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Approved 1/28/2025
Board of Supervisors
DOC-2025-055

FIRST AMENDMENT TO THE NURSE-FAMILY PARTNERSHIP IMPLEMENTATION AGREEMENT (NFPx)



This Amendment (the “First Amendment”) is between the **Santa Cruz County** (“Network Partner”) and **Nurse-Family Partnership** (“NFP”), a Colorado nonprofit corporation, (together the “Parties.”) and is effective as of November 1, 2024.

RECITALS

Whereas the Parties entered into an agreement (the “Agreement”) for the period of April 1, 2021 through March 31, 2024 with automatic renewal of the Agreement on each April 1st for successive one-year periods, for the purpose of implementing the Nurse-Family Partnership Program® (“Program”).

Whereas Network Partner wishes to participate in NFPx (the “Initiative”), which incorporates late enrollment (after the end of the 28th week of pregnancy and before the baby’s birth) and multiparous clients (women who have had a previous live birth) into the Initiative. The Initiative is designed to serve and measurably improve the health and well-being of women experiencing adversities that put them at higher risk for poor pregnancy and birth outcomes, and their baby through the child’s second birthday, by providing prenatal and early childhood nurse home visiting services.

Whereas Network Partner desires to participate in the Initiative in accordance with the Agreement and the additional terms set forth in this Amendment.

Whereas NFP desires to support Network Partner’s participation in the Initiative.

Whereas the Parties wish to memorialize the mechanisms and means by which Network Partner shall implement the Initiative during the Initiative and NFP shall support such implementation.

NOW, THEREFORE, for good and valuable consideration, the receipt and adequacy of which is hereby acknowledged, the Parties agree as follows:

1. The Agreement is hereby amended to include the following additional Network Partner obligations as new **Section XII to Exhibit E**

Network Partner agrees as part of the NFPx Initiative to:

- a. **Complete NFPx education, required by NFP, prior to enrollment of NFPx families.**
- b. **Implement the Initiative in accordance with guidance from NFPx Education sessions.**
- c. **Participate in the NFPx Community of Practice.**
- d. **Participate in data gathering (usage of NFPx forms, interviews, focus groups, surveys, etc.); as requested.**
- e. **Collaborate with NFP on future planning based on data and practice.**

The Parties agree that NFP, using reasonable judgment, may discontinue offering enrollment to late enrollments and/or multiparous clients. If NFP does discontinue this offering it will give Network Partner 60 day advance notice to stop enrolling new NFPx clients; however, continuation of services to current families would be permitted.

2. The Agreement is hereby amended to add the following 2024 and 2025 fees, attached hereto as Exhibit C-1 titled “Fees for Nurse-Family Partnership Services”, to Exhibit C. Fees for Nurse-Family Partnership Services.

3. The Agreement is hereby amended to include the following **Section IV Fees and Payments** as **paragraph G**

Network Partner will pay for participation in the NFPx Initiative in accordance with the fee schedule attached hereto as Exhibit F and incorporated by reference.

4. If any language in the Agreement conflicts with language in this First Amendment, the language in this First Amendment shall apply; and
5. All other terms and conditions of the Agreement remain in full force and effect.

IN WITNESS WHEREOF, the Parties hereto have caused this Amendment to be executed as of the date set forth herein by their duly authorized representatives.

For NFP:

Signed by:
By: Charlotte Min-Harris
ED73D4C4BD88464
Signature
Charlotte Min-Harris, President & CEO
1/13/2025
Date: _____

For Network Partner:

DocuSigned by:
By: Miku Sodhi
E7FBC1FED938435...
Signature
Director of Health Services or Designee
Health Services Agency
1/29/2025
Date: _____

Approved as to Form:

DocuSigned by:
John Ng 12/23/2024
F0F6FD139D784BF...
Office of the County Counsel Date

Approved as to Insurances:

Signed by:
Gina Occhipinti Borasi 12/23/2024
E45ADC5BA53B4DB...
Risk Management Date

Exhibit F

NFPx Fee Schedule

The National Service Office (NSO) for Nurse-Family Partnership and Child First is an independent nonprofit organization that exists to license and help replicate the NFP program and the NFPx Initiative. The NSO provides research and education and supports implementation and improvements to ensure the model continues to produce positive results for moms, babies, families, and communities in a rapidly changing society. As an independent nonprofit, the NSO receives no ongoing government funding for the NFP or NFPx programs or the NSO. And although the NSO helps obtain and sustain funding that network partners receive to implement the program, such as MIECHV, it does not directly receive any of those funds. Fees represent a way for network partners to contribute to the overall shared costs of the NFP and NFPx model they implement.

Fees will be assessed based on the NSO's Fee Schedule in effect at the time when charges are incurred. Established Fee Schedules are outlined below.

EDUCATION FEES

Education courses are required for all new nurses and nurse supervisors who will be serving NFPx Families.

- Fees are charged per attendee.
- Required materials are included in the fees.

NFPx (expanded eligibility) Education	Recipient	CY2024	CY2025	CY2026
Serving Late Registrants	Nurse Home Visitors and Supervisors	\$278	\$286	\$295
Serving Multiparous Parents for NHVs	Nurse Home Visitors	\$1,392	\$1,434	\$1,477
Serving Multiparous Parents for Supervisors	Supervisors	\$1,392	\$1,434	\$1,477

NFPx ANNUAL SUPPORT FEES

- NFPx support fees are charged annually per Team, for any Team with nurses authorized by NSO to participate in NFPx.
- Updated NFPx support fees will be assessed at the new rate beginning July 1, 2024. Billing will occur on the original Implementation Agreement anniversary date annually.
- These fees are assessed annually based on the number of NFP Nurse Home Visitor (NHV) positions per Team authorized to participate in NFPx as part of the NFP program. All NFP NHV positions are included when determining Team size, regardless of whether a position might be temporarily vacant or filled by a nurse on a leave of absence. A Team is defined as a single Nurse Supervisor and up to 8 NFP NHVs reporting to that supervisor. The Nurse Supervisor is not counted when determining Team size.

Team Size	07/01/2024 - 12/31/2024	01/01/2025 - 12/31/2025	01/01/2026 - 12/31/2026
2 NHV Team	\$ 3,379	\$ 3,480	\$ 3,585
3 NHV Team	\$ 3,518	\$ 3,624	\$ 3,732
4 NHV Team	\$ 3,658	\$ 3,768	\$ 3,881
5 NHV Team	\$ 3,797	\$ 3,911	\$ 4,028
6 NHV Team	\$ 3,941	\$ 4,059	\$ 4,181
7 NHV Team	\$ 4,080	\$ 4,202	\$ 4,328
8 NHV Team	\$ 4,219	\$ 4,346	\$ 4,476

Fees for time periods after those indicated above will be based on NFP's current fee schedule at the time of assessment. Please note that all NFPx education and support fees are incremental and not in lieu of any regular fees.

Exhibit C-1. Fees for Nurse-Family Partnership Services

NFP FEES FOR THE FIRST THREE YEARS OF SERVICES PROVIDED UNDER THE AGREEMENT WILL BE AS FOLLOWS, SUBJECT TO CHANGE IN ACCORDANCE WITH SECTION IV:

Section 1: Education, Replacement, and Expansion Fees			
Nurse Home Visitor Education Fee (Invoiced upon completion of in-person or virtual training session)			
Price Effective Date	End Date	Unit Price	Unit of Measure
1/1/2024	12/31/2024	\$5,683.00	Per NHV or Program Supervisor Attendee (Price is based on the calendar year)
1/1/2025	12/31/2025	\$5,853.00	
1/1/2026	12/31/2026	\$6,029.00	
Program Supervisor Initial Education Fee (Invoiced upon completion of in-person or virtual training session)			
Price Effective Date	End Date	Unit Price	Unit of Measure
1/1/2024	12/31/2024	\$1,028.00	Per Program Supervisor Attendee (Price is based on the calendar year)
1/1/2025	12/31/2025	\$1,059.00	
1/1/2026	12/31/2026	\$1,091.00	
Program Supervisor Abbreviated NHV Education Fee (Invoiced upon completion of in-person or virtual training session)			
Price Effective Date	End Date	Unit Price	Unit of Measure
1/1/2024	12/31/2024	\$893.00	Per Program Supervisor Attendee (Price is based on the calendar year) (Available to recently promoted Program Supervisors who have taken NHV Education within the last 2 years.)
1/1/2025	12/31/2025	\$920.00	
1/1/2026	12/31/2026	\$947.00	
Administrator Standard Education Fee (Invoiced upon completion of in-person or virtual training session)			
Price Effective Date	End Date	Unit Price	Unit of Measure
1/1/2024	12/31/2024	\$672.00	Per Administrator Attendee (Price is based on the calendar year)
1/1/2025	12/31/2025	\$692.00	
1/1/2026	12/31/2026	\$713.00	
Nursing Practice Overview Fee (Invoiced upon completion of in-person or virtual training session)			
Price Effective Date	End Date	Unit Price	Unit of Measure
1/1/2024	12/31/2024	\$314.00	Per Administrator Attendee (Price is based on the calendar year)
1/1/2025	12/31/2025	\$323.00	
1/1/2026	12/31/2026	\$333.00	
NHV Educational Materials Fee (Invoiced upon completion of in-person or virtual training NHV education session)			
Price Effective Date	End Date	Unit Price	Unit of Measure

1/1/2024	12/31/2024	\$721.00	Per NHV or Program Supervisor Attendee (Price is based on the calendar year)
1/1/2025	12/31/2025	\$743.00	
1/1/2026	12/31/2026	\$765.00	
Program Supervisor Replacement Fee (Invoiced at the time of occurrence)			
Price Effective Date	End Date	Unit Price	Unit of Measure
7/1/2024	6/30/2025	\$3,783.00	One time per Replacement of Program Supervisor per Occurrence (Price is set on contract anniversary date)
7/1/2025	6/30/2026	\$3,896.00	
7/1/2026	6/30/2027	\$4,013.00	
Team Addition Expansion Fee (Invoiced at the time of occurrence)			
Price Effective Date	End Date	Unit Price	Unit of Measure
7/1/2024	6/30/2025	\$22,035.00	One time per Expansion per Occurrence per Team (Price is set on contract anniversary date)
7/1/2025	6/30/2026	\$22,696.00	
7/1/2026	6/30/2027	\$23,377.00	
Regional Expansion Fee (Invoiced at the time of occurrence)			
Price Effective Date	End Date	Unit Price	Unit of Measure
7/1/2024	6/30/2025	\$27,543.00	One time per Expansion per Occurrence per Team (Price is set on contract anniversary date)
7/1/2025	6/30/2026	\$28,369.00	
7/1/2026	6/30/2027	\$29,220.00	
Section 2: Annual Fees			
NFP Network Partner Annual Program Support Fee <i>per team</i>			
(Invoiced annually on the Price Effective Date)			
Price Effective Date	End Date	Unit Price	Unit of Measure
			Annual per first team per year

			(The fee total is based on the number of funded Nurse Home Visitors per team)
Two NHV Team 7/1/2024	6/30/2025	\$22,248.00	
Two NHV Team 7/1/2025	6/30/2026	\$22,908.00	
Two NHV Team 7/1/2026	6/30/2027	\$23,595.00	(Price is set on contract anniversary date)
Three NHV Team 7/1/2024	6/30/2025	\$23,388.00	
Three NHV Team 7/1/2025	6/30/2026	\$24,084.00	
Three NHV Team 7/1/2026	6/30/2027	\$24,807.00	
Four NHV Team 7/1/2024	6/30/2025	\$24,528.00	
Four NHV Team 7/1/2025	6/30/2026	\$25,272.00	
Four NHV Team 7/1/2026	6/30/2027	\$26,030.00	
Five NHV Team 7/1/2024	6/30/2025	\$25,956.00	
Five NHV Team 7/1/2025	6/30/2026	\$26,736.00	
Five NHV Team 7/1/2026	6/30/2027	\$27,538.00	
Six NHV Team 7/1/2024	6/30/2025	\$27,168.00	
Six NHV Team 7/1/2025	6/30/2026	\$27,984.00	
Six NHV Team 7/1/2026	6/30/2027	\$28,824.00	
Seven NHV Team 7/1/2024	6/30/2025	\$28,128.00	
Seven NHV Team 7/1/2025	6/30/2026	\$28,980.00	
Seven NHV Team 7/1/2026	6/30/2027	\$29,849.00	
Eight NHV Team 7/1/2024	6/30/2025	\$29,316.00	
Eight NHV Team 7/1/2025	6/30/2026	\$30,192.00	
Eight NHV Team 7/1/2026	6/30/2027	\$31,098.00	



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Maite Arce Maite.Arce@santacruzcountyca.gov Associate Analyst County of Santa Cruz Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Accepted: 3/29/2022 4:56:31 PM ID: 70c46901-390f-4f85-835d-95aea61b72d1	COPIED	Sent: 12/23/2024 3:28:14 PM
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President & CEO		Signed: 1/13/2025 3:32:06 PM
Nurse-Family Partnership		
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Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Nurse Family Partnership:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: jacki.do@nursefamilypartnership.org

To advise Nurse Family Partnership of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at jacki.do@nursefamilypartnership.org and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from Nurse Family Partnership

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to jacki.do@nursefamilypartnership.org and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Nurse Family Partnership

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to jacki.do@nursefamilypartnership.org and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

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To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to ‘I agree to use electronic records and signatures’ before clicking ‘CONTINUE’ within the DocuSign system.

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- Until or unless you notify Nurse Family Partnership as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Nurse Family Partnership during the course of your relationship with Nurse Family Partnership.

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Miku Sodhi

Miku.Sodhi@santacruzcountyca.gov

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cbd.esignature@santacruzcountyca.gov

County of Santa Cruz

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Maite Arce

Maite.Arce@santacruzcountyca.gov

Associate Analyst

County of Santa Cruz

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HSA PH Admin HSAPHAdmin@santacruzcountyca.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 1/31/2025 4:44:52 PM
Najeeb Kamil Najeeb.Kamil@santacruzcountyca.gov Sr. Dept. Admin Analyst County of Santa Cruz Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Accepted: 2/26/2024 2:58:14 PM ID: 2e8c4524-efb7-49f3-b52c-b2c9a75dbd1c	COPIED	Sent: 1/31/2025 4:44:52 PM
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	1/14/2025 12:17:44 PM
Envelope Updated	Security Checked	1/28/2025 3:58:24 PM
Certified Delivered	Security Checked	1/31/2025 4:43:47 PM
Signing Complete	Security Checked	1/31/2025 4:44:49 PM
Completed	Security Checked	1/31/2025 4:44:52 PM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

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