

AB#  
594003

32213-43

**SUBAWARD**  
**BETWEEN**  
**THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**AND**  
**EAST CENTRAL DISTRICT HEALTH DEPARTMENT**

This subaward is entered into by and between the Nebraska Department of Health and Human Services, **DIVISION OF CHILDREN AND FAMILY SERVICES** (hereinafter "DHHS"), and **EAST CENTRAL DISTRICT HEALTH DEPARTMENT** (hereinafter "Subrecipient").

DHHS SUBAWARD MANAGER:

Emily Kluver  
PO Box 95026  
Lincoln, NE 68509-5026  
402-471-8424  
emily.kluver@nebraska.gov

PURPOSE. The purpose of this subaward is to continue the implementation of the early childhood social-emotional development work in the Platte Colfax County Area 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, 2016 the effective date through June 30, 2017, the completion date.
- B. TERMINATION. This subaward 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 subaward in accord with the provisions designated "FUNDING AVAILABILITY" and "BREACH OF SUBAWARD." In the event either party terminates this subaward, the Subrecipient shall provide to DHHS all work in progress, work completed, and materials provided by DHHS in connection with this subaward immediately.

**II. AMOUNT OF SUBAWARD**

- A. TOTAL SUBAWARD. DHHS shall pay the Subrecipient a total amount, not to exceed \$12,500 (twelve thousand five-hundred dollars) for the activities specified herein and accordance to 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 and reimbursement request must be received by July 15, 2017.**

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 subaward exceeding fifteen percent 15% 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 Therapy (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:

Report Name	Due on or Before	Covering the Period of
1st Quarter Budget Expenditure	Oct. 15, 2016	Jul. 1, 2016 -Sept. 30, 2016
2nd Quarter Budget Expenditure	Jan. 15, 2017	Oct. 1, 2016 – Dec. 31, 2016
3rd Quarter Budget Expenditure	Apr. 15, 2017	Jan. 1, 2017 - Mar. 31, 2017
4th Quarter Budget Expenditure	Jul. 15, 2017	Apr. 1, 2017 – Jun. 30, 2017

2. The Subrecipient shall follow reporting protocol as determined in partnership with Nebraska Children and Families Foundation and the University of Nebraska Medical Center (UNMC) staff consultant and evaluators
3. The Subrecipient shall report on progress, activity, and results in accordance with the agreement on the following schedule:

Report Name	Due on or Before	Covering the Period of
Six Month Progress Report	Jan. 31, 2017	Jul. 1, 2016 – Dec. 31, 2016
Twelve Month Progress Report	Jul. 31, 2017	Jul. 1, 2016 – Jun. 30, 2017

4. 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 Jamie Anthony on or before deadline.

D. 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.

E. DHHS shall do the following:

1. Review all reports received from Subrecipient.

#### 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 subaward 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) 115 *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 subaward, the Subrecipient shall be liable for audit exceptions, and shall return to DHHS all payments made under this subaward for which an exception has been taken or which has been disallowed because of such an exception, upon demand from DHHS.
- B. AMENDMENT. Except as provided in the NOTICES section, below, this subaward may be modified only by written amendment executed by both parties. No alteration or variation of the terms and conditions of this subaward 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, 42 U.S.C. §§ 2000d et seq.; the Rehabilitation Act of 1973, 29 U.S.C. §§ 794 et seq.; the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq.. Violation of said statutes and regulations will constitute a material breach of this subaward. The Subrecipient shall insert a similar provision into all subawards and subcontracts.
  - D. ASSIGNMENT. The Subrecipient shall not assign or transfer any interest, rights, or duties under this subaward 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 subaward.
  - 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 subaward, 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 subaward.
  - F. BREACH OF SUBAWARD. DHHS may immediately terminate this subaward and agreement, in whole or in part, if the Subrecipient fails to perform its obligations under the subaward 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 subaward 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 subaward does not waive DHHS's right to immediately terminate the subaward for the same or different subaward breach which may occur at a different time. DHHS may, at its discretion, obtain any services required to complete this subaward 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 subaward as allowed by law.
  - G. CONFIDENTIALITY. Any and all confidential or proprietary information gathered in the performance of this subaward, 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 subaward provisions set forth herein shall be deemed to be authorized exceptions to this general confidentiality provision. This provision shall survive termination of this subaward.

- H. CONFLICTS OF INTEREST. In the performance of this subaward, the Subrecipient shall avoid all conflicts of interest and all appearances of conflicts of interest. The subrecipient shall not acquire an interest either directly or indirectly which will conflict in any manner or degree with performance and shall immediately notify DHHS in writing of any such instances encountered.
- I. DATA OWNERSHIP AND COPYRIGHT. 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 subaward without written consent from DHHS. DHHS hereby reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use, and to authorize others to use the copyrightable material for state government purposes. This provision shall survive termination of this subaward.
- J. DEBARMENT, SUSPENSION OR DECLARED INELIGIBLE. The Subrecipient certifies that neither it nor its principals are 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 subaward 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 subaward shall be deemed incorporated by reference and made a part of this subaward with the same force and effect as if set forth in full text, herein.
- L. DRUG-FREE WORKPLACE. Subrecipient certifies that it maintains a drug-free workplace environment to ensure worker safety and workplace integrity. Subrecipient shall provide a copy of its drug-free workplace policy at any time upon request by DHHS.
- M. FORCE MAJEURE. Neither party shall be liable for any costs or damages resulting from its inability to perform any of its obligations under this subaward 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 subaward. 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 subaward 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 subaward.
- N. FRAUD OR MALFEASANCE. DHHS may immediately terminate this subaward for fraud, misappropriation, embezzlement, malfeasance, misfeasance, or illegal conduct pertaining to performance under the subaward by Subrecipient, its employees, officers, directors, volunteers, shareholders, or subcontractors.
- O. FUNDING AVAILABILITY. DHHS may terminate the subaward, 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.

- P. 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.
- Q. 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.
- R. 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 subaward, 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 subaward.
- S. 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.
- T. INTEGRATION. This written subaward 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 subaward.
- U. 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](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](http://www.revenue.ne.gov/tax/current/fill-in/f_w-4na.pdf)

- V. **NEBRASKA TECHNOLOGY ACCESS STANDARDS.** The Subrecipient shall review the Nebraska Technology Access Standards, found at <http://www.nitc.nebraska.gov/standards/2-201.html> and ensure that products and/or services provided under the subaward comply with the applicable standards. In the event such standards change during the Subrecipient's performance, the State may create an amendment to the subaward to request that Subrecipient comply with the changed standard at a cost mutually acceptable to the parties.
- W. **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](http://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 subaward terminated if such lawful presence cannot be verified as required by NEB. REV. STAT. § 4-108.
- X. **PUBLICATIONS.** Subrecipient shall acknowledge the project was supported by DHHS in all publications that result from work under this subaward.
- Y. **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.
- Z. **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](http://www.das.state.ne.us/accounting/nis/address_book_info.htm)

- AA. 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 subaward. This clause shall not apply to subawards 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.
- BB. RESEARCH. The Subrecipient shall not engage in research utilizing the information obtained through the performance of this subaward 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 subaward.
- CC. SEVERABILITY. If any term or condition of this subaward 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 subaward did not contain the particular provision held to be invalid.
- DD. SUBRECIPIENTS OR SUBCONTRACTORS. The Subrecipient shall not subaward 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 subaward and applicable federal, state, county and municipal laws, ordinances, rules and regulations:
- EE. TIME IS OF THE ESSENCE. Time is of the essence in this subaward. 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.
- FF. NOTICES. Notices shall be in writing and shall be effective upon mailing by US mail postage prepaid. Written notices required by this subaward shall be sent to the DHHS Subaward Manager identified on page 1, and to the following addresses:

FOR DHHS:

Nebraska Department of Health and  
Human Services - Legal Services  
Attn: Contracts Attorney  
301 Centennial Mall South  
Lincoln, NE 68509-5026

FOR SUBRECIPIENT:

Rebecca Rayman  
East Central District Health Department  
  
PO Box 1028  
4321 41<sup>st</sup> Ave  
Columbus, NE, 68602

DHHS may change the DHHS Subaward Manager to be notified under this section via letter to the Subrecipient sent by U.S. Mail, postage prepaid, or via email.

## V. BUSINESS ASSOCIATE PROVISIONS

- A. Business Associate. "Business Associate" shall generally have the same meaning as the term "business associate" at 45 CFR 160.103, and in reference to the party to this contract, shall mean Contractor.
- B. Covered Entity. "Covered Entity" shall generally have the same meaning as the term "covered entity" at 45 CFR 160.103, and in reference to the party to this contract, shall mean DHHS.
- C. HIPAA Rules. "HIPAA Rules" shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.
- D. Other Terms. The following terms shall have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices,
- E. Protected Health Information, Required By Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use.
- F. The Contractor shall do the following:
1. Not use or disclose protected health information other than as permitted or required by this Contract, consistent with DHHS' minimum necessary policies and procedures, or as required by law.
  2. Implement and maintain appropriate administrative, physical, and technical safeguards, and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information, to prevent access to, use, or disclosure of protected health information other than as provided for by the Contract and assess potential risks and vulnerabilities to the individual health data in its care and custody and develop, implement, and maintain reasonable security measures.
  3. Report to DHHS, within fifteen (15) days, any use or disclosure of protected health information not provided for by this Contract of which it becomes aware, including breaches of unsecured protected health information as required by 45 CFR 164.410, and any security incident of which it becomes aware. Contractor shall, as instructed by DHHS, take immediate steps to mitigate any harmful effect of such unauthorized disclosure of protected health information pursuant to the conditions of this Contract through the preparation and completion of a written Corrective Action Plan subject to the review and approval by the DHHS. The Contractor shall report any breach to the individuals affected and to the HHS Office of Civil Rights, and if warranted the media, on behalf of the covered entity, as required by the HIPAA regulations.
  4. In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the Contractor agree to the same restrictions, conditions, and requirements

that apply to the Contractor with respect to such information;

5. Within fifteen (15) days:

- a. make available protected health information in a designated record set to DHHS as necessary to satisfy DHHS' obligations under 45 CFR 164.524;
- b. Make any amendment(s) to protected health information in a designated record set as directed or agreed to by DHHS pursuant to 45 CFR 164.526, or take other measures as necessary to satisfy DHHS' obligations under 45 CFR 164.526;
- c. Maintain and make available the information required to provide an accounting of disclosures to DHHS as necessary to satisfy DHHS' obligations under 45 CFR 164.528;

6. To the extent the Contractor is to carry out one or more of DHHS' obligation(s) under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to DHHS in the performance of such obligation(s); and

7. Make its internal practices, books, and records available to the Secretary for purposes of determining compliance with the HIPAA Rules.

G. The Contractor is permitted to use and disclose protected health information:

- 1. As necessary to perform the services set forth in this Contract;
- 2. As required by law; and
- 3. Consistent with DHHS' minimum necessary policies and procedures.

H. The Contractor may not use or disclose protected health information in a manner that would violate Subpart E of 45 CFR Part 164 if done by DHHS.

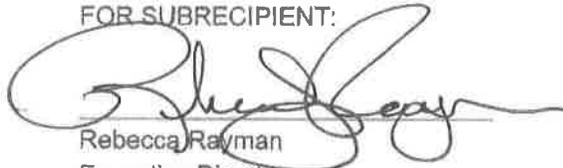
**IN WITNESS THEREOF**, the parties have duly executed this subaward hereto, and each party acknowledges the receipt of a duly executed copy of this subaward with original signatures, and that the individual signing below has authority to legally bind the party to this subaward.

FOR DHHS:



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

FOR SUBRECIPIENT:



Rebecca Rayman  
Executive Director  
East Central District Health Department

DATE:

9/14/16

DATE:

9/13/2016

FOR THE NCAPF BOARD:

  
\_\_\_\_\_

Branden Verzal  
Chair  
Nebraska Child Abuse Prevention Fund Board

DATE: 7/25/16

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

Attachment A

<b>Organization:</b>	Zero2Eight Child Well Being Coalition / East Central District Health Department				
<b>Project Title:</b>	PIWI and PCIT 2016-2017 Budget				
<b>Total Project Budget:</b>	\$ 12,500.00	<b>Budget Period:</b>	7/1/2016	through	6/30/2017
			<small>Date</small>		<small>Date</small>

BUDGET ITEM	TOTAL PROGRAM BUDGET	NC FUNDS REQUEST	OTHER FUNDS	SOURCES
<b>Direct Personnel</b>				
<b>Wages:</b>				
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
<b>TOTAL Wages</b>	\$ -	\$ -	\$ -	
<b>Benefits &amp; Payroll Taxes:</b>				
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
<b>TOTAL Benefits &amp; Payroll Taxes</b>	\$ -	\$ -	\$ -	
<b>Direct Expenses</b>				
<b>Office Operation Expenses:</b>				
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
<b>TOTAL Operation Expense</b>	\$ -	\$ -	\$ -	
<b>Travel:</b>				
Airfare 2 round trip to/from OKC	\$ 800.00	\$ 800.00	\$ -	
Hotel 10 x 85 (8 nights OKC, 2 nights NE local)	\$ 850.00	\$ 850.00	\$ -	
Mileage 500 x .54 (2 r/t Omaha, 1 r/t NE local)	\$ 270.00	\$ 270.00	\$ -	
Rental Car 6 days and 3 days OKC	\$ 600.00	\$ 600.00	\$ -	
Per Diem x 2x2days & 1x9days x \$30/day	\$ 390.00	\$ 390.00	\$ -	
<b>TOTAL Travel</b>	\$ 2,910.00	\$ 2,910.00	\$ -	
<b>Equipment:</b>				
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
<b>TOTAL Equipment</b>	\$ -	\$ -	\$ -	
<b>Supplies:</b>				
Toys/Materials PIWI (\$30/session x 26)	\$ 780.00	\$ 780.00	\$ -	
Replacement Toys/Materials PCIT	\$ 110.00	\$ 110.00	\$ -	
	\$ -	\$ -	\$ -	
<b>TOTAL Supplies</b>	\$ 890.00	\$ 890.00	\$ -	
<b>Training &amp; Outreach:</b>				
University of Oklahoma Basic PCIT training	\$ 4,000.00	\$ 4,000.00	\$ -	
Skills Development training 2 PCIT therapists	\$ 2,400.00	\$ 2,400.00	\$ -	
	\$ -	\$ -	\$ -	
<b>TOTAL Training &amp; Outreach</b>	\$ 6,400.00	\$ 6,400.00	\$ -	
<b>Contract / Consulting:</b>				
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
<b>TOTAL Contract / Consulting</b>	\$ -	\$ -	\$ -	
<b>Other Expenses:</b>				
PIWI Meals (26 sessions x \$50/meal average)	\$ 1,300.00	\$ 1,300.00	\$ -	
PIWI Incentives for fidelity participants (20x\$50)	\$ 1,000.00	\$ 1,000.00	\$ -	
	\$ -	\$ -	\$ -	
<b>TOTAL Other Expenses</b>	\$ 2,300.00	\$ 2,300.00	\$ -	
<b>Administrative Expenses</b>				
<b>Administrative / Indirect Expenses:</b>				
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
<b>TOTAL Administrative / Indirect Expenses</b>	\$ -	\$ -	\$ -	
<b>TOTAL BUDGET</b>	\$ 12,500.00	\$ 12,500.00	\$ -	

Platte/Colfax Counties Zero2Eight Child Well Being  
 Fiscal Agent: East Central District Health Department  
 July 1, 2016 – June 30, 2017 Nebraska Child Abuse Prevention (NCAP) Fund  
**Total CBCAP Funding: \$12,500 Budget Narrative**

**Personnel and Benefits:** No Personnel or Benefits will come from the NCAP fund

**Office Operation Expenses:** None

**Travel:** Airfare for one therapist to/from Oklahoma City, OK for two training sessions. Mileage at the Nebraska state rate of .54 per mile to/from Omaha Eppley Field Airport for therapist travelling to Oklahoma for PCIT basic training and follow-up training, and to/from an undesignated Nebraska location for two therapists in one vehicle for skills development training if offered. Rental car for therapist travelling to Oklahoma for two training sessions. Per Diem at \$30 per day for two staff to attend two day skills development, and one staff to attend nine days total basic training. Hotel for two staff, shared room, to attend two day training and one staff, single room, to attend 9 day 8 night training.

Mileage (500 x .54/mile)	\$270.00
Rental Car (6 day rental & 3 day rental)	\$600.00
Per Diem (\$30 per day per person)	\$390.00
Hotel (\$85 x 10 nights total)	\$850.00

**TOTAL TRAVEL: \$2910.00**

**Equipment:** None

**Supplies:** Toys and Materials for PIWI sessions including resupplying kits. Replacement toys and materials for PCIT.

Toys/Materials for PIWI	\$780.00
Toys/Materials for PCIT	\$110.00

**TOTAL SUPPLIES: \$890.00**

**Training and Outreach:** Basic PCIT training for one bilingual therapist at University of Oklahoma, unknown dates in 2016. Skills Development training, if available in Nebraska, for two therapists from Meadows Behavioral Health.

University of Oklahoma Basic PCIT	\$4000.00
Skills Development training (2 x \$1200)	\$2400.00

**TOTAL TRAINING AND OUTREACH: \$6400.00**

**Other Expenses:** PIWI meals or snacks for PIWI session participants. PIWI incentives for participants who complete all nine sessions to fidelity.

PIWI Meals (26 sessions x \$50/average)	\$1300.00
PIWI Incentives (20 participants x \$50)	\$1000.00

**TOTAL OTHER EXPENSES: \$2300.00**

**NCAP: Early Childhood Social Emotional Development Subgrant  
Scope of Work and Outcomes July 1, 2016 – June 30, 2017**

Zero2Eight Child Well Being (CWB) Coalition of Platte and Colfax Counties is requesting continuation of support for PIWI and training continuation for current PCIT therapists.

**Coalition Overview/ Existing Efforts:**

The Zero2Eight Child Well Being Coalition's leadership team is managing the CBCAP, PSSF, NCAP, Scott Foundation, and IV-E grants to improve access to enhanced social-emotional, family support, and school and community child well-being programs in the service area within Platte and Colfax counties. East Central District Health Department (ECDHD) serves as administrative lead and fiscal agent for the CWB Initiative in Platte/Colfax Counties, managing all grant funding for the initiatives of the coalition. The entire coalition membership currently meets bi-monthly to plan and review progress of partnerships, activities and results of work to enhance early childhood social-emotional development as defined in this agreement. In addition, a leadership team of eight individuals from different agencies meet monthly to guide the direction of the Child Well Being work plan and offer assistance to individual workgroups as needed.

Community partners/stakeholders in the CWB coalition include but not limited to: Befriend Mentoring, Boys Town, Columbus Area United Way, Central Nebraska Community Action Partnerships, Center for Survivors, Columbus Community Hospital, Columbus Public Schools, Connect Columbus, East Central District Health Department, Education Service Unit 7, Parent to Parent, Platte County Juvenile Justice, Royal Family Kids, Save the Children, Schuyler Community Schools, and Youth for Christ. In addition to the overall coalition, many members and the coordinator serve the community through other teams with similarly aligned goals. Some of these include the Colfax Community Health Improvement Plan, the Platte Community Health Improvement Plan, Back to Basics Coalition, and the Tobacco Free Coalition.

The coalition is led by Heather Buttaro, who received her Associate of Applied Science Degree in Business Administration from Central Community College. Mrs. Buttaro has been with ECDHD since August 2015, and has six years previous experience managing grant funding and coordinating a non-profit community organization, as well as over twenty cumulative years working as an early childhood teacher. 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.

**Relevant Community Needs:**

Both Platte and Colfax Counties have a need for PIWI and PCIT availability. PIWI, in particular, is offered to many single parent families in our communities. According to data obtained from U.S Census Bureau, nearly one third of all family households in Platte and Colfax Counties with children under 18 are single parent households. Poverty rates among those single parent households are high. In 2012, 5.8% of children in married-couple families in the East Central District were at or below poverty, compared to 8.1% of children in single father families ("male

householder, no wife present, families) and 57.3% of children in single mother families ("female householder, no husband present, families). Colfax and Platte Counties have higher poverty rates for single mother families compared to other counties in the district. (2014 ECDHD Community Health Needs Assessment (CHNA))

<b>Single Parent* Family Households with Children under 18 as a Percent of Total Family Households with Children under 18 (2000-2012)</b>			
*Includes both male householder, no spouse present, families with children under 18 and female householder, no spouse present, families with own children under 18.			
	<b>2000</b>	<b>2010</b>	<b>2012</b>
<b>Colfax</b>	15.5%	25.8%	31.9%
<b>Platte</b>	16.5%	26.7%	30.7%
<b>Nebraska</b>	<b>23.2%</b>	<b>27.3%</b>	<b>28.6%</b>

(Source: U.S. Census/American Community Survey 5-Year Estimates)

One of our key concerns is ensuring children are not subjected to abuse and/or neglect. As seen in the chart below, the number of substantiated cases of child abuse/neglect in children under 18 in both counties is slightly lower than the state average, yet still significant. (2015 CHNA) The primary goal of offering PIWI and PCIT in Platte and Colfax Counties is to provide parents with the education and tools they need to help them interact with their children in a positive and healthy manner, thus reducing the chances of abuse or neglect in those families.

<b>Number and Rate of Substantiated Cases of Child Abuse/Neglect per 1,000 under 18 Population</b>					
	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Colfax</b>	4, -	21, 6.5	17, 5.4	7, 2.3	14, 4.7
<b>Platte</b>	36, 4.2	50, 5.5	45, 5.2	37, 4.3	35, 4.1
<b>Nebraska</b>	<b>3,520, 7.8</b>	<b>5,169, 10.6</b>	<b>3,410, 7.4</b>	<b>2,723, 5.9</b>	<b>2,892, 6.2</b>

(Source: 2014 CHNA, Nebraska Department of Health and Human Services)

#### **PIWI:**

Zero2Eight implemented the model of Parents Interacting With Infants (PIWI) as a strategy in 2014, and has continued with this strategy since that time. In 2015-2016, four separate agencies are actively offering PIWI strategies to families and have committed to continuing PIWI education to the families which they serve. Agencies which have staff trained in PIWI and will be included in this plan are: Central Nebraska Community Action Partnerships (CNCAP) in both the Columbus (Platte) and Schuyler (Colfax) location, Early Steps to School Success (ESSS) serving Schuyler Community Schools, Healthy Families Nebraska (an affiliate of Columbus Community Hospital), and Youth for Christ. The target population for PIWI in 2016-17 will continue to be all parents with young children in Platte and Colfax Counties, particularly young parents, lower income families, and Spanish speaking families. Interested families will not be denied PIWI education if they do not fit those general criteria nor if they reside in an adjacent county (perhaps the parent works in Platte or Colfax but lives in a surrounding county).

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. Most partnering agencies offer a minimum of four group sessions as well as individual sessions with families throughout the grant period. One agency in Platte County, Youth for Christ, offers a nine session to fidelity program with families who are primarily young, single (many teen) parents, including many of the dads who take part in their Young Dads program. In Colfax County, Early Steps to School Success offers a nine session to fidelity program for Spanish speaking families. Both of the programs that carry out fidelity programs have very good attendance and success with families continuing through all nine classes, and have also had families come back with second or third children to continue to grow their positive interaction skills.

PIWI tool kits are available for all PIWI trainers. Necessary toys and tools for the six core sessions are packaged into totes (storage containers) prepared for each specific session. Youth for Christ, Healthy Families, and CNCAP each have their own kits stored in-house. CNCAP has their totes available for checkout by all facilitators as well. This allows the PIWI session to be mobile and take place at any location, providing facilitators with a conveniently pre-packaged kit with all the tools and resources needed to perform each session. Kits are checked periodically and supplies are replenished or replaced as needed.

All the agencies who offer PIWI have found that participation is higher and more consistent if they offer incentives for attending and completing the sessions. Attendance is incentivized with three methods which may include; 1) dinner or snacks provided based on the time of day the training occurs; 2) a small incentive which may include gas, grocery or daycare stipends 3) educational "take away" pieces (for example, a book or toy for their child) for parent and caregiver to use at home. The agencies also offer childcare or other activities for the older children in the family so the parents are able to focus on learning with their infants during sessions.

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

Information below is most current data on PIWI sessions held, July- December 2014 and July 2015- January 2016.

## PIWI Enrollment 2014-2016

Agency	Number of Families	# Sessions Offered	Demographics
<i>July 1- Dec 31, 2014</i>			
ESSS	7	9	60% Hispanic/Latino 67% Receive Medicaid 12% Free/Reduced lunch
CNCAP	10	3	(Overall demographic data for all 4 agencies for 2014)
Healthy Families	0	0	
Youth For Christ	26	9	
<i>July 1, 15- Jan 31, 16</i>			
ESSS	0	0	
CNCAP	8	4	
Healthy Families	7	4	
Youth For Christ	29	9	15 families completed to fidelity
<b>Total</b>	<b>87 families</b>	<b>38 sessions</b>	

(Source: Zero2Eight CWB, Agency self-reporting)

**PCIT:**

Parent Child Interaction Therapy (PCIT) has been offered as a strategy since 2014. Four 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 two, Alicia Kuester and Chelsea Thomson are with Meadows Behavioral Health Incorporated (referred to as Meadows hereafter).

Both clinics are able to be compensated for PCIT through billing Medicaid or private insurance. Equipment and supplies purchased through grant funds to carry out PCIT are ultimately owned by the Child Well Being Coalition. Funding for replacements and additions to equipment and supplies is included in the 2016-17 grant fund request.

Families are referred to PCIT through elementary school counselors, Department of Health and Human Services (DHHS) caseworkers, and through other programs such as Head Start or Healthy Families Nebraska who identify a need for higher levels of support and treatment beyond what their programs can provide. The coalition, along with community partners who are

not part of the Child Well Being collaborative including local police and sheriff departments, county attorneys for both Platte and Colfax Counties, emergency services, and ministerial partners, is implementing a Community Response initiative pilot program in 2016. We anticipate there will be families identified and referred to PCIT by the Community Response family advocates. Additionally, a media campaign will take place in May 2016 using current grant funding, and marketing will continue through social media and other unpaid sources in 2016-17, including speaking engagements with local parent groups and informational emails, in an effort to reach parents who may self-refer or suggest PCIT to a friend or family member.

Meadows therapists Kuester and Thomson will attend skills development training to learn current updates and recharge their PCIT skills if this training is made available through Nebraska Children and Families Foundation. We are unsure at this time if and where this training will take place in-state, travel expenses are being requested as part of this grant for in-state training. The two GNCHC therapists, Draeger and Keating, will attend skills development training the following year if funding and training is available.

We have identified the need for a bilingual Spanish/English PCIT provider, especially for families in Colfax County. Previously we have been unable to serve families who could benefit from PCIT due to language barriers. There are a limited number of therapists in the area who are both qualified to participate in PCIT and also bilingual, and the therapist we were intending to get trained in the last grant round was unable to do so due to personal family concerns. We now have a bilingual therapist, Adalis Ortiz-Vega, employed at Columbus Counseling Services, whom we are anticipating will attend training in late 2016 in Oklahoma. She will travel to and train at University of Oklahoma, attending the five day training and two day second part of the training. She will then utilize one of the PCIT rooms and equipment already available at Good Neighbor Community Health Center or Meadows and offer PCIT in both Spanish and English. Her services will be offered to both Platte and Colfax Counties residents, with clients from Schuyler/Colfax County travelling (approximately 17 miles) for sessions as needed.

All PCIT trained therapists will sign a yearly Memorandum of Understanding (MOU) with the Zero2Eight Child Well Being Coalition, agreeing to carry out PCIT sessions as are appropriate with referred clients, offering and encouraging PCIT as a therapy option to clients not referred by Zero2Eight or its partners who meet the criteria of the program, and providing proper data and survey results in a timely manner to the local evaluator. Financially, the providers understand and agree that obtaining payment for services and sessions with clients will be the responsibility of the provider. Zero2Eight Child Well Being, its members and their agencies, East Central District Health Department acting as fiscal agent, Nebraska Children and Families Foundation, and grant providers will not be held responsible for payments for services or support not addressed or approved within the parameters of this or other grants and/or not paid by Medicaid or private insurance. Providers agree to complete training as needed to maintain their status as PCIT provider therapists through an approved training program. Providers will be reimbursed for expenses related to training as outlined in grant. If provider is unable to complete initial training or training updates as needed to maintain their status as PCIT provider, they will not be reimbursed for training or travel. Failure to complete training may also lead to loss of status as PCIT provider. Zero2Eight Child Well Being agrees to purchase equipment and supplies and

provide help with marketing the PCIT program as needed based on funding availability and grant parameters.

A local evaluator for PCIT, currently from University of Nebraska Medical Center, will provide data evaluation. Providers will utilize the Dyadic Parent-Child Interaction Coding, the Eyberg Child Behavior Inventory, Protective Factors Surveys, and Family Satisfaction Surveys to assess PCIT. The evaluator communicates directly with all agencies providing PCIT services.

**Community Collaboration Support and Sustainability:**

Referrals for both PIWI and PCIT are currently based on existing clientele as well as from a variety of sources in the community such as Early Development Network, Center for Survivors, medical providers, and through legal sources and DHHS. In addition to these current referral sources, the Community Response network will offer referrals from family advocates. Because of the number of PIWI trainers we have available, we expect to be able to offer the training to any and all that are interested and meet the parameters of having a child within the age range of the PIWI program. For PCIT, neither clinic is currently in need of prioritizing clients. Limited room access for the Columbus Counseling therapist could potentially cause scheduling difficulties, however, both GNCHC and Meadows are prepared to communicate when their room is available and work together to ensure all clients are able to be seen. At such time that each clinic reaches capacity for PCIT clients in their schedules a waiting list of interested families will be created and sustained separately at each offering clinic.

Regular support for PIWI trained providers is offered through frequent email communication between the providers and the coalition coordinator and UNMC evaluator. PCIT support is offered via quarterly face-to-face meetings of all the therapists and coalition coordinator, and email support with the coalition coordinator and UNMC evaluator. In addition to this direct support, both PIWI and PCIT are represented as part of the social and emotional workgroup which meets every other month as part of the Zero2Eight Coalition whole collaborative meetings and informs the Leadership Team of any information regarding the programs as well.

Future fiscal support for PIWI and PCIT can be seen through a few different avenues. PIWI sessions are offered by trained individuals and these services are offered at no charge to participants. The location for sessions is provided by the community agencies carrying out the services, and is done at no charge, as are meals at some programs. Incentives for families completing the sessions to fidelity are currently part of the grant funding, but would be funded by the providers or reduced or removed should grant funding no longer be available. PCIT services are provided through Medicaid or private insurance reimbursement. GNCHC also has a sliding scale for different pay levels based on an individual's income level. 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. Zero2Eight is prepared to seek other funding sources to maintain support of both PIWI and PCIT if needed.

**Outcomes:**

Four agencies with an estimated thirteen staff partners trained in PIWI have committed to offering and supporting PIWI activities. These agencies include Central Nebraska Community Action Partnerships (Columbus and Schuyler), Early Steps to School Success (Columbus and Schuyler), Healthy Families, and Youth For Christ. We will continue to disseminate information about other trainings available which enhance social-emotional development. In addition, we are supporting enhanced training for child care providers and early childhood educators through other funds. Increased access to PIWI will be done through a combination of community sessions hosted by the various partnering agencies. Based on past numbers of family units attending at least one PIWI session, approximately 80 direct contacts with individual caregivers (mothers and fathers/other caregivers) are expected to be made through an expected 26-30 sessions during the 2016-17 fiscal year. Most of these parents will be directly impacted on multiple occasions as they attend more than one PIWI session, while some may only attend a single session. Indirect PIWI education will reach additional families through regular visits with families enrolled in existing programs in partner community agencies who serve the target population of birth – three such as Head Start, Healthy Families, Early Development Network, Teen Moms, etc. as their trained PIWI staff use PIWI strategies in working with their clientele.

PCIT will have five trained therapists in the community by the end of 2016. Our goal is for a minimum of 20 parent/child dyads to be served in total from June 2016 to July 2017. It is expected that each client dyad will be seen for an average of 12-16 sessions before graduating.

Jennifer Martens, MPH, has been contracted since 2015 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.

**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

## 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 factors change as a result of participating in PCIT?	FRIENDS Protective Factors Survey	At First Session	At Last Session	Family Member
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

The collaboration believes that our efforts surrounding supportive programs, activities, and resources for families are increasing the awareness of many other important sectors, such as the importance of early social-emotional development and the importance of parent-child interaction. Ultimately, our vision is this increased awareness will lead to lower rates of child abuse or neglect for area families no matter what their financial, social or family status may be, and help them to grow their protective factors and become stronger healthier families supported by their communities through partnerships such as the Zero2Eight Child Well Being Coalition.

## References:

East Central District Health Department Community Health Needs Assessment, 2014.  
Schmeeckle Research.

U.S. Census/American Community Survey 5-Year Estimates, 2000, 2010, 2012.

Zero2Eight Child Well Being, Nebraska Children and Families Yearly Report, 2014.

Early Steps for School Success, Central Nebraska Community Action Partnerships, Healthy Families Nebraska, Youth For Christ, Self-reported PIWI attendance records, 2014, 2015, 2016.

