

24930-43

AB#
1377554

CHILD ABUSE PREVENTION SUBGRANT

BETWEEN

**THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILDREN AND FAMILY SERVICES**

COLUMBUS AREA UNITED WAY

This subgrant is entered into by and between the Nebraska Department of Health and Human Services, **DIVISION OF CHILDREN AND FAMILY SERVICES** (hereinafter "DHHS"), and **COLUMBUS AREA UNITED WAY** (hereinafter "Subrecipient").

PURPOSE. The purpose of this subgrant is to provide administration and continued implementation of the work to enhance early childhood social-emotional development in the Platte and Colfax County Areas as approved by the Nebraska Child Abuse Prevention Fund Board (NCAFP Board) Neb. Rev. Stat. §§ 43-1901 to 43-1906.

I. PERIOD OF PERFORMANCE AND TERMINATION

- A. **TERM.** This award is in effect from July 1, 2014 the effective date through June 30, 2015, the completion date.
- B. **TERMINATION.** This subgrant may be terminated at any time upon mutual written consent or by either party for any reason upon submission of written notice to the other party at least Thirty (30) days prior to the effective date of termination. DHHS may also terminate this subgrant in accord with the provisions designated "FUNDING AVAILABILITY" and "BREACH OF SUBGRANT." In the event either party terminates this subgrant, the Subrecipient shall provide to DHHS all work in progress, work completed, and materials provided by DHHS in connection with this subgrant immediately.

II. AMOUNT OF SUBGRANT

- A. **TOTAL SUBGRANT.** DHHS shall pay the Subrecipient a total amount, not to exceed \$22,500.00 (twenty-two thousand five hundred dollars) for the activities specified herein and in accordance with the attached budget (Attachment A).
- B. **PAYMENT STRUCTURE.** Payment shall be structured as follows:
 - 1. Quarterly payments will be made upon the submittal of a budget expenditure report and a reimbursement request for actual, allowable, and reasonable expenditures by the subrecipient. **The final quarterly budget expenditure report must be received by June 15, 2015.**
- C. **BUDGET CHANGES.** The Subrecipient is permitted to reassign funds from one line item to another line item within the approved budget. If funds are reassigned between line items, prior approval from DHHS is required for cumulative budget transfer requests for allowable costs, allocable to the subgrant exceeding five percent (5%) of the current total approved budget. Budget revision requests shall be submitted in writing to DHHS. DHHS will provide written notification of approval or disapproval of the request within thirty (30) days of its receipt.

III. STATEMENT OF WORK

A. The Subrecipient shall:

Continue the implementation of the early childhood social-emotional development work as outlined in the Scope of Work approved by the Nebraska Child Abuse Prevention Fund Board (Attachment B).

1. Continued implementation of the Parent Interacting with Infants (PIWI) model.
2. Continued implementation of the Parent Child Interaction (PCIT) model.

B. Administrative Standards:

The Subrecipient agrees to be held accountable for the services provided within this Subgrant and with provide data on the following measures and others as described in Attachment B:

1. # of staff and organizations participating in training of PIWI and PCIT.
2. # of staff and organizations participating in implementation of PIWI and PCIT.
3. # of families and children served by PIWI.
4. # of families and children served by PCIT.

C. Reporting Requirement:

1. The Subrecipient shall submit a budget expenditure report and a reimbursement request for actual, allowable, and reasonable expenditures in accordance with the agreement and approved budget on the following schedule:

<u>Report Name</u>	<u>Due On or Before</u>	<u>Covering the Period of</u>
1 st Quarter Budget Expenditure	Jan. 15, 2015	Jul. 1, 2014 -Sept. 30, 2014
2 nd Quarter Budget Expenditure	Jan. 15, 2015	Oct. 1, 2014 – Dec. 31, 2014
3 rd Quarter Budget Expenditure	Apr. 15, 2015	Jan. 1, 2015 - Mar. 31, 2015
4 th Quarter Budget Expenditure	Jun. 15, 2015	Apr. 1, 2014 – Jun. 30, 2015

2. The Subrecipient shall report on progress, activity, and results in accordance with the agreement on the following schedule:

<u>Report Name</u>		
Six Month Progress Report	Jan. 15, 2015	Jul. 1, 2014 – Dec. 31, 2014
Twelve Month Progress Report	Jul. 15, 2015	Jul. 1, 2014 – Jun. 30, 2015

3. All reporting materials are to be submitted to the Nebraska Children and Families Foundation office at 215 Centennial Mall South, Suite 200; Lincoln, NE 68508 to the attention of Kathy Stokes on or before deadline.

D. DHHS shall do the following:

1. Review all reports received from Subrecipient.

E. Results Based Accountability:

The Subrecipient agrees to cooperate with DHHS in the development of any desired outcomes, performance measures, and reporting requirement necessary for implementation of the Division of Children and Families' Results Based Accountability initiative.

IV. GENERAL TERMS AND ASSURANCES

A. ACCESS TO RECORDS AND AUDIT RESPONSIBILITIES.

1. All Subrecipient books, records, and documents regardless of physical form, including data maintained in computer files or on magnetic, optical or other media, relating to work performed or monies received under this subgrant shall be subject to audit at any reasonable time upon the provision of reasonable notice by DHHS. Subrecipient shall maintain all records for three (3) years from the date of final payment, except records that fall under the provisions of the Health Insurance Portability and Accountability Act (HIPAA) shall be maintained for six (6) full years from the date of final payment. In addition to the foregoing retention periods, all records shall be maintained until all issues related to an audit, litigation or other action are resolved to the satisfaction of DHHS. The Subrecipient shall maintain its accounting records in accordance with generally accepted accounting principles. DHHS reserves and hereby exercises the right to require the Subrecipient to submit required financial reports on the accrual basis of accounting. If the Subrecipient's records are not normally kept on the accrual basis, the Subrecipient is not required to convert its accounting system but shall develop and submit in a timely manner such accrual information through an analysis of the documentation on hand (such as accounts payable).
2. The Subrecipient shall provide DHHS any and all written communications received by the Subrecipient from an auditor related to Subrecipient's internal control over financial reporting requirements and communication with those charged with governance including those in compliance with or related to Statement of Auditing Standards (SAS) 112 *Communicating Internal Control related Matters Identified in an Audit* and SAS 114 *The Auditor's Communication with Those Charged With Governance*. The Subrecipient agrees to provide DHHS with a copy of all such written communications immediately upon receipt or instruct any auditor it employs to deliver copies of such written communications to DHHS at the same time copies are delivered to the Subrecipient, in which case the Subrecipient agrees to verify that DHHS has received a copy.
3. The subrecipient shall immediately commence follow-up action on findings arising from audits or other forms of review. Follow-up action includes responding to those conducting such examinations with clear, complete views concerning the accuracy and appropriateness of the findings. If the finding is accepted, corrective action, such as repaying disallowed costs, making financial adjustments, or taking other actions should proceed and be completed as rapidly as possible. If the subrecipient disagrees, it should provide an explanation and specific reasons that demonstrate that the finding is not valid.
4. In addition to, and in no way in limitation of any obligation in this subgrant, the Subrecipient shall be liable for audit exceptions, and shall return to DHHS all payments made under this subgrant for which an exception has been taken or which has been disallowed because of such an exception, upon demand from DHHS.

B. AMENDMENT. This subgrant may be modified only by written amendment executed by both parties. No alteration or variation of the terms and conditions of this subgrant shall be valid unless made in writing and signed by the parties.

C. ANTI-DISCRIMINATION. The Subrecipient shall comply with all applicable local, state and federal statutes and regulations regarding civil rights and equal opportunity employment, including Title VI of the Civil Rights Act of 1964; the Rehabilitation Act of 1973, Public Law 93-112; the Americans with Disabilities Act of 1990, Public Law 101-336; and the Nebraska Fair Employment Practice Act, NEB. REV. STAT. §§ 48-1101 to 48-1125. Violation of said statutes

and regulations will constitute a material breach of this subgrant. The Subrecipient shall insert this provision into all subgrants and subcontracts.

- D. **ASSIGNMENT.** The Subrecipient shall not assign or transfer any interest, rights, or duties under this subgrant to any person, firm, or corporation without prior written consent of DHHS. In the absence of such written consent, any assignment or attempt to assign shall constitute a breach of this subgrant.
- E. **ASSURANCE.** If DHHS, in good faith, has reason to believe that the Subrecipient does not intend to, is unable to, has refused to, or discontinues performing material obligations under this subgrant, DHHS may demand in writing that the Subrecipient give a written assurance of intent to perform. Failure by the Subrecipient to provide written assurance within the number of days specified in the demand may, at DHHS's option, be the basis for terminating this subgrant.
- F. **BREACH OF SUBGRANT.** DHHS may immediately terminate this subgrant and agreement, in whole or in part, if the Subrecipient fails to perform its obligations under the subgrant in a timely and proper manner. DHHS may withhold payments and provide a written notice of default to the Subrecipient, allow the Subrecipient to correct a failure or breach of subgrant within a period of thirty (30) days or longer at DHHS's discretion considering the gravity and nature of the default. Said notice shall be delivered by Certified Mail, Return Receipt Requested or in person with proof of delivery. Allowing the Subrecipient time to correct a failure or breach of this subgrant does not waive DHHS's right to immediately terminate the subgrant for the same or different subgrant breach which may occur at a different time. DHHS may, at its discretion, obtain any services required to complete this subgrant and hold the Subrecipient liable for any excess cost caused by Subrecipient's default. This provision shall not preclude the pursuit of other remedies for breach of subgrant as allowed by law.
- G. **CONFIDENTIALITY.** Any and all confidential or proprietary information gathered in the performance of this subgrant, either independently or through DHHS, shall be held in the strictest confidence and shall be released to no one other than DHHS without the prior written authorization of DHHS, provided that contrary subgrant provisions set forth herein shall be deemed to be authorized exceptions to this general confidentiality provision. As required by United States Department of Health and Human Services (hereinafter "HHS") appropriations acts, all HHS recipients and DHHS Subrecipients must acknowledge Federal and DHHS funding when issuing statements, press releases, requests for proposals, bid invitations, and other documents describing projects or programs funded in whole or in part with Federal and DHHS funds. Recipients are required to state: (1) the percentage and dollar amounts of the total program or project costs financed with Federal and DHHS funds; and (2) the percentage and dollar amount of the total costs financed by nongovernmental sources. This provision shall survive termination of this subgrant.
- H. **CONFLICTS OF INTEREST.** In the performance of this subgrant, the Subrecipient shall avoid all conflicts of interest and all appearances of conflicts of interest. The Subrecipient shall immediately notify DHHS of any such instances encountered, so that other arrangements can be made to complete the work.
- I. **DATA OWNERSHIP AND COPYRIGHT.** Except as otherwise provided in the Federal Notice of Award, DHHS shall own the rights in data resulting from this project or program. The Subrecipient may copyright any of the copyrightable material and may patent any of the patentable products produced in conjunction with the performance required under this subgrant without written consent from DHHS. DHHS and any federal granting authority hereby reserve a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or

otherwise use, and to authorize others to use the copyrightable material for federal or state government purposes. This provision shall survive termination of this subgrant.

- J. **DEBARMENT, SUSPENSION OR DECLARED INELIGIBLE.** The Subrecipient certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- K. **DOCUMENTS INCORPORATED BY REFERENCE.** All references in this subgrant to laws, rules, regulations, guidelines, directives, and attachments which set forth standards and procedures to be followed by the Subrecipient in discharging its obligations under this subgrant shall be deemed incorporated by reference and made a part of this subgrant with the same force and effect as if set forth in full text, herein.
- L. **DRUG-FREE WORKPLACE.** Subrecipient agrees, in accordance with 41 USC §701 et al., to maintain a drug-free workplace by: (1) publishing a drug-free workplace statement; (2) establishing a drug-free awareness program; (3) taking actions concerning employees who are convicted of violating drug statutes in the workplace; and (4) in accordance with 2 CFR §180.230, identify all workplaces under its federal awards.
- M. **FEDERAL FINANCIAL ASSISTANCE.** The Subrecipient shall comply with all applicable provisions of 45 C.F.R. §§ 87.1-87.2. The Subrecipient certifies that it shall not use direct federal financial assistance to engage in inherently religious activities, such as worship, religious instruction, and/or proselytization.
- N. **FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT REPORTING.** The Subrecipient shall complete the Subrecipient Reporting Worksheet, Attachment 2, sections B and C. The Subrecipient certifies the information is complete, true and accurate.
- O. **FORCE MAJEURE.** Neither party shall be liable for any costs or damages resulting from its inability to perform any of its obligations under this subgrant due to a natural disaster, or other similar event outside the control and not the fault of the affected party ("Force Majeure Event"). A Force Majeure Event shall not constitute a breach of this subgrant. The party so affected shall immediately give notice to the other party of the Force Majeure Event. Upon such notice, all obligations of the affected party under this subgrant which are reasonably related to the Force Majeure Event shall be suspended, and the affected party shall do everything reasonably necessary to resume performance as soon as possible. Labor disputes with the impacted party's own employees will not be considered a Force Majeure Event and will not suspend performance requirements under this subgrant.
- P. **FUNDING AVAILABILITY.** DHHS may terminate the subgrant, in whole or in part, in the event funding is no longer available. Should funds not be appropriated, DHHS may terminate the award with respect to those payments for the fiscal years for which such funds are not appropriated. DHHS shall give the Subrecipient written notice thirty (30) days prior to the effective date of any termination. The Subrecipient shall be entitled to receive just and equitable compensation for any authorized work which has been satisfactorily completed as of the termination date. In no event, shall the Subrecipient be paid for a loss of anticipated profit.
- Q. **GRANT CLOSE-OUT.** Upon completion or notice of termination of this grant, the following procedures shall apply for close-out of the subgrant:

1. The Subrecipient will not incur new obligations after the termination or completion of the subgrant, and shall cancel as many outstanding obligations as possible. DHHS shall give full credit to Subrecipient for the federal share of non-cancelable obligations properly incurred by Subrecipient prior to termination, and costs incurred on, or prior to, the termination or completion date.
2. Subrecipient shall immediately return to DHHS any unobligated balance of cash advanced or shall manage such balance in accordance with DHHS instructions.
3. Within a maximum of 90 days following the date of expiration or completion, Subrecipient shall submit all financial, performance, and related reports required by the Subrecipient Reporting Requirements. DHHS reserves the right to extend the due date for any report and may waive, in writing, any report it considers to be unnecessary.
4. DHHS shall make any necessary adjustments upward or downward in the federal share of costs.
5. The Subrecipient shall assist and cooperate in the orderly transition and transfer of subgrant activities and operations with the objective of preventing disruption of services.
6. Close-out of this subgrant shall not affect the retention period for, or state or federal rights of access to, Subrecipient records, or Subrecipient's responsibilities regarding property or with respect to any program income for which Subrecipient is still accountable under this subgrant. If no final audit is conducted prior to close-out, DHHS reserves the right to disallow and recover an appropriate amount after fully considering any recommended disallowances resulting from an audit which may be conducted at a later time.

R. **GOVERNING LAW.** The award shall be governed in all respects by the laws and statutes of the State of Nebraska. Any legal proceedings against DHHS or the State of Nebraska regarding this award shall be brought in Nebraska administrative or judicial forums as defined by Nebraska State law. The Subrecipient shall comply with all Nebraska statutory and regulatory law.

S. **HOLD HARMLESS.**

1. The Subrecipient shall defend, indemnify, hold, and save harmless the State of Nebraska and its employees, volunteers, agents, and its elected and appointed officials ("the indemnified parties") from and against any and all claims, liens, demands, damages, liability, actions, causes of action, losses, judgments, costs, and expenses of every nature, including investigation costs and expenses, settlement costs, and attorney fees and expenses ("the claims"), sustained or asserted against the State of Nebraska, arising out of, resulting from, or attributable to the willful misconduct, negligence, error, or omission of the Subrecipient, its employees, consultants, representatives, and agents, except to the extent such Subrecipient's liability is attenuated by any action of the State of Nebraska which directly and proximately contributed to the claims.
2. DHHS's liability is limited to the extent provided by the Nebraska Tort Claims Act, the Nebraska Contract Claims Act, the Nebraska Miscellaneous Claims Act, and any other applicable provisions of law. DHHS does not assume liability for the action of its Subrecipients.

T. **INDEPENDENT ENTITY.** The Subrecipient is an Independent Entity and neither it nor any of its employees shall, for any purpose, be deemed employees of DHHS. The Subrecipient shall employ and direct such personnel, as it requires, to perform its obligations under this subgrant,

exercise full authority over its personnel, and comply with all workers' compensation, employer's liability and other federal, state, county, and municipal laws, ordinances, rules and regulations required of an employer providing services as contemplated by this subgrant.

U. **REIMBURSEMENT REQUEST.** Requests for payments submitted by the Subrecipient shall contain sufficient detail to support payment. Any terms and conditions included in the Subrecipient's request shall be deemed to be solely for the convenience of the parties.

V. **INTEGRATION.** This written subgrant represents the entire agreement between the parties, and any prior or contemporaneous representations, promises, or statements by the parties, that are not incorporated herein, shall not serve to vary or contradict the terms set forth in this subgrant.

W. **LOBBYING.**

1. Subrecipient certifies that no Federal appropriated funds shall be paid, by or on behalf of the Subrecipient, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this award for: (a) the awarding of any Federal agreement; (b) the making of any Federal grant; (c) the entering into of any cooperative agreement; and (d) the extension, continuation, renewal, amendment, or modification of any Federal agreement, grant, loan, or cooperative agreement.

2. If any funds, other than Federal appropriated funds, have been paid or will be paid to any person for influencing or attempting to influence: an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this subgrant, the Subrecipient shall complete and submit Federal Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

X. **NEBRASKA NONRESIDENT INCOME TAX WITHHOLDING.** Subrecipient acknowledges that Nebraska law requires DHHS to withhold Nebraska income tax if payments for personal services are made in excess of six hundred dollars (\$600) to any Subrecipient who is not domiciled in Nebraska or has not maintained a permanent place of business or residence in Nebraska for a period of at least six months. This provision applies to: individuals; to a corporation, if 80% or more of the voting stock of the corporation is held by the shareholders who are performing personal services, and to a partnership or limited liability company, if 80% or more of the capital interest or profits interest of the partnership or limited liability company is held by the partners or members who are performing personal services.

The parties agree, when applicable, to properly complete the Nebraska Department of Revenue Nebraska Withholding Certificate for Nonresident Individuals Form W-4NA or its successor. The form is available at:

http://www.revenue.ne.gov/tax/current/f_w-4na.pdf or
http://www.revenue.ne.gov/tax/current/fill-in/f_w-4na.pdf

Y. **NEBRASKA TECHNOLOGY ACCESS STANDARDS.** The Subrecipient shall review the Nebraska Technology Access Standards, found at <http://www.nitc.nebraska.gov/standards/> and ensure that products and/or services provided under the subgrant comply with the applicable standards. In the event such standards change during the Subrecipient's performance, the State may create an amendment to the subgrant to request that Subrecipient comply with the changed standard at a cost mutually acceptable to the parties.

- Z. NEW EMPLOYEE WORK ELIGIBILITY STATUS. The Subrecipient shall use a federal immigration verification system to determine the work eligibility status of new employees physically performing services within the State of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program authorized by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. § 1324a, known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of a newly hired employee.

If the Subrecipient is an individual or sole proprietorship, the following applies:

1. The Subrecipient must complete the United States Citizenship Attestation Form, available on the Department of Administrative Services website at www.das.state.ne.us.
 2. If the Subrecipient indicates on such attestation form that he or she is a qualified alien, the Subrecipient agrees to provide the U.S. Citizenship and Immigration Services documentation required to verify the Subrecipient's lawful presence in the United States using the Systematic Alien Verification for Entitlements (SAVE) Program.
 3. The Subrecipient understands and agrees that lawful presence in the United States is required and the Subrecipient may be disqualified or the subgrant terminated if such lawful presence cannot be verified as required by NEB. REV. STAT. § 4-108.
- AA. PUBLICATIONS. Subrecipient agrees that all publications that result from work under this subgrant will acknowledge that the project was supported by "Grant No. XXXX" under a subgrant from "Federal Agency" and DHHS.
- BB. PROGRAMMATIC CHANGES. The Subrecipient shall request in writing to DHHS for approval of programmatic changes. DHHS shall approve or disapprove in whole or in part in writing within thirty (30) days of receipt of such request.
- CC. PROMPT PAYMENT. Payment shall be made in conjunction with the State of Nebraska Prompt Payment Act, NEB. REV. STAT. §§ 81-2401 through 81-2408. Unless otherwise provided herein, payment shall be made by electronic means.

Automated Clearing House (ACH) Enrollment Form Requirements for Payment.

The Subrecipient shall complete and sign the State of Nebraska ACH Enrollment Form and obtain the necessary information and signatures from their financial institution. The completed form must be submitted before payments to the Subrecipient can be made. Download ACH Form:

http://www.das.state.ne.us/accounting/nis/address_book_info.htm

- DD. PUBLIC COUNSEL. In the event Subrecipient provides health and human services to individuals on behalf of DHHS under the terms of this award, Subrecipient shall submit to the jurisdiction of the Public Counsel under NEB. REV. STAT. §§ 81-8,240 through 81-8,254 with respect to the provision of services under this subgrant. This clause shall not apply to subgrants between DHHS and long-term care facilities subject to the jurisdiction of the state long-term care ombudsman pursuant to the Long-Term Care Ombudsman Act.
- EE. RESEARCH. The Subrecipient shall not engage in research utilizing the information obtained through the performance of this subgrant without the express written consent of DHHS. The term "research" shall mean the investigation, analysis, or review of information, other than aggregate statistical information, which is used for purposes unconnected with this subgrant.

- FF. SEVERABILITY. If any term or condition of this subgrant is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and conditions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if this subgrant did not contain the particular provision held to be invalid.
- GG. SMOKE FREE. Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable Federal funds in Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 for each violation and/or the imposition of an administrative compliance order on the responsible entity. By signing, the Subrecipient certifies that the Subrecipient will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.
- HH. SUBRECIPIENTS OR SUBCONTRACTORS. The Subrecipient shall not subgrant or subcontract any portion of this award without prior written consent of DHHS. The Subrecipient shall ensure that all subcontractors and subrecipients comply with all requirements of this subgrant and applicable federal, state, county and municipal laws, ordinances, rules and regulations.
- II. TIME IS OF THE ESSENCE. Time is of the essence in this subgrant. The acceptance of late performance with or without objection or reservation by DHHS shall not waive any rights of DHHS nor constitute a waiver of the requirement of timely performance of any obligations on the part of the Subrecipient remaining.

NOTICES. Notices shall be in writing and shall be effective upon receipt. Written notices, including all reports and other written communications required by this subgrant shall be sent to the following addresses:

FOR DHHS:
Emily Kløver
NE Department of Health & Human Services
PO Box 95026
Lincoln, NE 68509-5026
402-471-8424

FOR SUBRECIPIENT:
Patricia Helmes
Columbus Area United Way
PO Box 1372
Columbus, NE 68602-1372

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

FOR DHHS:

Vicki Maca

Vicki Maca
Deputy Director
Division of Children & Family Services
Department of Health and Human Services

DATE: 12/8/14

FOR SUBRECIPIENT:

Patricia Helmes

Patricia Helmes
Executive Director
Columbus Area United Way

DATE: 11/21/14

FOR THE BOARD:

Brandon Verzal

Brandon Verzal
Chair
Nebraska Child Abuse Prevention Fund Board

DATE: 12/17/14

**Nebraska Child Abuse Prevention Fund Board
GRANT BUDGET FORM**

Organization:	United Way of Columbus - Platte-Colfax			
Project Title:	Child Well Being Platte/Colfax			
Total Project Budget:	\$22,500.00	Budget Period:	7/1/2014	through 6/30/2015
			<i>Date</i>	<i>Date</i>

BUDGET ITEM	TOTAL PROGRAM BUDGET	NCAPF GRANT REQUEST	OTHER FUNDS	SOURCES
Personnel:				
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL Personnel	\$ -	\$ -	\$ -	
Fringe Benefits:				
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL Fringe Benefits	\$ -	\$ -	\$ -	
Office Operations Expenses:				
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL Operations Expense	\$ -	\$ -	\$ -	
Travel:				
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL Travel	\$ -	\$ -	\$ -	
Equipment:				
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL Equipment	\$ -	\$ -	\$ -	
Outreach:				
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL Outreach	\$ -	\$ -	\$ -	
Contract / Consulting:				
			\$ -	
			\$ -	
	\$ -	\$ -	\$ -	
TOTAL Contract / Consulting	\$ -	\$ -	\$ -	
Other Expenses:				
PIWI Community Outreach	\$ 7,250.00	\$ 7,250.00	\$ -	
PCIT Community Outreach	\$ 15,250.00	\$ 15,250.00	\$ -	
TOTAL Other Expenses	\$ 22,500.00	\$ 22,500.00	\$ -	
TOTAL BUDGET	\$ 22,500.00	\$ 22,500.00	\$ -	

Child Well Being of Platte/Colfax Counties
BUDGET NARRATIVE
 July 1, 2014 thru June 30, 2015

Personnel

~none~

Fringe Benefits

~none~

Office Operations

~none~

Travel

~none~

Equipment

~none~

Outreach

~none~

Contract/Consultant

~none~

Other Expenses

Funds in this line item will be used to provide support and program material to help in strengthening existing clinics which offer PCIT services, as well as agencies with trained PIWI facilitators who are capturing evaluative data. Expenses are expected as follows:

PCIT*

Good Neighbor Community Health Center	\$ 4,075.00
Meadows Behavioral Health	\$11,175.00

<u>TOTAL PCIT</u>	<u>\$15,250.00</u>
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PIWI**

Central Nebraska Community Health Center	
Platte County	\$1,000.00
Colfax County	\$1,000.00
Health Families – CCH	\$1,000.00
Early Steps to School Success	
Columbus Public Schools	\$1,000.00
Schuyler Community Schools	\$1,000.00
Youth For Christ	\$2,250.00

TOTAL PIWI\$7,250.00**Total Requested****\$22,500.00**

*PCIT Session Reimbursement – Reimbursement will be given to therapists at a maximum rate of \$60 per session. Each clinic has established a sliding scale fee for private, insurance, and Medicaid patients. Funds allocated for each clinic may be used for session reimbursement as well as the purchase of assessments, replacement toys, and equipment if needed. (not to exceed amount listed)

**PIWI– Funds will be used to provide PIWI training to families in Platte and Colfax County. Central Nebraska Community Services (Platte & Colfax) , Healthy Families, and Early Steps to School Success (Columbus Public Schools & Schuyler Community Schools) will each be hosting a minimum of four session with approximately 10 families each. This line item is based on a rate of \$250 per session for all supplies and incentives. Youth For Christ will be holding a fidelity group of nine session, also supported at \$250.00 per session. Expenses for sessions may include, but are not limited to, handouts & limited supplies, facilitator stipend, daycare, participant incentives, snacks/refreshments, and travel based on location of PIWI sessions. Sessions will be offered in English and Spanish as appropriate for agency needs. All agencies listed above will provide evaluation data such as pre and post tests, as well as other data reports as requested.

Child Well Being of Platte/Colfax Counties
Scope of Work
July 1, 2014 – June 30, 2015

1. Administration of Collaboration

The Platte Colfax Child Well Being (CWB) coalition's leadership team is managing this subgrant to improve access to enhanced social-emotional well being programs in the service areas of Platte and Colfax counties. The Columbus Area United Way (United Way) serves as the fiscal agent for the CWB Initiative in Platte/Colfax Counties, as well as secondary grants which are associated with the work being done, such as this social-emotional grant. East Central District Health Department (ECDHD) serves as administrative lead for the CWB Initiative in Platte/Colfax Counties as well as all secondary grants which are associated with the program such as this social-emotional grant. The community coalition as a whole meets on a quarterly basis to review progress of workgroup activities and provide additional networking opportunities. The result of this quarterly meeting enhances early childhood social-emotional development within the communities served. In addition, a leadership group of eight individuals from seven different agencies meet monthly to guide the direction of the Child Well Being work plan. Additionally, the leadership team invites workgroup leads once per quarter and offer assistance to workgroups as needed. Assistance to the workgroups may include, but not be limited to, ways to strengthen their individual workplans, budgetary requests to carry out workplan, and technical assistance as needed to drive the collaboration's strategic plan forward.

This program is coordinated by Brenda Preister who received her Bachelor of Science Degree from the University of Nebraska at Kearney with emphasis in Business Administration. Mrs. Preister has been with ECDHD since 2010. Additional support to the initiative is given by Roberta Miksch who serves as Deputy Director for ECDHD. Mrs. Miksch has been with the agency since 2002.

2. Implementation of Parents Interacting With Infants

The Platte Colfax Community Coalition has implemented the model of Parents Interacting With Infants (PIWI) as a strategy. Six separate agencies are currently active in offering PIWI strategies to families. All six of the partnering agencies have committed to continuing PIWI education to the families which they serve. Most partnering agencies will offer a minimum of four sessions throughout the grant period with families. One agency has committed to offer all nine sessions to conclude in October 2014. Attendance for PIWI sessions will be incentivized with three methods which may include; 1) dinner or snacks will be provided based on the time of day the training occurs; 2) a small incentive which may include gas or daycare stipends 3) educational "take away" pieces (for example, this might be a book) for parent and caregiver to use at home. A main goal is for all PIWI trained individuals to take the PIWI model and integrate with their clientele. This may or may not be done with consecutive sessions, but may include focusing on specific PIWI topics as appropriate to fit the needs of the client. Collaborating agencies will offer all six core PIWI sessions, though these sessions may or may not be held weekly but rather may take place bi-weekly or monthly.

Agencies which have staff trained in PIWI and will be included in this plan are: Central Nebraska Community Services (CNCS) in both the Columbus (Platte) and Schuyler (Colfax)

location, Early Steps to School Success (ESSS) serving both Columbus Public Schools and Schuyler Community Schools), Healthy Families, and Youth for Christ.

The target population for these sessions will continue to be all parents with young children in Platte and Colfax Counties, though interested families will not be denied education if they reside in an adjacent county (perhaps the parent works in Platte or Colfax but lives in a surrounding county).

Community and more specialized PIWI sessions will be made available through PIWI tool kits which will be created and utilized by all PIWI trainers. Necessary toys and tools for all six core sessions will be prepackaged into "tote" storage containers which will be stored at CNCS and available for check out by all facilitators. This will allow the PIWI session to be mobile and take place in any location, providing the facilitators with all the tools and resources necessary to perform each session. These PIWI totes will be updated and strengthened to remain positive and useful tools for continued PIWI success.

Documentation and data collection such as the PIWI Checklist, PIWI Observation, Attendance Roster, Protective Factors Survey, and Parent Engagement Survey will be completed during both the fidelity community session(s) and instances in which a minimum of four consecutive sessions are provided. A local evaluator will be utilized to work side-by-side with PIWI group to refine evaluation tools.

3. Parent Child Interaction Therapy

Platte Colfax Child Well Being Coalition selected a second strategy of Parent Child Interaction Therapy (PCIT). Five therapists within the community have received training in previous grant cycles. Two therapists, Dru Keating and Doug Draeger, are employed with Good Neighbor Community Health Center (GNCHC) while the remaining three, Alicia Kuester, Chelsea Prosocki, and Tom Stanton are with Meadows Behavioral Health Incorporated (referred to as Meadows hereafter). Two of these therapists, Thompson and Stanton, are currently participating in the learning collaboration offered by the University of Oklahoma. This participation has affirmed the direction we are pursuing and has provided continued professional development.

The PCIT Learning Collaboration is a joint effort with the University of Oklahoma and Duke University. It is primarily funded through a federal grant. The goal of the Learning Collaboration is to train therapists in a little different way which, among other things, includes training for an administrator from their agency. It is hoped that such an approach may increase PCIT sustainability by helping administrators understand both the benefits and needed support of PCIT. Columbus was one of two communities from Nebraska selected to send therapists and administrators. There is no cost to the CWB collaboration to participate in this opportunity. The cost to the communities/organizations include travel, lodging, meal expenses and of course their time. In addition to three separate meetings (two or three days each) in Oklahoma City, the therapists and administrators participate in monthly calls. Our participants have been able to learn from the trainers and other participants and have shared their learning with others. Some of the issues covered apply to all evidence based therapies. Duke University is also involved in two other efforts which they have shared with our attendees. This includes developing a network of

PCIT and trauma based trainers in North and South Carolina, and also instituting a study to try and identify the true cost of evidence based therapies, like PCIT.

At this time it is unknown if therapists will need continued consultation calls during the next grant period. At the time of this application for funding those therapists currently active on consultation calls are near the required "graduation rate" for successful completion of this requirement. However, this activity will be supported until this has been successfully completed.

In this cycle, the priority population will be young children ages 3-7 with emotional and behavioral disorders, in addition, those families desiring to place emphasis on improving the quality of the parent child relationship and changing parent child interaction patterns. Targeting referral populations who serve at risk families will continue to be a priority.

Both clinics have a sliding fee scale which will allow PCIT families to utilize services at a reduced rate. Medicaid will provide reimbursement for PCIT therapy during this grant period for independently licensed therapists. Two of the five therapists are expected to be able to bill for PCIT services by July 1, 2015. Thompson, Keating and Stanton may not have the ability to bill as an independent provider until the end of this grant period. This sliding scale fee strategy will also be in effect for private and/or insurance patients as PICT is currently not covered by insurance in Nebraska. In an effort to work on sustainability planning for PCIT both clinics are encouraged to continue to adapt their sliding scale fee, in future years this stipend will not be given and the collaboration would like to see each clinic set up for success.

A local evaluator for PCIT will provide guidance and leadership in refining the evaluation tools during this grant period. This will require communication directly with both agencies providing PCIT services.

At the time of this report no additional PCIT training is expected to be required.

Equipment and supplies purchased through grant funds to carry out PCIT are ultimately owned by the Child Well Being Coalition. Replacement and/or repair may or may not be funded through this grant, based on available funds.

4. Additional Developments

The Child Well Being Community Coalition will provide support and guidance to enhance the outreach of both PCIT and PIWI services. This may be accomplished through marketing, establishment of new collaborating partnerships, and continuing the support for an active referral system for PCIT. Referrals will continue to be made from various agencies within the community such as the legal system, medical providers, Center For Survivors as well as others. Outreach for PCIT activities will be a blended effort between the coalition and providers. Education on PIWI and PCIT activities will continue to be shared with coalition collaborators.

Outcomes**1. Workforce Development**

Six agencies with an estimated twelve staff partners trained in PIWI have committed to offering and supporting PIWI activities. These agencies include CNCS (Columbus and Schuyler, ESSS (Columbus and Schuyler, Healthy Families, and Youth For Christ.

2. Increased Access

This will be done through a combination of community sessions hosted by the various partnering agencies. Through group settings, PIWI is expected to serve 230 children and families. Through the reach of PIWI in an integrated setting in the work these agencies currently do families will be reached by using the PIWI developmental observation topics. The agencies which will be infusion PIWI into their daily work include: CNCS (Columbus and Schuyler), ESSS (Columbus Public Schools and Schuyler Community Schools), and Healthy Families. In addition, the above listed agencies as well as Youth For Christ will hold group PIWI sessions which will provide for additional evaluative data which include the use of the Protective Factor Survey as well as other PIWI recommended evaluation tools, and others suggested by the local evaluator.

In regard to PCIT, with five therapists in the community, our goal is for a minimum of 25 children and families to be served in total. It is expected that each client will be seen for an average of 12-16 sessions before graduating.

3. Evaluation

Jennifer Martens, MPH, was recently contracted to complete evaluation of the Social-Emotional Grant. Jennifer is employed as a Child Development Program Evaluator at the University of Nebraska Medical Center (UNMC). Along with the Collaborative Coordinator, she will gather evaluation data and assist in completing required evaluation reports. Additional support to carry out local evaluation efforts will be provided through NCFE and UNMC.

Evaluation of the interventions carried out under Social-Emotional Grant will be ongoing throughout the grant period. Evaluation processes and tools have been established for local communities by the Nebraska Children and Families Foundation and Interdisciplinary Center for Program Evaluation at UNMC.

The following charts outline the evaluation processes and tools that will be used.

PCIT Evaluation

Evaluation Question	Evaluation Tool	First Administration	Second Administration	Who Completes
How often do the families participate?	Attendance	Ongoing	Ongoing	Therapist
Do family protective	FRIENDS Protective	At First Session	At Last Session	Family Member

factors change as a result of participating in PCIT?	Factors Survey			
Does the child's score on the Eyberg improve?	Eyberg: The Intensity and Problem Behavior Subscales	At First Session	At Last Session	Therapist
How satisfied were the parents of the program?	Parent Satisfaction Survey	At Last Session		Family Member

PIWI Evaluation

Evaluation Question	Evaluation Tool	First Administration	Second Administration	Who Completes
How often do the families participate?	Attendance	Ongoing		Facilitator
Do family protective factors change as a result of participating in PIWI?	FRIENDS Protective Factors Survey	At First Session	At Last Session	Family Member

4. Improved Community Systems

Referrals are currently based on existing clientele, self referrals, and referrals from outside sources such as Early Development Network, Center For Survivors, medical providers, law enforcement, Nebraska Health and Human Services, and through legal sources. Each clinic will provide outreach for referrals as the community continues to gain knowledge and awareness of the program as it may fit their needs and availability, as appropriate.

Fiscal support for PIWI and PCIT can be seen through a few different avenues. First, the PIWI sessions will be offered by trained individuals and these services will be offered at no charge to participants. The location, in which these sessions will be held provided, by community agencies such as CNCS and CCH, will be done at no charge. Secondly, PCIT services will be provided at a reduced fee or at no fee to the client as Medicaid/Insurance reimbursement may or may not be available. Different pay levels based on an individual's income level will be implemented in both clinics. One can see that there is clear fiscal commitment for PCIT from the providing clinics as they have each committed a great deal of human and fiscal resources to establish this service within our community.

Identification and use of parent/child/family screening tools to assist in prioritizing target populations and services – PIWI- because of the number of trainers we will have available, we expect to be able to offer the training to any and all that are interested at various times of the year. Outside of not having an infant or young child, there are no prohibiting factors which would exclude a parent from participating in PIWI.

Interested and appropriate clients can and will be seen for PCIT. Limited room access (one PCIT room) for both clinics can sometimes cause scheduling difficulties. However, each clinic has their own process for communicating when the room is available for new PCIT patients. It is expected that each clinic will reach capacity for PCIT clients in their schedules and that a waiting list of interested families will be created and sustained separately at each offering clinic.