliance with federal grant program activity requirements, whether performed by ADHS, consultants or subrecipient contractors. ADHS programs must have specific processes in place for the monitoring of subrecipient performance of all contract activities to assure compliance with federal grant program activity requirements. The ADHS program manager must be able to sign the monthly Contractor's Expenditure Reports (CERs) and certify that the subrecipients performance is satisfactory for payment.

Subrecipient Compliance: See NOTE 1 below.

N. SPECIAL TESTS AND PROVISIONS

The specific requirements for Special Tests and Provisions are unique to each federal program and are found in the laws, regulations, and the provisions of contract or grant agreements pertaining to the program.

ADHS Compliance: ADHS divisions/programs will be responsible to identify and Special Tests and Provisions of federal grant awards and establish the processes necessary for compliance.

FIN005

Date: 5/08/01

EXHIBIT 1
Page 6

Subrecipient Compliance: ADHS divisions/programs shall identify any federal required Special Tests and Provisions required to be performed by subrecipients as part of the Scope of Work section of the contractual agreement.

NOTE 1: The requirement for subrecipients to comply with the fourteen federal compliance regulations is passed on to subrecipients via the contract provision titled: Financial Management, which states, A...the practices, procedures and standards specified in and required by the Accounting and Auditing Procedures Manual for Contractors of Arizona Department of Health Services Funded Programs (AAPM) shall be used by the Contractor in the management of contract funds and by the Department when performing a contract audit.... The AAPM, Chapter 2, provides references to the various federal regulations and states that the contractor has the responsibility to ensure compliance with the appropriate federal regulations which includes the fourteen compliance requirements outlined above. ADHS Programs must include the Financial Management contract provision in the Uniform General Terms and Conditions of the contract. If considered necessary for clarification purposes, the ADHS program may include any federal compliance requirement in either the Scope of Work or the Special Terms and Conditions Sections of the contract.

**ARIZONA DEPARTMENT OF HEALTH SERVICES
ADHS COMPLIANCE WITH FEDERAL REQUIREMENTS
SUBRECIPIENT VERSUS CONTRACTOR/VENDOR DETERMINATION**

Overview of Federal Requirements:

Federal OMB Circular A-133 stipulates that when a grantee (ADHS) disburses funds via contractual agreements, the organizations with whom we contract must be identified in the contract as either a subrecipient or a contractor/vendor. Under A-133, a subrecipient type organization is differentiated from a contractor/vendor type organization as follows:

A. Subrecipient: A subrecipient means a non-federal entity that expends federal awards received from a pass-through entity (ADHS) to carry out a federal program, but does not include an individual that is a beneficiary of such a program. The primary purpose of a subrecipient contract is not to purchase specific services, but to pass-through federal funds to a subrecipient to administer all or a portion of a federal grant/program.

1. When a payment is made to a subrecipient contractor, the federal funds retain the identity as A federal and the prime recipient (ADHS) continues to have responsibility to make sure the subrecipient complies with applicable federal grant regulations. Several federal regulations emphasize that contracts with subrecipients are categorized as subgrants or subawards, whereas, contracts with contractors/vendors are referred to as procurement contracts.

2. Subrecipient contracts/IGA's/ISA's would generally be with county governments, other state agencies, Indian Tribes, and non-profit organizations who are primarily engaged in administering the federal grant requirements, rather than engaging in providing direct services to clients. However, a subrecipient could also be a for-profit organization. If the contractor is solely engaged in providing direct services to clients, then the contract would be a vendor contract rather than a subrecipient contract. If a contractor is providing both direct services plus providing administrative functions of the federal grant, the contractor should be designated as a subrecipient. As a general rule, subrecipient contracts are identified by use of one of the 6800 series State COBJ Codes, ie., Aid to Organizations or Aid to Individuals, commonly referred to as pass-through funds.

3. The final determination must take into account the federal Circular A-133, Section .210 characteristics of a subrecipient outlined as follows:

- A. Characteristics of a federal award/contract received by a subrecipient are when the subrecipient organization:
 - a. Determines who is eligible to receive what federal financial assistance;
 - b. Has its performance measured against whether the objectives of the federal program are met;
 - c. Has responsibility for programmatic decision making;
 - d. Has responsibility for adherence to applicable federal program compliance requirements; and
 - e. Uses the federal funds to carry out a program of the organization as compared to providing goods or services for a program of the pass-through entity.

B. Contractor/Vendor: A contractor/vendor means a dealer, distributor, merchant, or other seller providing goods or services that are required for the conduct of a federal program. These goods or services may be for an organization's own use or for the use of beneficiaries of the federal program. Under federal regulations, contracts with contractor/vendors are categorized as procurement contracts. In a procurement relationship the ADHS is buying goods and services for its own use in carrying out the program.

1. Per federal Circular A-133, Section .210, A Characteristics indicative of a payment for goods or services received by a vendor are when the vendor organization:

- a. Provides the goods and services within normal business operations;
- b. Provides similar goods or services to many different purchasers;
- c. Operates in a competitive environment;
- d. Provides goods or services that are ancillary to the operation of the federal program, and
- e. Is not subject to compliance requirements of the federal program.

2. As a general rule once federal funds are disbursed by ADHS to pay a vendor/contractor, the federal funds lose the identity as A federal and the prime recipient (ADHS) has no further responsibility for tracking the federal funds, other than to make sure the vendor meets the responsibilities of the procurement contract, ie., that all services are satisfactorily delivered. Generally, a vendor/contractor is not subject to specific grant requirements.

C. Use of Judgment In Making Determination. There may be unusual circumstances or exceptions to the listed characteristics. In making the determination of whether a subrecipient or vendor relationship exists, the substance of the relationship is more important than the form of the agreement. It is not expected that all of the characteristics will be present and judgment should be used in determining whether an entity is a subrecipient or vendor.

**Arizona Department of Health Services
Federal Financial Assistance Information**

PR# _____

Type of Funds being allocated: Federal: _____ State: _____

If Federal Grand Funds are being allocated to fund any part of the service(s) being requested (ISA/IGA/Contract/Amendments), the following information must be completed by the Program Section and attached to the Purchase Requisition:

A. GRANT INFORMATION:

- A. Grant CFDA Number (or Federal Contract number if applicable): # _____
- B. Customer Relationship: Contractor/Vendor _____ Subrecipient(s) _____
- C. Name of the Federal Financial Assistance (as listed on the Grant): _____

D. Amount of Federal Financial Assistance being allocated to Contractor/Vendor and/or subrecipient: \$ _____.

E. ADHS Contract Number: # _____ (To be filled in by Procurement)

B. FEDERAL GRANTS COMPLIANCE REQUIREMENTS:

Insert any specific Restrictions and/or Requirements that apply to the Grant:

If volume of information requested exceeds space available on this form, please reference the applicable Section of the Grant.

*When a sub recipient relationship exists, the Cash Management Improvement Act of 1990 (CMIA) rules and procedures as noted in the Federal Register, 31 CFR Part 205, **must** be followed. In general for the subrecipient, there must be a receipt and distribution of the cash within two days unless the cash is used to reimburse for expenditures. The Treasury - State Agreement (TSA) between the United States Department of the Treasury and the State controls the funding technique used for the transfer of funds. Any noncompliance with approved funding techniques or the use of pre-issuance funding will result in an interest liability to the State or the sub recipient as applicable.

FIN005
Date: 5/08/01

EXHIBIT 3
Page 1

Bureau of Women’s and Children’s Health Resource Manual	DATE: March 2015
SUBJECT: Maternal and Early Childhood Home Visiting Grant (MIECHV)	SECTION: Children’s Health

SUBTITLE: Federal Funding Accountability and Transparency Act (FFATA) Policy

PURPOSE

The purpose of this document is to provide written guidelines on the FFATA which requires information on federal awards be made public on a single website, www.usaspending.gov. This policy conforms with federal guidelines and is for use with the MIECHV program.

POLICY

The State of Arizona through GAO Technical Bulletins 10-10- FFATA Data Elements and Reporting Considerations and 10-11 FFATA Reporting by Agencies, has determined that the reporting for this requirement be through a decentralized process, requiring ADHS to adopt a procedure to meet these requirements. For all grants that require FFATA reporting, Principal Investigators with the help of their Bureau’s Finance Manager are responsible to ensure that the FFATA Reporting Requirements as outlined in the procedure below are met.

AUTHORITY

The implementation and enforcement of this policy is at the discretion of the Chief, Office of Children’s Health, BWCH.

APPLICABILITY

This policy and procedure applies to all individuals working within the MIECHV program.

PROCEDURE


- A.** If the Principal Investigator(s) have awarded \$25,000 or more to a sub-recipient they must do the following:
- Collect the information listed in Attachment A from each individual sub-awardee within 30 days after the award. If you have yet to issue a contract to your sub-awardee you may request that Procurement includes the attachment with the Contract.
 - Provide the data to the Grants Office via email at adhs_grants@azdhs.gov no later than 40 days after the award

Bureau of Women's and Children's Health Resource Manual	DATE: March 2015
SUBJECT: Maternal and Early Childhood Home Visiting Grant (MIECHV)	SECTION: Children's Health

SUBTITLE: Federal Funding Accountability and Transparency Act (FFATA) Policy

B. Grants Office Responsibilities:

- File monthly any applicable sub-awardee reports submitted
- Follow up on all grants/contracts that have a FFATA Reporting Requirements that have not yet been entered into FSRS.gov

Approved: 	Date: 8/30/16
Irene Burnton, Chief, Office of Children's Health	
The Primary Position of Responsibility for this policy is the Bureau of Women's and Children's Health. Users are encouraged to suggest improvements regarding this policy and procedure.	

Sub-awardee Reporting for FFATA	
Name of Sub-awardee	
DUNS Number	
Sub-awardee Address	
If different from above address, Principal Place of Performance	
Congressional District:	
Amount of Award:	\$
Subaward Number:	
Subaward Project Description (Limited to 4,000 characters):	
<p>A. Did the Sub-awardee receive 80% or more of gross revenues in the prior year from Federal awards? If yes, continue to B. If no, have the authorized contracting official sign and date below and submit this document back to ADHS.</p> <p>B. Did the Sub-awardee receive more than \$25 million in gross revenues in the prior year from Federal awards? If yes, please fill the chart below. If no, have the authorized contracting official sign and date below and submit this document back to ADHS.</p>	

Top Five Executives' Name and Total Compensation	
<u>Name</u>	<u>Total Compensation</u>
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$

Authorized Contracting Official:

Print Name

Signature

Date

Bureau of Women's and Children's Health (BWCH) Resource Manual	DATE: April 2015
SUBJECT: Maternal and Early Childhood Home Visiting Grant (MIECHV)	SECTION: Children's Health

SUBTITLE: Administrative Costs Limitation on Grant Funds

PURPOSE

The purpose of this document is to provide written guidelines on how to ensure sufficient oversight of costs associated with administering grant funds.

POLICY

The administration of all MIECHV grant funds will comply with the Social Security Act (SSA) Section 511(i)(2)(C) which requires application of Section 504(d) to the same extent and in the same manner as applicable to allotments under section 502(c).

AUTHORITY


The implementation and enforcement of this policy is at the discretion of the Chief, Office of Children's Health, BWCH.

APPLICABILITY

This policy and procedure applies to all individuals working within the MIECHV program.

PROCEDURE

- A. Section 504(d) of the SSA requires that, of amounts paid to a State for a fiscal year, not more than 10 percent may be used for administering the funds paid. The Health Resources and Services Administration (HRSA) does not require that the Section 504(d) 10 percent limitation on costs associated with administering the grant funds flows down to sub-recipients.
- B. All funds expended from the MIECHV grant must comply with the Arizona Department of Health Services Federal Grant Compliance Requirements policy.
- C. The MIECHV program will adhere to and monitor the federal 10% limitation on costs associated with administering grant funds through internal allocation plans.

Approved: 	Date: 8/30/16
Irene Burnton, Chief, Office of Children's Health	
The Primary Position of Responsibility for this policy is the Bureau of Women's and Children's Health. Users are encouraged to suggest improvements regarding this policy and procedure.	

Monthly Local Implementing Agency (LIA) Report - EXAMPLE

Local Implementing Agency Information	Monthly Report: Recruitment and Retention										Capacity						FFY Totals				Notes	
	Community Health Analysis Area (CHAA)	Contract and Local Implementing Agency	Funded by	HM Model	CONTINUING Families (Previous Reporting Month)	NEW Families enrolled for reporting month	Number of Families to DISENGAGE for reporting month	Current number of ACTIVE families	HOME VISITS Completed During Reporting Month	% Staffed	Contracted Total for FFY 2019	Number of Families to enroll to reach capacity	% of Capacity (Goal: Over 85%)	Total number of NEW Families Enrolled FFY	Number of Families to Disengage during FFY	Graduated/Completed Program FFY	Site FFY RETENTION rate (Goal: Over 65%)	Site FFY ATTRITION rate (Goal: Under 35%)	HOME VISITS Completed During FFY	Number of Home Visitors hired with MIECHV funding		Number of Home Visitors funded by MIECHV from fully staffed
White Mountain Apache Tribe	White River Health Department	Ferula	Family Split	87	3	0	90	63	100.00%	126	36	71.43%	90	21	0	100.00%	0.00%	272	3	3		
Apache Junction	DOS, UAC-CFR	Competitive	Healthy Families	21	2	2	21	52	100.00%	34	13	61.76%	45	20	22	51.11%	48.89%	307	2	2		
Bullhead City	DOS, UAC-CFR	Competitive	Healthy Families	41	15	6	50	102	110.00%	43	-8	117.65%	67	26	22	67.16%	32.84%	666	2.75	2.5		
Pinal County (See County/Couidgel/Cont/ Green Valley)	DOS, UAC-CFR	Ferula	Healthy Families	59	7	5	61	100	100.00%	68	7	89.71%	96	36	35	63.54%	36.46%	709	4	4		
Douglas (Douglas County)	DOS, UAC-CFR	Competitive	Healthy Families	18	0	0	18	46	100.00%	17	-1	105.88%	20	4	2	90.00%	10.00%	314	1	1		
Gila River Indian Community - Pinal	DOS, UAC-CFR	Competitive	Healthy Families	2	0	0	2	0	100.00%	17	30	0.00%	4	1	2	50.00%	50.00%	6	1	1		
Graham Co S	DOS, UAC-CFR	Competitive	Healthy Families	46	4	2	48	125	100.00%	51	3	94.12%	58	18	9	84.48%	15.52%	811	3	3		
Lake Havasu/Parker/Quartzite	DOS, UAC-CFR	Competitive	Healthy Families	38	2	0	40	97	150.00%	34	-6	117.65%	47	14	7	85.11%	14.89%	597	3	2		
Maricopa (Includes: Maryvale, North Mountain, Camelback East, Glendale, Central Mesa E, Mesa W)	DOS, UAC-CFR	Competitive	Healthy Families	387	27	30	384	872	110.20%	417	33	92.20%	542	160	152	6	71.96%	28.04%	6268	27	24.5	
Gila River Indian Community - Maricopa	DOS, UAC-CFR	Competitive	Healthy Families	2	0	0	2	6	100.00%	9	7	23.53%	2	1	0	100.00%	0.00%	23	0.5	0.5		
Tucson (Includes: Tucson Central, Tucson SE, Tucson N Central, Tucson E, Tucson SW, Tucson W)	DOS, UAC-CFR	Ferula	Healthy Families	103	15	12	106	187	100.00%	136	30	77.94%	171	56	57	8	66.67%	33.33%	1325	8	8	
Winklow/Holbrook	DOS, UAC-CFR	Ferula	Healthy Families	39	0	1	38	86	100.00%	60	22	63.87%	45	1	7	0	84.44%	15.56%	704	3.5	3.5	
Yavapai Co NE	First Things First, UAC-CFR	Competitive	Healthy Families	37	3	2	38	73	80.00%	43	5	89.41%	53	13	15	0	71.70%	28.30%	599	2	2.5	
Maricopa (Includes: Camelback East, Alhambra, Central City, Glendale Central, Mesa E, Mesa W)	Maricopa County Health Department	Competitive	Nurse Family Partnership	144	13	13	144	231	85.71%	175	31	82.29%	220	75	49	21	77.73%	22.27%	1326	6	7	
Maricopa (Includes: Avondale, Surprise, Glendale W, Glendale N, Estrella)	Maricopa County Health Department	Ferula	Nurse Family Partnership	23	3	0	26	38	100.00%	75	49	34.67%	27	12	1	0	96.30%	3.70%	233	3	3	
Maricopa (Includes: Camelback East, Alhambra, Central City, Glendale Central)	Southwest Human Development	Competitive	Nurse Family Partnership	60	9	1	68	65	66.67%	75	7	90.67%	86	28	7	8	91.86%	8.14%	423	2	3	
Maricopa (Includes: Avondale, Surprise, Glendale W, Glendale N, Estrella)	Southwest Human Development	Ferula	Nurse Family Partnership	13	3	1	15	29	66.67%	75	60	20.00%	20	12	5	0	75.00%	25.00%	118	2	3	
Tucson (Includes: Tucson Central, Tucson SE, Tucson N Central, Tucson E, Tucson SW, Tucson W)	First Things First, UAC-CFR for San Joaquin and East Jobs	Competitive	Nurse Family Partnership	163	9	12	160	294	94.74%	209	49	76.56%	223	71	38	25	82.96%	17.04%	2635	9	9.5	
Tucson (Includes: Marana, Tucson NE, Tanque Verde, Tucson E, Avraha)	Pima County Health Department	Competitive	Nurse Family Partnership	49	3	2	50	46	80.00%	125	75	40.00%	58	25	11	0	81.03%	18.97%	358	4	5	
Tokone O'odham (Included in Pima County Contract)	Pima County Health Department	Competitive	Nurse Family Partnership							25	25	NA				Services have not started						
				1,332	118	89	1,361	2,512	98.58%	1,812	466	75.13%	1,874	594	441	70	78.48%	21.52%	17,694	86.75	88	

Parental Rights

	Unable to locate	Terminated/Child in placement	Receiving services from another program	Refused new home visitor	Excessive Missed Appointments	Miscarried/fetal death/infant death	Dissatisfied with Program	Scheduling no longer allowed for visits (returned to work/school)	Homelessness	Supervisi on Discretion	Graduated	Pressure from Family	moved out of service area	Declined Services	Family feels they reached self-sufficiency	Did not respond to outreach efforts	
October	14	4	3	9	2	1	0	2	2	1	5	0	8	15	4	11	81
November	6	4	3	1	2	0	0	3	0	0	5	0	8	28	1	10	71
December	12	10	1	3	1	1	0	2	0	1	3	1	9	6	2	18	70
January	4	1	2	11	1	0	1	1	1	2	2	0	12	18	8	12	76
February	13	1	1	1	1	1	0	1	1	0	5	0	17	14	15	13	84
March	7	2	2	0	1	2	1	0	0	0	13	0	12	14	6	9	69
April	13	2	1	11	0	2	0	2	1	0	8	0	12	16	12	18	98
May	9	3	3	15	0	1	0	0	1	1	8	0	15	14	16	11	97
June																	
July																	
August																	
September	78	27	16	51	8	8	2	11	6	5	49	1	93	125	64	102	646
	12.07%	4.18%	2.48%	7.89%	1.24%	1.24%	0.31%	1.70%	0.93%	0.77%	7.55%	0.15%	14.40%	19.35%	9.91%	15.79%	

MIECHV Meetings Checklist for Consultants in Charge of Meetings

Please fill out the form below & submit to the Meeting Coordinator at least 1 week prior to meeting.

No less than One Week Prior to the meeting, e-mail Meeting Coordinator:

_____ Materials required to be e-mailed to attendees (Refer to Brand standards that include templates for Agendas, Sign-In sheets, and Minutes)

_____ Updates to Committee Membership

_____ Hard copy of documents required for meeting. (Specify # of copies required)

_____ Equipment needs (including equipment needs of any presenters):

_____ Phone for call-ins

_____ I-Link

_____ GoToMeeting

_____ Laptop projector

_____ Flip chart/pens and easel

_____ Other

Approved: 7-21-16

MIECHV Meetings Planning Checklist

Meeting Coordinator: _____

MIECHV Meeting s/Contact Person (check one):

- Strong Families Alliance- Peter Flanagan-Hyde
- IALT --Peter Flanagan-Hyde
- MIECHV Team- Peter Flanagan-Hyde
- Professional Development-Jeanette Shea
- Conference Planning-Jeanette Shea
- CQI-Amy Kemp
- Data Management-Amy Kemp
- Other

One Month or More Prior to Meeting

Reserve room(s)

One Week Prior to the meeting:

Confirm date(s) with person in charge of meeting.

Ask person in charge of meeting what materials they would like emailed and what materials they would like hard copies of at the meeting.

Ask person in charge of meeting equipment needs (including equipment needs of any presenters) for the following:

- Phone for call-ins
- I-Link
- GoToMeeting
- Laptop projector
- Flip chart/pens and easel
- Other

Arrange for equipment

Ensure email list is up-to-date with person in charge of meeting and MIECHV staff.

One Day prior to meeting:

Email committee members the day/date/year/ time of meeting; call -in instructions and code; meeting location; Agenda, Notes, and other materials requested by person in charge of meeting.

MIECHV Meetings Planning Checklist

P. 2

Day of the meeting:

- Thirty minutes prior to the meeting, make sure all equipment is available and working.
- Place sign-in sheet and pen in meeting room close to entrance door.
- Copy and provide person in charge of meeting with hard copies of information they requested.
- Place all copied materials on the table near the sign-in sheet.

Save all emailed meeting materials in the appropriate file:

- Strong Families Alliance- OWCH/Childrens Health/Home Visiting-MIECHV/Alliance/FFY 2016 Meeting Materials/(Month of meeting)
- IALT- OWCH/Childrens Health/Home Visiting-MIECHV/IALT/FFY 2016 Meeting Info /(Month of meeting)
- MIECHV Team-~~Share~~ OWCH/Childrens Health/Home Visiting-MIECHV/MIECHV Team and Staff meetings/MIECHV Team/(Month of meeting)
- Professional Development- OWCH/Childrens Health/Home Visiting-MIECHV/Professional Development/PD Committee
- Conference Planning- OWCH/Childrens Health/Home Visiting-MIECHV/Professional Development/HV Conference/(Appropriate year)
- CQI-Amy OWCH/Childrens Health/Home Visiting-MIECHV/ Evaluation_Data_CQI /CQI
- Data Management- OWCH/Childrens Health/Home Visiting-MIECHV/ Data System
- MIECHV Drop box (Access to be provided by Wellington or ADHS)

For IALT, ensure MIECHV Team has emailed monthly reports as follows:

- Jessica – Local Implementing Agency (LIA)
 - Jeanette-Professional Development
 - Amy-Data Management & CQI
 - Jane/Samantha-Quarterly Benchmarks & Evaluation
- File reports in OWCH/Childrens Health/Home Visiting-MIECHV/Monthly Reports then by folder
- Email reports in advance of the meeting (IALT only)

Approved: 7-21-16