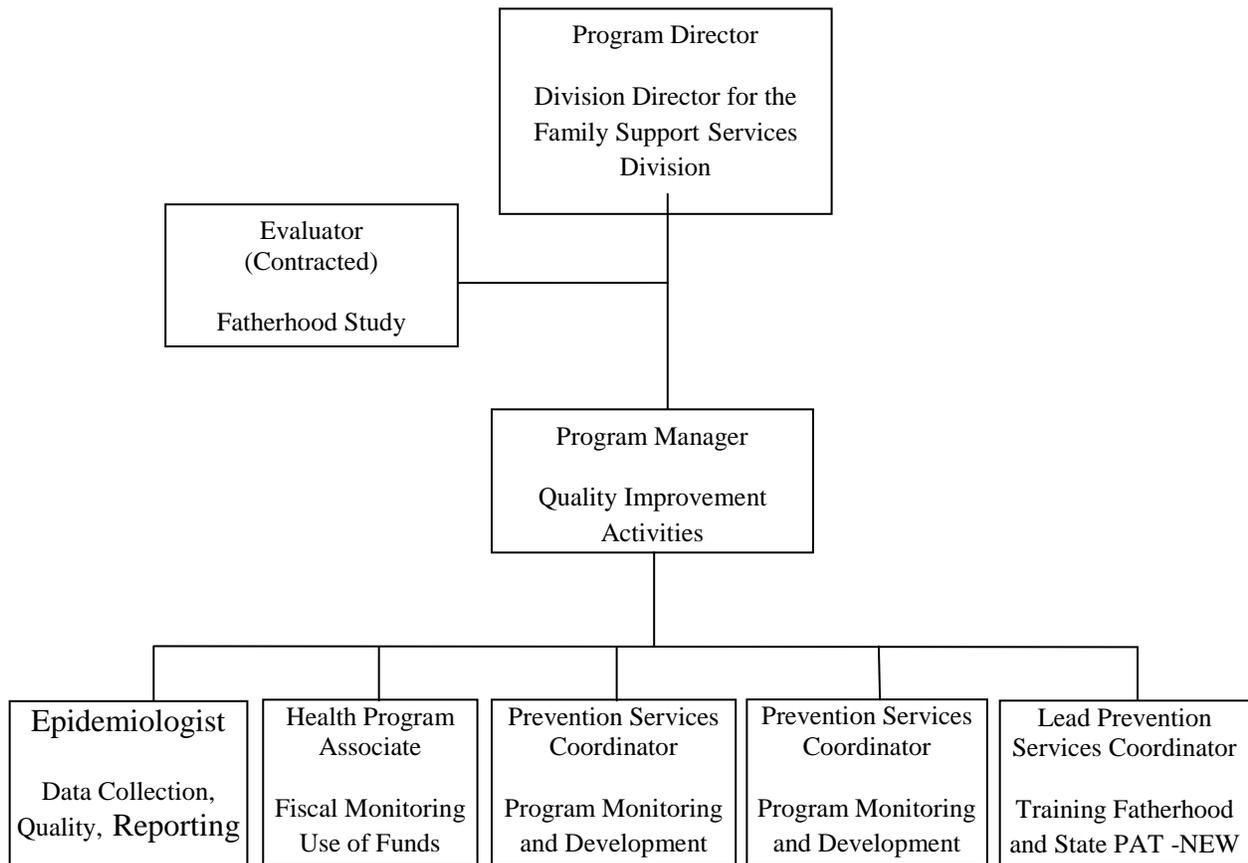


Attachment 1: *Project Timeline*

Connecticut MIECHV Timeline 3/1/2015-9/30/17		
PAT Programs: G = Generations HOCC = Hospital of Central CT NFP: VNASC EHS-HBO: TEAM		
When	Steps/Activity	Responsible
March 2015	Contracts with LIAs and OEC will be amended.	Douglas Yeager
March 2015 – Sept. 2017	Work with local programs on ongoing recruitment and hiring of replacement staff as required	Ashley Murphy (G, TEAM) Jen Wilder-Jackson (HOCC, VNASC)
March 2015	PAT 0-3 Training	Ashley Murphy
April 2015	MIECHV team to conduct site visits with LIAs	Ashley Murphy (G, TEAM) Jen Wilder- Jackson (HOCC, VNASC) Constance Heye (Data for All LIAs)
May 2015	Work with LIAs to create and submit an Individual Program Plan (IPP) to the OEC.	Ashley Murphy (G, TEAM) Jen Wilder-Jackson (HOCC, VNASC)
June 2015	OEC review IPPs from the LIAs and identify any needed edits before approving.	Cathy Lenihan
August 2015 -	MIECHV funded sites will continue to maintain services to families at capacity	Constance Heye
August 2015 – Sept. 2017	Ongoing participation on Promising Approach Evaluation	Constance Heye
August 2015 – Sept. 2017	Community/Discovery Committee meetings as per schedule	Ashley Murphy (G, TEAM) Jen Wilder-Jackson (HOCC, VNASC)
August 2015 – Sept. 2017	Quarterly site visits by MIECHV Program Team Members: Review of programming, CQI and Data	Cathy Lenihan
August 2015 – Sept. 2017	Support Family Group Connections Meetings (PAT) (Monthly)	Ashley Murphy (G) Jen Wilder-Jackson (HOCC)
August 2015 – Sept. 2017	Ongoing training, technical assistance and support of the Form 1 and Form 2 database	Constance Heye
September 2015, 2016, 2017	Support PAT Annual family recognition ceremony	Ashley Murphy (G) Jen Wilder-Jackson (HOCC)
November 2015, 2016, 2017	PAT National Conference	Ashley Murphy Jen Wilder-Jackson
October 15, 2015 October 15, 2016 October 15, 2017	Annual Benchmark Reports Due: Form 1, Form 2 and Expenditure Reports	Constance Heye
Monthly	National Service Office (NSO) Regional Nurse Consultant conference call	Cathy Lenihan
Jan 15, April 15, June 15, October 15 (2015-2017)	Quarterly Form 1, parts 1 and 2 due; Expenditure reports due	Constance Heye (Data) Douglas Yeager (Expenditure Reports)
Spring 2015, 2016	Statewide Annual MIECHV Conference	Karen Foley-Schain

Attachment 2: *Staffing Plan and Job Descriptions*

The Staffing plan includes seven professional staff that will function as a team within the OEC Family Support Services (FSS) division. The team includes a program director (Division Director) responsible for the over-sight and day-to-day management of the program, a program coordinator responsible for quality improvement activities, two staff responsible for programmatic monitoring activities, one staff responsible for training, the fatherhood programmatic area of emphasis, and one staff responsible for fiscal monitoring, and one staff responsible for data collection, quality and reporting. All staff will report directly to the program manager.



Job Descriptions for Key Personnel: Roles, responsibilities and qualifications

Program Director, Karen Foley-Schain, .10 FTE In-Kind: Primary Role: Oversight and day-to-day management of the MIECHV program. Plans and manages program development and implementation activities. Oversees program administration and budgeting, directs and supervises MIECHV staff, maintains contacts with key individuals relevant to the implementation of the program, ensures consistency and quality of services, monitors program activities. Qualifications include a bachelor degree and ten (10) years of state level program administration.

Manager, Vacant, .10 FTE In-Kind: Primary Role: Coordinates of quality assurance activities. Responsibilities include supervision and coordination of MIECHV program and fiscal staff, data collection, continuous quality improvement, technical assistance and training. Coordinates and tracks progress state implementation plan and timeline, monitoring subcontractor performance through site visits, review of program reports, participates in state, regional and federal MIECHV meetings and other duties as outlined in the job description. Qualifications include a bachelor's degree, seven (7) years of professional employment in the health and/or human services field, and three (3) years of experience as a program manager.

NEW Lead Primary Prevention Services Coordinator (PPSC), Catherine Lenihan, .10 FTE In-Kind: Primary role: Responsible for training, the fatherhood programmatic area of emphasis, and coordination of the MIECHV program within the state. funded PAT sites Qualifications include a bachelor's degree, seven (7) years of professional employment in the health and/or human services field, a three (3) years of experience as a PPSC working in the field of home visiting or related field.

2 Primary Prevention Services Coordinators, Ashley Murphy and Jennifer Wilder-Jackson .20 FTE In-Kind: Primary Role: Monitoring programmatic activities and use of funds at the state level. Responsibilities include sub-recipient monitoring to ensure compliance with programmatic requirements and expectations, conducting site visits, receiving and reviewing subcontractor quarterly programmatic and financial reports and model fidelity. Qualifications include a bachelor degree with two or more. Qualifications include a bachelor's degree, seven (7) years of professional employment in the health and/or human services field.

Health Program Associate, Douglas Yeager, .10 FTE In-Kind: Primary Role: Monitoring the use of funds. Assumes overall responsibility for monitoring the financial aspects of the MIECHV program with a primary focus on sub-recipient contractors, receives and reviews contractor quarterly financial reports, develops budgets and contracts, provides technical assistance related to financial reports and budgets. Qualifications include a bachelor degree and five (5) years of experience performing similar contract and fiscal duties.

Epidemiologist 2, Constance Heye, .10 FTE In-Kind: Primary Role: Responsible for data collection, quality and reporting. Responsibilities include data collection, analysis, tracking and reporting, dissemination of data, recommendations for continuous quality improvement, coordination and support for CQI plan at the state and local level. Develops data systems, provides data/benchmarks training, collect benchmark data, data sharing with evaluator, local implementing agencies, and serves as liaison with national MIECHV data efforts. Qualifications include a bachelor degree and five (5) years of experience performing related duties.

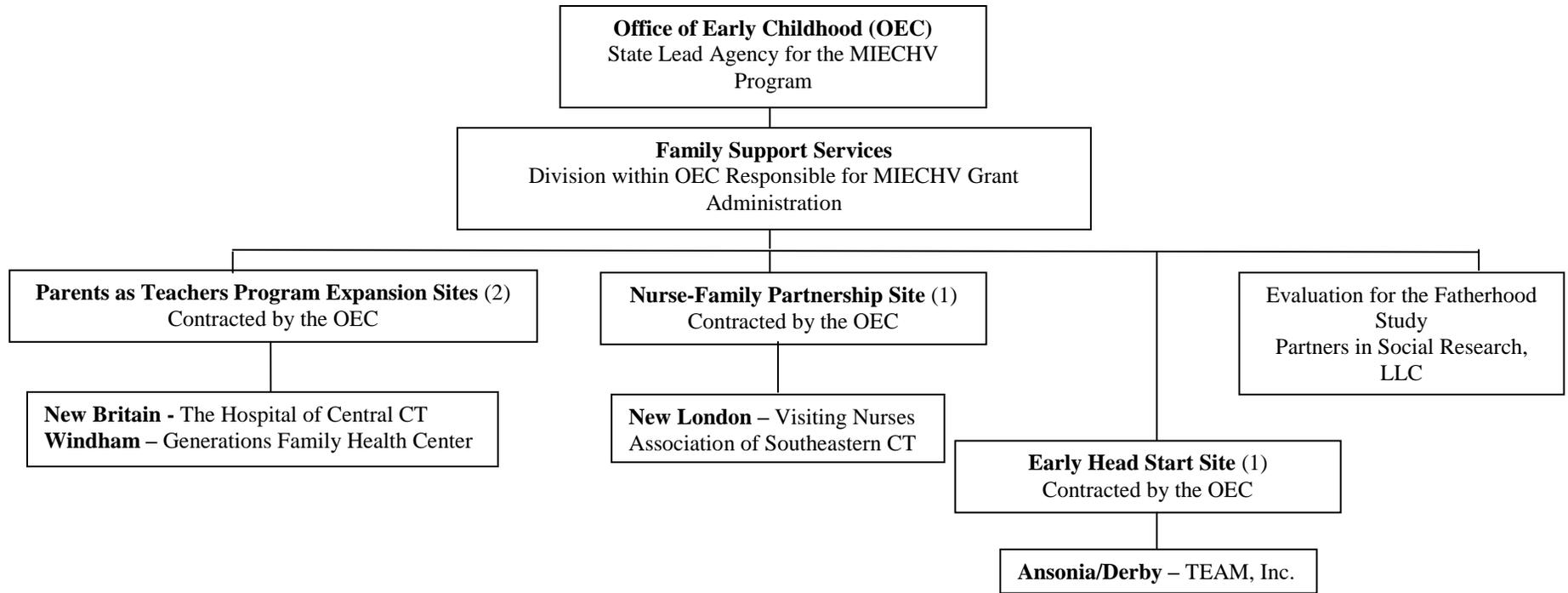
Attachment 3: Maintenance of Effort Chart

NON-FEDERAL EXPENDITURES

FY Prior to Application (Actual)	Current FY of Application (Estimated)
Actual prior FY non-Federal funds, including in-kind, expended for activities proposed in this application. If proposed activities are not currently funded by the institution, enter \$0.	Estimated current FY non-Federal funds, including in-kind, designated for activities proposed in this application.
Amount: <u> \$0.00 </u>	Amount: <u> \$20,000 </u>

CONNECTICUT MATERNAL, INFANT AND CHILDHOOD HOME VISITING PROGRAM

Project Organizational Chart



Attachment 5: *Descriptions of Existing Subcontracts*

The LIAs have agreed to amend and extend their contracts if funding is awarded and available.			
Community	Contractor and Brief Description and Address	Current Contract Amount	Current Annual Budget Period
Parents as Teachers	Implement the Parents As Teachers Curriculum with program fidelity throughout the designated catchment area		
New Britain	The Hospital of Central Connecticut: The Hospital's Family Enrichment Center helps families achieve parenting goals through a blend of programs that emphasize family support, bonding and nurturing. 100 Grand Street, New Britain, CT 06050	\$225,000.00	10/1/2014-9/30/2015
Windham	Generations Family Health Center: A regional Federally Qualified Health Center that provides quality, compassionate and professional health care that is affordable, easily accessible and without discrimination to all members of the communities they serve. 1315 Main Street Willimantic, CT 06226	\$123, 840.00	10/1/2014-9/30/2015
Totals		\$348,840.00	
Nurse - Family Partnership	Implement the Nurse-Family Partnership curriculum with program fidelity throughout the designated catchment area		
Community	Contractor and Brief Description and Address	Current Contract Amount	Current Annual Budget Period
New London	Visiting Nurses Association of South eastern CT: A 501(c)(3) non-profit organization that is dedicated to optimizing the health and well-being of the people in their catchment region. Headquarters: 403 North Frontage Road , Waterford, CT 06385	\$401,000.00	10/1/2014-9/30/2015
Totals		\$401,000.00	

Attachment 5: *Descriptions of Existing Subcontracts*

Early Head Start	Implement the Early Head Start curriculum with program fidelity throughout the designated catchment area		
Community	Contractor and Brief Description and Address	Current Contract Amount	Current Annual Budget Period
Ansonia/Derby	TEAM, Inc. One of ten Community Action Agencies in CT for those seeking social aid and connections to public and private assistance. TEAM, Inc. is a private, nonprofit corporation providing supportive services and financial assistance to over 5,400 families and over 12,2000 individuals residing in their catchment area. 30 Elizabeth Street, Derby, CT. 06418	\$250,000.00	10/1/2014-9/30/2015
Totals		\$250,000.00	



ADMINISTRATION FOR
CHILDREN & FAMILIES

Office of Head Start | 8th Floor Portals Building, 1250 Maryland Ave, SW, Washington DC 20024 | eclkc.ohs.acf.hhs.gov

September 24, 2014

Myra Jones-Taylor, Commissioner
Connecticut Office of Early Childhood
165 Capitol Avenue, Rm G29
Hartford, CT 06106

Dear Ms. Jones-Taylor,

I am writing this letter in support of Connecticut's grant application for the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Expansion Formula Grants, (HRSA-15-101) and Expansion Competitive Grant (HRSA-15-102).

As Acting Director of the Office of Head Start (OHS), I am pleased to give you approval for Connecticut's grant application to expand the Early Head Start (EHS) Home-Based Model through MIECHV funding. This letter for Milford, Shelton, and Seymour counties is contingent upon your submission of updated information providing details regarding the proposed EHS expansion. Further, OHS supports your state's participation in the national evaluation and other related efforts to coordinate evaluation and programmatic technical assistance through the U.S. Department of Health and Human Services (HHS).

To ensure full compliance with all Head Start Program Performance Standards and model fidelity, the Office of Head Start requires each state to direct all questions and needs for technical assistance to OHS. This will help OHS to facilitate ongoing communication and support to your state.

We look forward to continuing to work with your state and its partners in implementing the EHS Home-Based Option.

For additional questions, please contact David Jones at David.Jones@acf.hhs.gov.

Sincerely,


Ann Linehan

Acting Director, Office of Head Start

Attachment 6: Model Developer Approval Letters



Parents as TeachersTM



October 13, 2014

Kathleen Kilbane, RN, MS, FNP
Division of Home Visiting and Early Childhood Systems
Health Resources and Services Administration
Maternal and Child Health Bureau
5600 Fishers Lane, Room 10-64
Rockville, MD 20857

Dear Ms. Kilbane,

This letter serves as the final approval to the Connecticut state plan for the implementation of Parents as Teachers under the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) initiative's competitive funding opportunity for Fiscal Year 2015.

We appreciate receiving the comprehensive plan for this competitive grant opportunity which continues implementation of the Parents as Teachers model in the selected communities.

We are especially pleased with the attention to fidelity, professional development and continuous quality assurance. As the model developer, we stand ready to assist the state office, the Home Visiting Coordinator, affiliates and program staff with training needs and technical assistance, which are critical to yielding good outcomes. Compliance with Essential Requirements is important. Pam Langer, the Parents as Teachers state leader will continue her fine work with you and can assist with local questions and concerns.

As indicated before, we look forward to a long and rich relationship with the State of Massachusetts. Please feel free to engage us in any meetings or discussions related to the MIECHV and Parents as Teachers. This is a true partnership indeed on behalf of all the children and families that will be served by this effort. Again, thank you.

Sincerely,

Handwritten signature of Cheryl F. Dyle-Palmer

Cheryle F. Dyle-Palmer, M.A.
Executive Vice President and Chief Operating Officer

Our Vision: All children will learn, grow and develop to realize their full potential
2228 Ball Drive, Saint Louis, Missouri 63146 p 314.482.4300 f 314.482.8963 www.ParentsAsTeachers.org

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Attachment 6: Model Developer Approval Letters



October 1, 2014

Myra Jones-Taylor, Commissioner
Connecticut Office of Early Childhood
165 Capitol Avenue Room G29
Hartford, CT 06106

Dear Myra:

Based on the information provided to your Business Development Manager, Matthew Wallace, I am pleased to grant approval from the Nurse-Family Partnership National Service Office (NFP NSO), so you may include the Nurse-Family Partnership® Program (NFP) in your FY15 formula grant submission to the Health Resources and Services Administration as part of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program. Specifically:

- NFP NSO verifies that we have reviewed Connecticut proposed emphasis areas and scope, and that the application includes the specific elements required in the FY15 formula FOA; and
- NFP NSO is supportive of Connecticut in the national evaluation and any other related HHS efforts to coordinate evaluation and programmatic technical assistance.

As part of our ongoing partnership to support Connecticut implementation of the MIECHV Program, we look forward to continuing to work together as revisions to that plan unfold, including the level of support your state may need from our staff at NFP NSO. We are particularly eager to partner with you to consider the kind of support that would enable you to successfully establish NFP in the communities identified in the statewide needs assessment. Matthew Wallace will be your direct contact as this work continues, and she will guide you through the requirements so that any of your funded agencies are in the best position to implement NFP with fidelity to the model. In order to further assist you, we have a set of [online resources](#) that can serve as additional resources for our continued work together.

Successful replication of Nurse-Family Partnership as an evidence-based home visitation program is dependent on both unwavering commitment to program quality as well as creative and sensitive adaptability to local and state contexts and available resources. We are excited to partner with you to plan how best to support the successful development of Nurse-Family Partnership in your state.

Sincerely,



Erika Bantz
Senior Director of Business Development
Nurse-Family Partnership National Service Office

1900 Grant Street, Suite 400 | Denver, CO 80203-4304
303.327.4240 | Fax 303.327.4260 | Toll Free 866.864.5226
www.nursefamilypartnership.org

Benchmarks All benchmark data are to be reported for the specific reporting period.

Benchmark 1. Improved Maternal and Newborn Health

Benchmark	Definition	Numerator and Denominator
i.) Prenatal Care	% Pregnant maternal caregivers who received prenatal care in first trimester.	Numerator: # Maternal caregivers who were pregnant at any time during the reporting period and who got prenatal care in first trimester Denominator: # Total maternal caregivers who were pregnant at any time during the program period
ii.) Parental Use of Tobacco	% Caregivers who were referred and received tobacco cessation services.	Numerator: # Primary caregivers who were referred and received tobacco cessation services, by family relationship Denominator: # Primary caregivers who screened positive for tobacco use, by family relationship
iii.) Preconception Care	% Postpartum maternal primary caregivers who receive at least one medical inter-conception/ preconception care visit by six months postpartum.	Numerator: # Postpartum maternal primary caregivers who are at least 6 months postpartum and who received at least one medical inter-conception/ preconception care visit. Denominator: # Total # postpartum maternal primary caregivers who are at least 6 months postpartum.
iv.) Inter-birth intervals	Annually, % maternal caregivers provided information or education on benefits of birth spacing.	Numerator: # Maternal primary caregivers with a previous delivery who were provided information on benefits of birth spacing. Denominator: Total # maternal primary caregivers with previous delivery.
v.) Screening for depressive symptoms	% Maternal caregivers screened for depressive symptoms using an evidence-based screening tool	Numerator: # Maternal caregivers screened for depressive symptoms using an evidence-based screening tool Denominator: Total # maternal caregivers
vi.) Breastfeeding	% Postpartum maternal primary caregivers who initiate breastfeeding	Numerator: # Maternal primary caregivers who had a delivery during program period, who initiated breastfeeding Denominator: Total # maternal primary caregivers who had a delivery during program period
vii.) Well-child visits	% Children in enrolled families who are up-to-date on medical well-child visits	Numerator: # Children in enrolled families (this includes children who live in the household up to the age of 5) who are up-to-date on medical well-child visits Denominator: Total # children in enrolled families (this includes children who live in the household up to the age of 5)

Attachment 7: Benchmarks

viii.) Maternal and child health insurance status	% Eligible maternal primary caregivers and infants/children who have health insurance	Numerator: # Eligible maternal primary caregivers and infants/children in enrolled families who have health insurance Denominator: Total # Eligible maternal primary caregivers and infants/children in enrolled families
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Benchmark 2. Child injuries, Abuse, Maltreatment, Neglect

i.) Emergency Department Visits: Children	Average number of ED visits by children in enrolled families	Numerator: # ED visits for all causes among children in enrolled families Denominator: Total # children in enrolled families in enrolled families
ii.) Emergency Department Visits: Women	% Women with at least one ED visit	Numerator: # Maternal primary caregivers with at least one ED visit for any cause Denominator: Total # maternal primary caregivers in enrolled families
iii.) Health and Safety Information or Training Provided	% Enrolled families who receive health and safety information from the home visitor	Numerator: # Enrolled families who receive health and safety information from the home visitor Denominator: Total # enrolled families
iv.) Incidence of Child Injuries Requiring Treatment	% Children who have one or more injuries requiring medical treatment	Numerator: # Children who have one or more injuries requiring medical treatment Denominator: Total # children enrolled
v.) Reported Suspected Maltreatment for Children	% Suspected maltreatment cases among children enrolled, by type of maltreatment and by age group	Numerator: # Cases of suspected maltreatment among children enrolled, by type of maltreatment and by age Denominator: Total # children enrolled, by age group
vi.) Reported Substantiated Maltreatment	% Substantiated maltreatment cases among children enrolled	Numerator: # Cases of substantiated maltreatment among children enrolled, by type of maltreatment and by age Denominator: Total # children enrolled, by age group
vii.) First-time Victims of substantiated Maltreatment	% First time victims of substantiated maltreatment among children, by maltreatment type and age group	Numerator: # First time victims of substantiated maltreatment among children enrolled, by maltreatment type and age Denominator: Total # children enrolled by maltreatment type and age group

Benchmark 3. School Readiness and Achievement

i.) Parent’s Support for Child’s Learning and Development	Average degree of support among primary care givers for child’s learning and development	Numerator: Total Likert score for support of learning and development* of primary caregivers’** support of index child’s learning and development, by relation to child, and as reported by the home visitor. Denominator: Total # primary caregivers** with a child at least 6 months of age, by relation to child.
ii.) Parent knowledge of Child Development, and their Child’s Developmental	Average degree of knowledge among caregivers about child development, and about the	Numerator: Total Likert score for knowledge about child development* among primary caregivers** about child development, and about the index child’s developmental progress by relation to child, and as reported by the home visitor.

Attachment 7: *Benchmarks*

Progress	enrolled child’s developmental progress.	Denominator: Total # primary caregivers** with a child at least 6 months of age, by relation to child.
iii.) Parenting Behaviors and Parent-Child Relationship	% Primary caregivers who complete an evidence-based instrument that assesses parenting behaviors and parent-child relationship.	Numerator: # Primary caregivers** who complete an evidence-based instrument for parenting behaviors and parent-child relationship, by relation to child. Denominator: Total # primary caregivers** with a child at least 6 months of age, by relation to child.
iv.) Parent Emotional Well-being or Parenting Stress	% Primary caregivers who complete an evidence-based instrument that assesses emotional well-being or parenting stress.	Numerator: # Primary caregivers** who complete an evidence-based instrument that assesses emotional well-being or parenting stress, by relation to child. Denominator: Total # primary caregivers enrolled** with a child at least 6 months of age, by relation to child.
v.) Child Communication, Language, and Emergent Literacy	% Children for whom and age-appropriate evidence-based instrument was completed that assessed child communication, language, and emergent literacy.	Numerator: # Index children at least 2 months of age for whom an evidence-based instrument was completed for child communication, language, and emergent literacy. Denominator: Total # index children at least 2 months of age
vi.) Child’s General Cognitive Skills	% Children for whom an age-appropriate evidence-based instrument was completed that assessed general cognitive skills.	Numerator: # Index children at least 2 months of age for whom an evidence-based instrument was completed for general cognitive skills. Denominator: Total # index children at least 2 months of age
vii.) Child’s Positive Approaches to Learning Including Attention.	% Children for whom and age-appropriate evidence-based instrument was completed that assessed positive approaches to learning, including attention.	Numerator: # Index children at least 2 months of age for whom an evidence-based instrument was completed for positive approaches to learning, including attention. Denominator: Total # index children at least 2 months of age
viii.) Child’s Social Behavior, Emotion Regulation, and Emotional Well-being	% Children for whom and age-appropriate evidence-based instrument was completed that assessed social behavior, emotion regulation, and emotional well-being.	Numerator: # Index children at least 2 months of age for whom an evidence-based instrument was completed for social behavior, emotion regulation, and emotional well-being. Denominator: Total # index children at least 2 months of age

Attachment 7: *Benchmarks*

ix.) Child’s Physical Health and Development	% Children for whom and age-appropriate evidence-based instrument was completed that assessed physical health and development.	Numerator: # Index children at least 2 months of age for whom an evidence-based instrument was completed for physical health and development. Denominator: Total # index children at least 2 months of age
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Benchmark 4. Crime or Domestic Violence

i.) Screening for Domestic Violence	% Maternal primary caregivers who are screened for domestic violence risk.	Numerator: # Maternal primary caregivers who complete screening for DV risk. Denominator: Total # maternal primary caregivers
ii.) Domestic Violence: Number of Referrals Made to Relevant Services	% Maternal primary caregivers who screen positive for domestic violence risk and who receive a referral.	Numerator: # Maternal primary caregivers who screen positive for domestic violence risk and who receive a referral. Denominator: # Maternal primary caregivers who screen positive for domestic violence risk.
iii.) Domestic Violence: Number of Families for which Safety Plan is Completed	% Maternal primary caregivers who screen positive for domestic violence risk and who complete a safety plan.	Numerator: # Maternal primary caregivers who screen positive for domestic violence risk and who complete a safety plan Denominator: # Maternal primary caregivers who screen positive for domestic violence risk.

Benchmark 5. Family Economic Self-Sufficiency

i.) Household Income and Benefits	% enrolled families with annual income below 100% federal poverty level.	Numerator: # Enrolled families with annual income below 100% federal poverty level. Denominator: Total # enrolled families
ii.) Employment or Education of Adult Members of the Family	% Household members who complete an educational, training, or employment objective.	Numerator: # Enrolled household members who complete an educational, training, or employment objective, among those without a change in household composition, who set an objective. Denominator: # Enrolled household members who set an objective, among those without a change in household composition
iii.) Health Insurance Status	% of all eligible family members of all ages who have medical insurance.	Numerator: # Eligible family members of all ages who have medical insurance Denominator: Total # family members of all ages with at least one member who is eligible for medical insurance

Benchmark 6. Coordination and Referrals for Other Community Resources and Services

Attachment 7: *Benchmarks*

i.) Number of Families Identified for Necessary Services	% of enrolled families for whom a needs assessment is completed for necessary services.	Numerator: # Enrolled families for whom a needs assessment is completed for necessary services Denominator: # Enrolled families
ii.) Number of Families that Required Services and Received a Referral	% of enrolled families with identified needs who are referred to services for those needs.	Numerator: # Enrolled families with identified needs who are referred to services for those needs. Denominator: # Enrolled families with identified needs
iii.) Number of Completed Referrals	% of enrolled families who are referred to services and who receive those services	Numerator: # Enrolled families who are referred to services and who receive those services Denominator: # Enrolled families who are referred to services
iv.) Number of MOU's or other formal agreements with other social services agencies in the community	The total number of agencies with whom program has formal agreements or memoranda of agreements.	The total count of all social service agencies with whom program has formal agreements or memoranda of agreement during the program period.
v.) Number of agencies with whom the home visiting provider has a clear point of contact that includes regular sharing of information between agencies.	The total number of social service agencies with whom the home visitors engage regularly.	The total count of all resources and agencies with whom home visitors engage regularly (at least once quarterly)

Attachment 8: Logic Model

