



- i) Provide one home visitor and train provider network in First Born® model and in Infant Mental Health;
- ii) Provide outcome data from developmental assessments used during home visiting that identify developmental delays and warning signs and are appropriately referred;
- iii) Promote strength-based relationship skills between parents/care givers and children in home visiting services;
- iv) Provide outcome data on the number of mental health referrals made as a result of home visits with mothers and children through age three;
- v) Increase the number of referral agreements, service coordination, identification and removal of barriers to care;
- vi) Provide information about trainings and number of providers trained on each topic;
- e. **Provide family strengthening and parent skills training**
  - i) Provide two Community Outreach Professionals to continue the community school and neighborhood outreach programming, such as adult classes, parent workshops, family activity nights, community gardens, at selected sites;
  - ii) Convene Community Conversations, using the Harwood Institute Model for Civic Engagement, to discover the interests, needs, and concerns of constituents in the identified communities and provide an evaluation of the effectiveness of the conversations;
  - iii) Train SFCP clients to advocate for their needs through a Neighborhood Empowerment Group at selected sites;
  - iv) Provide outcome data that reflects the number of successfully completed community school and neighborhood outreach programs including the type of programming and the number of participants attending each session;
  - v) Provide data that reflects the information gleaned at each Community Conversation gathering;
4. Convene and meet regularly (at least quarterly) with the Local Young Child Wellness Council;
5. Demonstrate evidence of increased collaboration with local early childhood service systems by increasing the number of new participating partners in the Local Young Child Wellness Council, particularly those entities identified as important within the Project LAUNCH Request for Applications (RFA);
6. Meet monthly with State-level Project LAUNCH Co-Directors to provide updates on the status of the local LAUNCH initiative and staffing, including related initiatives and programs working in collaboration with the SFCP to improve child wellness; explain how these activities are relevant to the rest of the state and what lessons learned can be applied in other communities throughout New Mexico; and how the state-level Project LAUNCH can support this work to create system change; discuss successes, challenges, and emerging issues and strategize how to address these issues;
7. Provide a written report to the State Project LAUNCH Co-Directors, by October 29, 2011, on facets of the pilot project that can be replicated and information that can be disseminated to a state-wide audience.
8. Participate in conference calls, grantee meetings, and trainings with the Federal Project Officer (FPO), Technical Assistance Specialist, and/or Cross-Site Evaluator, as determined by the FPO. Travel to be reimbursed at the mileage and per diem rate prescribed in the regulations of the New Mexico Mileage and Per Diem Act;
9. Cooperate with the Project LAUNCH Federal Project Officer, Project LAUNCH Cross-Site Evaluators, and State Project LAUNCH Co-Directors;





3. **ADMINISTERING AGENCY**

The administering agency is the DOH.

4. **COMPENSATION**

A. **The total amount payable to the Entity under this Agreement, including gross receipts tax and expenses, shall not exceed \$733,000.00. This amount is a maximum and not a guarantee that the work assigned to Entity under this Agreement to be performed shall equal the amount stated herein.**

B. The DOH shall pay to the Entity in full payment for services satisfactorily performed BASED UPON DELIVERABLES, such compensation not to exceed \$733,000.00 (as set forth in Paragraph A) including gross receipts tax. Payment is subject to availability of funds as appropriated by the Legislature to the DOH and to any negotiations between the parties from year to year pursuant to Article II, Scope of Work. All invoices MUST BE received by the DOH no later than fifteen (15) days after the termination of the Fiscal Year in which the services were delivered. Invoices received after such date WILL NOT BE PAID. Invoices shall be submitted monthly. The Entity shall submit to the DOH at the close of each month a signed invoice reflecting the total allowable costs incurred during the preceding month. No invoices will be reimbursed unless submitted within thirty (30) days after the last day of the month in which services were performed.

C. The Entity must submit a detailed statement accounting for all services performed and expenses incurred. If the DOH finds that the services are not acceptable, within thirty days after the date of receipt of written notice from the Entity that payment is requested, it shall provide the Entity a letter of exception explaining the defect or objection to the services, and outlining steps the Entity may take to provide remedial action. Upon certification by the DOH that the services have been received and accepted, payment shall be tendered to the Entity within thirty days after the date of acceptance. If payment is made by mail, the payment shall be deemed tendered on the date it is postmarked. However, the DOH shall not incur late charges, interest, or penalties for failure to make payment within the time specified herein.

5. **PROPERTY**

The parties understand and agree that property acquired under this Agreement shall be the property of the DOH.

6. **CLIENT RECORDS AND CONFIDENTIALITY**

A. The Entity shall maintain complete confidential records for the benefit of clients, sufficient to fulfill the provisions of the Scope of Work, and to document the services rendered under the Scope of Work. All records maintained pursuant to this provision shall be available for inspection by the DOH.

B. The Entity shall protect the confidentiality, privacy and security of all confidential information and records and shall not release any confidential information to any other third party without the express written authorization of the client when the record is a client record, or the DOH.

C. The Entity shall comply with the Federal Health Insurance Portability and Accountability Act (HIPAA) of 1996, the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH Act) and applicable regulations and all other State and Federal rules, regulations and laws protecting the confidentiality of information. If the Entity may reasonably be expected to have access to Departments' Protected Health Information (PHI) and is not a Covered Entity as defined by HIPAA, Entity shall execute the



