

S1381-04

PEER TO PEER SUPPORT AND MENTORING CONTRACT

BETWEEN THE

**NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILDREN AND FAMILY SERVICES CHILD WELFARE UNIT
AND**

HEALTHY FAMILIES PROJECT

AMENDMENT ONE, MAY 2012

This contract is entered into by and between the Nebraska Department of Health and Human Services, **DIVISION OF CHILDREN AND FAMILY SERVICES CHILD WELFARE UNIT** (hereinafter "DHHS"), and **HEALTHY FAMILIES PROJECT** (hereinafter "Contractor").

The Contract between the parties dated February 29, 2012 is hereby amended as follows:

Article I. **TERM AND TERMINATION** section A. is amended to read:

A. TERM. This contract is in effect from March 1, 2012 until September 30, 2012.

Article II. **CONSIDERATION** section A. is amended to read:

A. TOTAL PAYMENT. DHHS shall pay the Contractor a total amount, not to exceed \$147,000 (One hundred forty seven thousand dollars) for the activities specified herein.

Article III. **SCOPE OF SERVICES** is amended to read:

A. The Contractor shall do the following:

1. Provide one on one mentoring and support, which includes coaching and advocacy, to parents and their families, (i.e. assistance in interpreting care plans, individualized education plans, court documents, etc).
2. Provide training and support that is focused on empowering families resulting in effective working relationships with professionals.
3. Assist families with identifying strengths to nurture positive interaction.
4. Assist family in navigating the various systems (Child Welfare, public schools, Juvenile Justice, etc.)
5. Make contact with families (frequency and type to be determined by family) in the location or modality that is preferred by the family (i.e. home visits and/or phone).
6. Provide families with referral resources as appropriate per individual family need.
7. Participate in family team meetings.

8. Provide written documentation of each contact with the individual family, providing all information relating to the individual goals established by the family and the family team.
 9. Provide to DHHS by the 10th of each month, monthly reports showing the number of referrals received, number of contacts (face-to-face or phone contacts) and list of referrals to community resources.
 10. Conduct appropriate evaluations during the month and up to the 15th of the following month.
- B. Performance Accountability: The Contractor agrees to be held accountable for the services provided within this contract. Data on contractor's performance related to outcome measures described below will be provided to DHHS. The Contractor shall identify indicators and utilize a family measurement tool agreed upon by the Department that demonstrates compliance in meeting the following outcomes:
1. Outcome: Enhanced family resiliency
 - a. 90% of families served will have improved skills and strategies necessary to persevere in crisis and manage problems in family setting.
 2. Outcome: Increased supports and connections
 - a. 90% of families served will have a plan to access to concrete supports that would meet their physical, occupational and behavioral health needs. They will also have a plan to access other tangible goods necessary to ensure overall health.
 - b. 90% of families served will have a minimum of 2 identified natural/informal supports prior to discharge/dismissal.
 3. Outcome: Enhanced child development/parenting knowledge
 - a. 90% of the families served will have improved age appropriate expectations and effective guidance strategies.

C. DHHS shall do the following:

1. Make payment in conformance with the Nebraska Prompt Payment Act after the provision of care, the submission of billing, and the submission of required reports.
2. Refer Families to the peer-to-peer support program

D. Result Based Accountability:

DHHS will be using this contract year (FY'13) to provide the foundation for Results Based Accountability for all DHHS contracts. The goal is to use this FY to develop the points below so that when contracts are being prepared for FY'14, all the performance measures and reporting strategies are in place.

The Department and Healthy Families Project will:

1. Negotiate performance measures for outcomes that are aligned with our Child and Family Services Review Protocol;
2. Develop and adopt continuous improvement strategies for services performed and outlined in this contract;
3. Simplify and make efficient the performance reporting requirements;

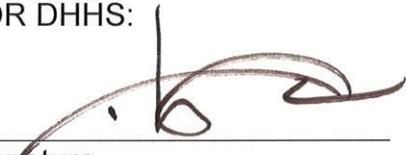
4. Develop schedule for desk audit/field audit over the contract year; and
5. Develop regular feedback loop with contractor for ideas to improve the system and discuss what DHHS and the Contractor can do collaboratively to improve the overall system.

All 5 Results Based Accountability expectations will be completed no later than 60 days prior to the FY'14 renewal process.

All other terms and conditions remain in full force and effect.

IN WITNESS THEREOF, the parties have duly executed this Contract hereto, and each party acknowledges the receipt of a duly executed copy of this Contract with original signatures.

FOR DHHS:

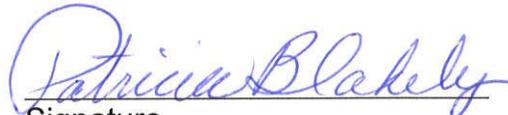


Signature

Thomas D. Pristow, Director
Division of Children and Family Services
Department of Health and Human Services

DATE: 6-29-12

FOR CONTRACTOR:



Signature

Patricia Blakely
Executive Director
Healthy Families Project

DATE: 6-18-2012