

AB#
594003

JT 246-73

CHILD ABUSE PREVENTION SUBAWARD

BETWEEN

THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILDREN AND FAMILY 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").

PURPOSE. The purpose of this subaward 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 (NCAPF 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, 2015 the effective date through June 30, 2016, 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 SUBGRANT.** DHHS shall pay the Subrecipient a total amount, not to exceed \$15,000 (fifteen thousand 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 and reimbursement request must be received by July 31, 2016.**
- 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 (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, 2015	Jul. 1, 2015 -Sept. 30, 2015
2nd Quarter Budget Expenditure	Jan. 15, 2016	Oct. 1, 2015 – Dec. 31, 2015
3rd Quarter Budget Expenditure	Apr. 15, 2016	Jan. 1, 2016 - Mar. 31, 2016
4th Quarter Budget Expenditure	Jul. 31, 2016	Apr. 1, 2015 – Jun. 30, 2016

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. 15, 2016	Jul. 1, 2015 – Dec. 31, 2015
Twelve Month Progress Report	Jul. 31, 2016	Jul. 1, 2014 – Jun. 30, 2016

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) 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 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. 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; 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 subaward. The Subrecipient shall insert this 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 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 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. 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.
- O. 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.
- P. 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.

- Q. 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.
- R. 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.
- S. 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.
- T. 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

- U. 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 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.
- V. 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 subaward terminated if such lawful presence cannot be verified as required by NEB. REV. STAT. § 4-108.

- W. PUBLICATIONS. Subrecipient shall acknowledge the project was supported by DHHS in all publications that result from work under this subaward.
- X. 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.
- Y. 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

- Z. 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.
- AA. 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.
- BB. 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.
- CC. 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.

- DD. 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.

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 subaward, shall mean Subrecipient.
- 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 subaward, 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, Protected Health Information, Required By Law, Secretary, Security Incident, Subrecipient, Unsecured Protected Health Information, and Use.
- E. The Subrecipient shall do the following:
1. Not use or disclose protected health information other than as permitted or required by this subaward, 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 Subaward 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 Subaward 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. Subrecipient 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 Subaward through the preparation and completion of a written Corrective Action Plan subject to the review and approval by the DHHS. The Subrecipient 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 subrecipients that create, receive, maintain, or transmit protected health information on behalf of the subrecipient agree to the same restrictions, conditions, and requirements that apply to the Subrecipient 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 Subrecipient 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.
- F. The Subrecipient 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.
- G. The Subrecipient 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.

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

FOR DHHS:

Emily Kluver
 NE Department of Health & Human Services
 PO Box 95026

Lincoln, NE 68509-5026
 402-471-8424

FOR SUBRECIPIENT:

Rebecca Rayman
 East Central District Health Department
 PO Box 1028
 4321 41st Ave
 Columbus, NE, 68502

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.

FOR DHHS:

Vicki Maca

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

DATE: 8/19/15

FOR SUBRECIPIENT:

Rebecca Rayman

Rebecca Rayman
Executive Director
East Central District Health Department

DATE: 7/20/2015

FOR THE BOARD:

Brandon Verzal

Brandon Verzal
Chair
Nebraska Child Abuse Prevention Fund Board

DATE: 8/13/15

Nebraska Child Abuse Prevention Fund Board

GRANT BUDGET FORM

Attachment A

Organization:	Platte/Colfax Zero2Eight Child Well Being			
Project Title:	NCAPF- Social Emotional			
Total Project Budget:	\$ 15,000.00	Budget Period:	07/01/2015	through 06/30/2016
			<i>Date</i>	<i>Date</i>

BUDGET ITEM	TOTAL PROGRAM BUDGET	NCAPF GRANT REQUEST	OTHER FUNDS	SOURCES
Personnel:				
Program Coordinator S. Estes @ 5 hours/wk	\$ 16,827.20	\$ 4,253.60	\$ 12,573.60	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL Personnel	\$ 16,827.20	\$ 4,253.60	\$ 12,573.60	
Fringe Benefits:				
S. Estes benefits at 21.10%	\$ 3,550.54	\$ 897.51	\$ 2,653.03	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL Fringe Benefits	\$ 3,550.54	\$ 897.51	\$ 2,653.03	
Office Operations Expenses:				
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL Operations Expense	\$ -	\$ -	\$ -	
Travel:				
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL Travel	\$ -	\$ -	\$ -	
Equipment:				
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL Equipment	\$ -	\$ -	\$ -	
Outreach:				
PCIT quarterly meetings	\$ 300.00	\$ 300.00	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL Outreach	\$ 300.00	\$ 300.00	\$ -	
Contract / Consulting:				
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL Contract / Consulting	\$ -	\$ -	\$ -	
Other Expenses:				
PIWI	\$ 4,800.00	\$ 4,800.00	\$ -	
PCIT	\$ 3,047.95	\$ 3,047.95	\$ -	
Indirect	\$ 16,215.61	\$ 1,700.94	\$ 14,514.67	
TOTAL Other Expenses	\$ 24,063.56	\$ 9,548.89	\$ 14,514.67	
TOTAL BUDGET	\$ 44,741.30	\$ 15,000.00	\$ 29,741.30	

East Central District Health Department
Platte/Colfax Zero2Eight Child Well Being
July 1, 2015- June 30, 2015
\$15,000 Nebraska Child Abuse Prevention Fund (NCAPF) for Social Emotional

Budget Narrative

Personnel

S. Estes will work as program coordinator of Zero2Eight from July 1, 2015 through June 30, 2016 at the pay rate of \$16.36/hour x 5 hours a week x 52 weeks = \$4,253.60

S. Estes works 20 hours a week as program coordinator of Zero2Eight. 10 hours is charged to Community Based Child Abuse Prevention (CBCAP), 5 hours/week is charged to Promoting Safe and Stable Families (PSSF), with the last 5 hours/week being charged to Nebraska Child Abuse Prevention Fund (NCAPF). During these 20 hours, S. Estes works on implementing programs in the community to promote social emotional development and parent engagement, along with the budgeting, meetings, and behind the scene work to successfully carry out the programming.

Total Personnel = \$4,253.60

Benefits

S. Estes will receive the following benefits at the rates listed during the grant year:

- Disability 1.11%
- Health insurance 9.35%
- Workman's Compensation 0.76%
- Retirement 1.93%
- Social Security 6.20%
- Medicare 1.45%
- SUITA 0.29%

Total Benefits: 21.10% x yearly wage of \$4,253.60 = \$897.51

Office Operations

None

Travel

None

Equipment

None

Outreach

In the previous grant cycle, PCIT providers have requested to have quarterly meetings. This is a time for all the PCIT therapists to come together, along with members of the leadership team, consultant, and evaluator. The meeting is held over lunch and therapists are able to ask questions and talk about data, among other things.

4 lunch meetings x \$75/per meeting= \$300

Contract/Consulting

None

Other

Funds in this line item will be used to provide support and program material to help strengthening existing clinics which offer PCIT services, as well as agencies with trained PIWI facilitators.

PCIT*

Good Neighbor Community Health Center	\$700
Columbus Counseling	\$2,000
Meadows Behavioral Health	\$347.95
<u>TOTAL PCIT</u>	<u>\$3047.95</u>

PIWI**

Central Nebraska Community Services	
Columbus	\$600
Early Steps to School Success	
Columbus	\$600
Schuyler	\$1,500
Healthy Families- CCH	\$600
Youth for Christ	\$1,500
<u>Total PIWI</u>	<u>\$4,800</u>

Indirect

The indirect rate is at 13.04% of all direct charges. The calculation for indirect is based on the following:

Calculation of Indirect Cost Rate

Total Grant Budget	Current Indirect Rate	Total Admin Cost	Base Subject to Indirect	Annual Indirect Budget Cost
\$ 15,000	13.04%	\$ 1,956.00	\$ 13,044.00	\$ 1,700.94

Total indirect = \$1,700.94

Total Budget = \$15,000.00

*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).

Good Neighbor Community Health Center has two therapists providing PCIT. They are both nearing the stage of billing all insurance and Medicaid. They are receiving \$700 to pay for assessments, replacement toys, and equipment if needed, and sessions until they reach insurance and Medicaid billing.

Columbus Counseling is the office where the newly trained bi-lingual provider will be housed. They will receive \$2000 to get started with providing PCIT and reimbursement for sessions. In lieu of building a PCIT at their office, they will access the Good Neighbor PCIT room free of charge.

Meadows Behavioral Health has two therapists providing PCIT. Both are fully trained and licensed. They are able to bill insurance and Medicaid. They will not need this grant to pay for sessions. Meadows will be budgeted for \$347.95 to use for assessments, replacement toys, and equipment if needed (not to exceed amount listed).

**PIWI- Funds will be used to provided PIWI to families in Platte and Colfax County. Central Nebraska Community Services, Healthy Families, and Columbus Early Steps to School Success will each be hosting a minimum of four sessions with approximately 7 families each. This will total a minimum of 21 families. This line item is based on a rate of \$150.00 per session for all supplies and incentives. Youth for Christ and Schuyler Early Steps to School Success will each be holding a fidelity group of nine sessions, with an expected total of 23 families served. This is supported at up to but not exceeding \$167.00 per session. Expenses for sessions may include, but are not limited to, handouts & limited supplies, facilitator stipend, daycare for children that are not infants, 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 and Outcomes****July 1, 2015- June 30, 2016****1. Administration of Collaboration**

The Platte Colfax Zero2Eight 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. East Central District Health Department (ECDHD) serves as the fiscal agent and administrative lead 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. The community coalition as a whole meets every other month to review progress of workgroup activities and provide additional networking opportunities. The result of this meeting enhances early childhood social-emotional development within the communities served. A leadership group of seven individuals from five different agencies meet monthly to guide the direction of the Child Well Being work plan. Additionally, the leadership team offers assistance to workgroups as needed. Assistance to the workgroups may include, but not 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 Sarah Estes who received her Bachelor of Science Degree in Human Development and Family Studies from the University of Wisconsin- Stout. Miss Estes has been with ECDHD since 2014. 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. Five separate agencies are currently active in offering PIWI strategies to families. All five 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. Two agencies have committed to offer nine sessions (offering sessions to fidelity). The three agencies that will be offering four sessions are expected seven families each, a total of 21 families. ESSS in Schuyler expects eight families to complete the fidelity session and Youth for Christ expects 15 teen moms to complete the nine sessions. We are anticipating a minimum of 44 families attending PIWI. 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, groceries, or day care 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), Early Steps to School Success (ESSS), Healthy Families, and Youth for Christ. CNCS and ESSS have staff in both Columbus (Platte) and Schuyler (Colfax) trained in the PIWI model. Because of the budget step down, the CWB Initiative will support CNCS in Columbus. In previous grant cycles, CNCS in Colfax County had a lower number of PIWI participants. CWB will support CNCS in Platte County to ensure that numbers are reached. ESSS will continue to be supported in both Platte and Colfax counties.

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 were created and utilized by all PIWI trainers. Necessary toys and tools for all six core sessions are prepackaged into "tote" storage containers which will be stored at Columbus 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.

3. Parent Child Interaction Therapy

Platte Colfax Child Well Being Coalition selected a second strategy of Parent Child Interaction Therapy (PCIT). 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 Chelsa Thompson, are with Meadows Behavioral Health Incorporated (referred to as Meadows hereafter). Two of these therapists participated 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.

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, as well as 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 four therapists are able to bill as an independent provider for PCIT services. By the end of this grant cycle, the remaining two therapists will be able to bill as independent providers for PCIT services. 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.

An 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.

During the previous grant cycle, the PCIT therapists requested to have a quarterly meeting with each other, members of Child Well Being leadership team, Nebraska Children and Families consultant, and University of Nebraska Medical Center evaluator. This meeting is a time for the therapists to come together and discuss any concerns or questions they have. This also serves as a time to discuss additional training, marketing strategies, or continuing education opportunities.

Through another funding source, Child Well Being has budgeted for an additional PCIT training for a therapist at a different local agency. Columbus Counseling Services has a bi-lingual staff member who has expressed interest in being trained in PCIT. Adalis Ortiz-Vega, MA, would be able to offer PCIT to members of the Hispanic community without the use of an interpreter should she complete the PCIT training. Columbus Counseling Services also provides services in Schuyler (Colfax) at a satellite office and would be able to reach people that the other agencies may not. Columbus Counseling Services has a sliding fee scale which will allow PCIT families to utilize services at a reduced rate.

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 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

Five agencies with an estimated thirteen staff partners trained in PIWI have committed to offering and supporting PIWI activities. These agencies include CNCS, ESSS (Platte and Colfax), 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 setting, PIWI is expected to service 100 children and families. These families are expected to be served through the direct PIWI program offered in a minimum of four session with three agencies and fidelity sessions offered with two agencies. Along with direct sessions, ESSS and CNCS in both Platte and Colfax and Healthy Families incorporate PIWI principles into their home visiting programs. Through using PIWI in an integrated setting in the work these agencies currently do with families will be reached by using the PIWI developmental observation topics. The agencies which will be infusing PIWI into their daily work include: CNCS, ESSS, 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 other suggested by the evaluator.

In regard to PCIT, with four therapists in the community and another one set to be trained, our goal is for a minimum of 20 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 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 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

PIWI Evaluation

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

of participating in PIWI?	Survey			
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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 Columbus Community Hospital, 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 at all 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, one prohibiting factor would include a member of an ethnicity that the agency could not collectively communicate with, such as Somalian. CWB would do our best to ensure that all who would like to participate in PIWI would be supported. We aim to have no prohibiting factors which would exclude a parent with an infant in participating.

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 process for communicating when the room is available for new PCIT patients. During this grant cycle, Columbus Counseling will be using the PCIT room at Good Neighbor. It is expected that each agency 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.