

**RIVERSIDE COUNTY CHILDREN AND FAMILIES COMMISSION  
CONTRACT FOR INVESTMENT OF FUNDS  
AMENDMENT**

**Contractor:** Jeung Choo Yoo MD, Inc.  
**Contract No.:** CF24114 Amendment  
**Address:** 264 North Highland Springs Ave 2-B  
Banning, CA 92220

WHEREAS, the Riverside County Children and Families Commission ("Commission") has entered into a Contract for Investment of Funds ("Contract") with Jeung Choo Yoo MD, Inc. ("Contractor") for the provision of services, and the parties now wish to amend the Contract, to be effective as of **January 22, 2025**.

Now, therefore, the parties agree to amend the Contract as follows:

- A. The contract term is unchanged and remains: **July 01, 2023 – June 30, 2026**
- B. The previous version of the Scope of Work has been deleted in its entirety and replaced as outlined in attachment A-1.
- C. The previous version of the Budget has been deleted in its entirety and replaced as outlined in attachment B-1. All references to the maximum reimbursable amount shall be amended from **\$1,357,105.00** to: **\$1,597,105**.

All other terms and conditions of the Contract, including prior amendments, shall remain in full force and effect.

**Signature Page Follows**

IN WITNESS WHEREOF, the parties hereto have caused their duly authorized representative to execute this first Amendment.

Authorized Signature for COMMISSION:	Authorized Signature for CONTRACTOR:
Tammi Graham Executive Director	Jeung Choo Yoo Medical Doctor and Authorized Signatory
Date Signed:	Date Signed:
585 Technology Court Riverside, CA 92507-2423	264 North Highland Springs Ave 2-B Banning, CA 92220
APPROVED AS TO FORM SIGNATURE:	
Kristine Bell-Valdez Supervising Deputy County Counsel	
Date Signed:	
ATTEST SIGNATURE:	
Lynn M. Stephens Executive Assistant IV	
Date Signed:	

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## **ATTACHMENT A-1: SCOPE OF WORK**

**Contractor:** Jeung Choo Yoo MD, Inc.

**Program:** Home Visiting From FY24

**Contract #:** CF24114 A-1

**Term:** July 01, 2023 - June 30, 2026

### **Program Overview: PROGRAM OVERVIEW – NURSE-FAMILY PARTNERSHIP**

CONTRACTOR will implement the Nurse Family Partnership (NFP) program and will provide home visits by registered nurses beginning during pregnancy and continuing through the child's second birthday. The Nurse-Family Partnership ('NFP') Program is an evidence-based nurse home visiting program which serves low-income, first-time mothers and their children who face significant short- and long-term risks to their health, personal development, and economic well-being. Through regular visits from specially trained nurses, the NFP Program partners with these mothers during their first pregnancies and the first two years of their children's lives to help them develop behaviors that enable them to have healthier pregnancies, be better parents, have emotionally and physically healthier children, and attain greater economic self-sufficiency. CONTRACTOR will provide HVP participants with up to one thousand dollars (\$1000) worth of material goods, dependent on an observable need. The material goods can be used for a program participant's household related to care, health, and safety of the child and family. Some examples of appropriate use of material goods may include, but are not limited to: child safety kits, car seats, appliance repairs, adaptive equipment for children with disabilities, and resources related to child and family language and literacy needs. Material goods items are not intended to be an incentive for individuals to participate, but rather a response to the specific needs of the participant and their families. Goods purchased cannot be used to supplant materials or services already being provided through Welfare-to Work (WTW) supportive services, such as diapers and transportation.

Monthly, CONTRACTOR will collect data to track performance as required by First 5 Riverside County to complete State report requirements. CONTRACTOR will collect the following types of data monthly: Home Visiting Program Models: the total number of cases enrolled by model type. Home Visiting Program Caseload: the caseload, which includes parents or caretakers and children receiving services. Home Visiting Program Referrals and Services: referrals made to various services.

CONTRACTOR will implement the model with fidelity and good outcomes by providing families with regular home visits.

CONTRACTOR will provide to First 5 Riverside County aggregate data reports submitted to the national service office of NFP.

### **SOW Details:**

#### **PROGRAM OVERVIEW – NURSE-FAMILY PARTNERSHIP**

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The NFPx Initiative is a model adaptation of the NFP program that expands eligibility to allow for the enrollment of individuals with previous live births (multiparous people or multips) and/or those who are enrolling after the 28th week of pregnancy but before the birth of the child (late registrants). Historically, NFP has been limited to first-time pregnant individuals and those enrolling early in pregnancy, except for cultural adaptations made by NFP's Tribal Partners. NFPx was developed to address a need identified by the network to serve more families affected by economic and racial inequality, particularly those facing barriers to healthcare and wellness resources that can negatively impact health outcomes for themselves and their children. A select few implementing agencies are approved to certify and serve this expanded population. CONTRACTOR will provide HVP participants with up to one thousand dollars (\$1000) worth of material goods, dependent on an observable need. The material goods can be used for a program participant's household related to care, health, and safety of the child and family. Some examples of appropriate use of material goods may include, but are not limited to: child safety kits, car seats, appliance repairs, adaptive equipment for children with disabilities, and resources related to child and family language and literacy needs. Material goods items are not intended to be an incentive for individuals to participate, but rather a response to the specific needs of the participant and their families. Goods purchased cannot be used to supplant materials or services already being provided through Welfare-to Work (WTW) supportive services, such as diapers and transportation.

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CONTRACTOR will provide to First 5 Riverside County aggregate data reports submitted to the national service office of NFP.

Major Objectives	Major Functions, Tasks and Activities	Performance Measures and/or Deliverables	Targets
<p><b>Home Visiting, Referrals, and/or Linkages</b></p>	<p>CONTRACTOR will provide Home-Visits 60 – 90 minutes weekly during postpartum period, every 2 weeks until toddler is 21 months, monthly until child is 2 years old.</p> <p>Registered Nurses:</p> <ul style="list-style-type: none"> <li>• Facilitate decision-making regarding planning of future children and selection of birth control to achieve <u>goals</u>;</li> <li>• Assist parents to set realistic goals for education and work, and identify strategies for attaining <u>goals</u>;</li> <li>• Coaching parents in building and fostering relationships with other community <u>services</u>;</li> <li>• Parents' family planning, education and work goals; and</li> <li>• Referrals to other health and human services as needed.</li> <li>• Educate parent on infant/toddler nutrition, health, growth, development and environmental <u>safety</u>;</li> <li>• Role model Partners in Parenting Education (PIPE) activities to promote sensitive parent-child interactions facilitative of developmental <u>progress</u>;</li> <li>• Assess parent-child interaction, using Nursing Child Assessment Satellite Training (NCAST) feeding and teaching scales and provide guidance as <u>needed</u>;</li> <li>• Assess infant/toddler's developmental progress at selected intervals using Ages and Stages Questionnaire or DDSII, and provide guidance as <u>needed</u>;</li> <li>• Promote adequate use of well-child <u>care</u>;</li> <li>• Guidance to new parents in building and fostering social support <u>networks</u>;</li> <li>• Guidance assessing safety of potential/actual <u>child care</u> arrangements; and</li> <li>• Referrals to other health and human services as needed.</li> <li>• Effects of smoking, alcohol and illicit drugs on fetal growth, and assist women in identifying goals and plans for reducing cigarette smoking, <u>etc.</u>;</li> <li>• Nutritional and exercise requirements during pregnancy</li> </ul>	<p>CONTRACTOR will utilize the following evidence-based programs and tools to provide Home Visiting services:</p> <ul style="list-style-type: none"> <li>• Nurse Family Partnership Program (NFP) Model</li> <li>• Nurse Family Partnership Program Expanded Eligibility (NFPx) Model</li> </ul> <p>Care coordination activities will be undertaken to ensure children are linked and receiving services.</p>	<ol style="list-style-type: none"> <li>1. CONTRACTOR Nurse Home Visiting Services program will <b>serve mothers</b> with the NFP home visiting program. (Core) as noted below:  FY 23/24 = 66 NFP  FY 24/25 = 60 NFP &amp; <del>NFPx</del>  FY 25/26 = 26 NFP &amp; <del>NFPx</del>  <i>The separate <u>CallWORKs</u> contract, brings the combined total maximum reimbursable caseload for CONTRACTOR to 110 and 115 for Fiscal Years 2024/25 and 2025/26 respectively.</i> </li> <li>2. CONTRACTOR Home Visiting services program will <b>document the number of children</b> 0 through 2 years of age served with the NFP-P10 home visiting program. (Core)</li> <li>3. CONTRACTOR will <b>document the number of home visits</b> provided to enrolled families in the NFP-P10 home visiting program. (Core)</li> <li>4. CONTRACTOR will <b>document the number of mothers</b> that exit the NFP program prior to completion. (Core)</li> <li>5. CONTRACTOR will <b>document the number of children</b>, at 3 months of age, referred for health insurance enrollment, utilization and retention assistance. (Aggregate)</li> <li>6. CONTRACTOR will <b>document the number of children</b>, at 3 months of age, referred who <b>obtained</b> health insurance as a result of staff assistance. (Aggregate)</li> <li>7. CONTRACTOR will <b>document the number of enrolled children</b> that are linked to a medical home at the completion of the NFP program. (Aggregate)</li> <li>8. CONTRACTOR will <b>document the number of pregnant women</b> who receive prenatal care beginning in the first trimester. (Aggregate)</li> </ol>

Major Objectives	Major Functions, Tasks and Activities	Performance Measures and/or Deliverables	Targets
	<p>and monitor and promote adequate weight <u>gain</u>.</p> <ul style="list-style-type: none"> <li>• Other risk factors for pre-term delivery/low birth weight (e.g., genitourinary tract infections, pre-eclampsia);</li> <li>• Preparation for labor and delivery/childbirth <u>education</u>;</li> <li>• Basics of newborn care and newborn <u>states</u>;</li> <li>• Family planning/birth control following delivery of <u>infant</u>;</li> <li>• Adequate use of office-based prenatal care; and</li> <li>• Referrals to other health and human services as needed.</li> </ul> <p>A full time Registered Nurse carries a caseload of 25 or more active cases.</p> <p>Caseload may not exceed 30 without approval from the NSO.</p> <p>New Nurse Home Visitors build up a caseload of 25 over the first 9-12 months of service.</p> <p>NFP team will follow the model elements of the NFP program.</p>		
<p><b>Screenings and Assessments</b></p>	<p>Children and mothers will receive initial and follow-up screenings and assessments. Screenings and/or assessments are conducted on intake, 36 weeks, birth, 1-3 months, 4 months, 6 months, 9 months, 10 months, 12 months, 15-17 months, 18 months, 21-23 Months, and 24 months.</p> <p>Registered Nurse:</p> <ul style="list-style-type: none"> <li>• Involve the mother's support system including family members, fathers when appropriate, and friends, and will connect families to health and human services as needed.</li> <li>• Begin making home visits by the 16th week of pregnancy, preferably sooner, and not after the 28th week of pregnancy. Visits will continue through the first two years of the child's life.</li> <li>• Screen and refer additional children 0 through 5 who reside in the household based on family needs.</li> </ul>	<p>Screenings and Assessments will be utilized to complete comprehensive assessments and designed curriculum for use with children and mothers:</p> <p><b>At every home visit:</b> Referrals to services like:</p> <ul style="list-style-type: none"> <li>• mother's health <u>insurance</u>;</li> <li>• healthcare service usage for mother and <u>baby</u>;</li> <li>• Immunizations for <u>baby</u>;</li> <li>• dental care for <u>baby</u>;</li> <li>• ER visits and hospitalizations for mother and baby.</li> </ul> <p><b>Screenings / Assessments / Tools to be utilized:</b> Maternal Health Assessment, Encounter Form, Demographics, Use of Gov't and Community Services, Dyadic Assessment of Naturalistic Caregiver-Child Experiences (DANCE), Edinburgh Postnatal Depression Scale (EPDS), General Anxiety Disorder Tool (GAD), Health Habits, Intimate Partner Violence (IPV) Assessment, Ages &amp; Stages Questionnaires</p>	<p>9. CONTRACTOR will document the number of children at 12 months of age, who received developmental screenings and assessments that were below the nationally defined developmental threshold. in the NFP program. (Core)</p> <p>10. CONTRACTOR will document the number of children at 12 months of age, who received developmental screenings and assessments that meet the nationally defined developmental threshold in the NFP program. (Core)</p> <p>11. CONTRACTOR will document the number of children at 24 months of age, who received developmental screenings and assessments who fell below the nationally defined developmental threshold for age on a prior screening that have improved to meet or exceed the nationally defined developmental threshold in the NFP program. (Core)</p> <p>12. CONTRACTOR will document the number children 0 through 2 years of age that received an ASQ-3 screening according to Table 1. (Core)</p> <p>13. CONTRACTOR will document the number of parents/caretakers who receive referrals for their children for the first time due to a developmental screening conducted in the NFP program. (Core)</p> <p>14. CONTRACTOR will document the number of referrals for additional services made <u>as a result of</u> the ASQ-3 screenings. (Core)</p>

Major Objectives	Major Functions, Tasks and Activities	Performance Measures and/or Deliverables	Targets
		<p>(ASQ-3), Infant birth, Infant Health Care Demographics, Ages &amp; Stages Questionnaires: Social-Emotional (AQS:SE-2), and Health Assessment.***</p> <p>Screenings and Assessments will be entered into NFP approved database.</p> <p>Care coordination activities will be undertaken to ensure children/mothers are linked and receiving services.</p> <p>***See screening/assessment schedule, Table 1.</p> <p>***Percentage of exclusively breastfeeding mothers @ 6 months (HealthyPeople 2020 Objective).</p>	<ol style="list-style-type: none"> <li>15. CONTRACTOR will document the number of referred children 0 through 2 years of age that were linked to services as a result of the ASQ-3 screenings. (Core)</li> <li>16. CONTRACTOR will document the number of children 0 through 2 years of age that received an ASQ:SE-2 screening according to Table 1. (Core)</li> <li>17. CONTRACTOR will document the number of referrals for additional services as a result of the ASQ:SE-2. (Core)</li> <li>18. CONTRACTOR will document the number of referred children 0 through 2 years of age that were linked to services as a result of the ASQ:SE-2 screenings. (Core)</li> <li>19. CONTRACTOR will document the number of mothers of children 0 through 2 years of age that receive an initial Health Habits assessment. (Core)</li> <li>20. CONTRACTOR will document the number of mothers of children 0 through 2 years of age that demonstrate improvement from pre to post-test on the follow-up Health Habits assessment after the 12-month visit. (Core)</li> <li>21. CONTRACTOR will document the number of mothers who were screened for post-partum depression/depression according to Table 1. (Core)</li> <li>22. CONTRACTOR will document the number of referred mothers that were linked to post-partum depression/depression according to Table 1. (Core)</li> <li>23. CONTRACTOR will document the number of mothers who were referred for mental health treatment. (Core)</li> <li>24. CONTRACTOR will document the number of children born to enrolled mothers. (Core)</li> <li>25. CONTRACTOR will document the number of eligible to breastfeed mothers who are exclusively breastfeeding at time of discharge from the hospital. (Aggregate)</li> <li>26. 23 of 83 mothers (26% of program participants) will be exclusively breastfeeding at 6 months. (Aggregate)</li> </ol>
<p><b>Long-term Sustainability / Public Awareness / Policy Change</b></p> <p>CONTRACTOR will have a long-term sustainability plan outlining how the</p>	<ul style="list-style-type: none"> <li>• Develop &amp; maintain partnerships to leverage funding from other sources and continue the program beyond the funding cycle.</li> <li>• Work in partnership with First 5 Riverside to explore effective</li> </ul>		<p>Report long-term sustainability, public awareness, and policy change activities in the Performance Narrative quarterly reports.</p>

Major Objectives	Major Functions, Tasks and Activities	Performance Measures and/or Deliverables	Targets
<p>program will be maintained after First 5 Riverside funding ends.</p> <p>CONTRACTOR will initiate policy changes which enable stakeholder buy-in and cultural shifts at the community, family and parent/caregiver levels.</p>	<p>and efficient cost modeling approaches to maximize investments and incentivize performance.</p> <ul style="list-style-type: none"> <li>• Promote NFP at Community Forums, Joint Operational Meetings and channels through the Family Resource Centers.</li> <li>• Policies will be reviewed and inclusive of NFP program; develop referral procedures for providers and families to access the service.</li> <li>• As Home Visiting Collaborative evolves, CONTRACTOR is identified as a critical partner in this system approach and will participate in stakeholder convenings.</li> </ul>		

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**Table 1: Screening and Assessment Schedule**

Pre and Post Tests for Mother										
Pre-Test Intake Data Mother	Post-Test 36 weeks Data Mother	Post-Test Birth Data Mother	Post-Test 1-3 weeks Data Mother	Post-Test 4 months Data Mother	Post-Test 6 months Data Mother	Post-Test 12 months Data Mother	Post-Test 16 months Data Mother	Post-Test 18 months Data Mother	Post-Test 24 months Data Mother	
Maternal Health Assessment										
Demographics Income, Education, Work / School, Birth Control, Marital Status				Demographics Income, Education, Work/ School, Birth Control, Marital Status	Demographics Income, Education, Work/ School, Birth Control, Marital Status	Demographics Income, Education, Work/ School, Birth Control, Marital Status	Demographics Income, Education, Work/ School, Birth Control, Marital Status	Demographics Income, Education, Work/ School, Birth Control, Marital Status	Demographics Income, Education, Work/ School, Birth Control, Marital Status	Demographics Income, Education, Work/ School, Birth Control, Marital Status
Use of Gov't and Community Services		Use of Gov't and Community Services		Use of Gov't and Community Services	Use of Gov't and Community Services	Use of Gov't and Community Services	Use of Gov't and Community Services	Use of Gov't and Community Services	Use of Gov't and Community Services	Use of Gov't and Community Services
EPDS and GAD	EPDS and GAD	EPDS and GAD	EPDS and GAD	EPDS and GAD	EPDS and GAD	EPDS and GAD	EPDS and GAD	EPDS and GAD	EPDS and GAD	EPDS and GAD
Health Habits	Health Habits					Health Habits				
Clinical IPV		Clinical IPV	Clinical IPV				Clinical IPV			(Last Post Test)
Pre and Post Tests for Baby										
Pre-Test Infant Birth Data Baby	Pre-Test 1-3 Months	Pre-Test 4 months	Pre-Test 6 months	Post-Test 8-10 Months Data Baby	Post-Test 12 months Data Baby	Post-Test 16 months Data Baby	Post-Test 18 months Data Baby	Post-Test 21-23 Months Data Baby	Post-Test 24 months Data Baby	
Infant Birth										
	DANCE			DANCE		DANCE		DANCE		
		ASQ 3		ASQ 3			ASQ 3		ASQ 3	
			ASQ: SE 2		ASQ: SE 2		ASQ: SE 2		ASQ: SE 2	
			Infant Health		Infant Health		Infant Health		Infant Health	
										(Last Post Test)

Data Collected at each Home Visit on Encounter Form for Mother and Baby	
Mother	Baby
Referrals made for services needed	Referrals made for services needed
Health Services Used	Health Services Used

**ATTACHMENT B-1: BUDGET**

**Budget Start Date:** 07/01/2023

**Budget End Date:** 06/30/2026

**Total Amount:** \$1,597,105

<b>FISCAL YEAR 2023-2024</b>		
<b>Category</b>	<b>Description</b>	<b>Amount</b>
Operational Expenses	Home Visits - NFP P10	<b>\$738,475</b>
Operational Expenses	Material Goods - P10	<b>\$30,000</b>
Operational Expenses	Certification & Training NFPx	<b>\$0</b>
<b>SUBTOTAL:</b>		<b>\$768,475.00</b>

<b>FISCAL YEAR 2024-2025</b>		
<b>Category</b>	<b>Description</b>	<b>Amount</b>
Operational Expenses	Home Visits - NFP P10	<b>\$582,605</b>
Operational Expenses	Material Goods - P10	<b>\$26,000</b>
Operational Expenses	Certification & Training NFPx	<b>\$23,037</b>

<b>SUBTOTAL:</b>	<b>\$631,642.00</b>
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<b>FISCAL YEAR 2025-2026</b>		
<b>Category</b>	<b>Description</b>	<b>Amount</b>
Operational Expenses	Home Visits - NFP P10	<b>\$183,665</b>
Operational Expenses	Material Goods - P10	<b>\$13,323</b>
Operational Expenses	Certification & Training NFPx	<b>\$0</b>
<b>SUBTOTAL:</b>		<b>\$196,988.00</b>

CATEGORY	DESCRIPTION	UNIT ANNUAL QUANTITY	UNIT COST	FY23/24	FY24/25	FY25/26	TOTAL
<b>Expenses</b>							
Operational Expenses	Home Visits - NFP P10	1355	\$545.00	\$738,475.00	\$582,605.00	\$183,665.00	\$1,504,745.00
Operational Expenses	Material Goods - P10	N/A	N/A	\$30,000.00	\$26,000.00	\$13,323.00	\$69,323.00
Operational Expenses	Certification & Training NFPx	N/A	N/A	\$0.00	\$18,856.00	\$4,181.00	\$23,037.00
<b>Total Budget</b>				<b>\$768,475.00</b>	<b>\$627,461.00</b>	<b>\$201,169.00</b>	<b>\$1,597,105.00</b>

## EXHIBIT C-1: PAYMENT PROVISIONS

### A. FISCAL

The maximum amount reimbursable over the life of this Contract shall not exceed **\$1,597,105** for the duration of the Contract period as awarded by the Riverside County Children and Families Commission, also known as First 5 Riverside County, (hereinafter the "COMMISSION" or "COUNTY"), provided pursuant to the California Children and Families Act of 1998, also known as Proposition 10.

CONTRACT PERIOD: **07/01/23 – 06/30/26**

#### 1. Method, Time, and Schedule Conditions of Payment

- a. The COMMISSION will disburse funds on a reimbursement payment process based on the Contract Budget (Attachment "B") amount for the applicable fiscal year and monthly report submissions. Payment will be rendered thirty (30) business days from submission of all required documentation and/or the reporting deadline.
- b. Disbursement of any payment of funds to CONTRACTOR shall be made so long as all of the following conditions have been met:
  1. The Contract has been approved by the COMMISSION;
  2. The Contract has been fully executed by all parties;
  3. All applicable licenses to comply with the terms of the SOW are current and valid; and
  4. The CONTRACTOR submits monthly itemized invoices, via the data management system to include the supporting documentation separated by a cover sheet in front of each expense category. Documentation shall include; payroll register or report, time & activity report and/or, timesheets, statement of costs, copy of invoice or receipt, mileage report(s), copy of check(s) or proof of payment; and
  5. COMMISSION staff has reviewed and approved Cost Allocation Plan (if applicable).
- c. Under special circumstances, CONTRACTOR may request advance disbursements. A supplemental disbursement request along with justification must be submitted, in writing, to the Executive Director or designee.
- d. The COMMISSION Executive Director, or designee, reserves the right to withhold or reduce disbursement of funds if CONTRACTOR fails to 1) comply with monthly and/or quarterly reports by the indicated due date as set forth in Section 11 of the Contract; 2) if results achieved are not as projected and no COMMISSION approved plan is in place for improvement; or 3) if the CONTRACTOR is not in compliance with any provision contained within this Contract.
- e. The final funding period amount approved for the applicable fiscal year will be paid based on final expenditures as of June 30th, and reported as of the final deadline to submit program expenditures defined in Section 11. Fiscal and Program Reporting Requirements, A. Fiscal Reporting. Expenditures made after June 30th will not be accepted.

## 2. Allowable Costs

Funds provided pursuant to this Contract shall be expended by CONTRACTOR in accordance with the Budget.

- a. Such specified expenditures will be further limited to those that are considered both reasonable and necessary as determined by the COMMISSION. CONTRACTOR agrees COMMISSION may recover any payments for services or goods, including rental of facilities, which were not reasonable and necessary, or which exceeded the fair market value. The recovery shall be limited to payments over and above reasonable or fair market amounts and any costs of recovery.
- b. The reasonable and allowable reimbursement rate for use of motor vehicles, travel expenses and food are based on the current IRS allowable rate.
- c. Contractor shall obtain approval for all overnight travel and out of State travel as it relates to services provided in this Contract. Reimbursement as it relates to pre-approved travel will be based on the Federal allowable rate. Request must be submitted in writing thirty (30) days in advance of travel date and travel must be approved in advance by COMMISSION management.