

32436-43

**SUBAWARD
BETWEEN
THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
AND
NORFOLK AREA UNITED WAY**

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 **NORFOLK AREA UNITED WAY** (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 implement the early childhood social-emotional development work in the Madison County Area 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, 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 \$22,500 (twenty two thousand five hundred dollars) for the activities specified herein and in accordance with the attached budget (Attachment A).
- B. **PAYMENT STRUCTURE.** Payment shall be structured as follows:
 - 1. Quarterly payments will be made upon the submittal of a budget expenditure report and a reimbursement request for actual, allowable, and reasonable expenditures by the

Subrecipient. **The final quarterly budget expenditure report 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. Implementation of the Parent Interacting with Infants (PIWI) model.
2. 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:
- 4.

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

5. 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 Jamle Anthony on or before deadline.

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 or
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.
 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

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

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

FOR SUBRECIPIENT:

Candy Allen

Candy Allen
Executive Director
Norfolk Area United Way

DATE: 9/14/16

DATE: 9-9-2016

FOR THE NCAFP BOARD:

Brandon Verzal

Brandon Verzal
Chair
Nebraska Child Abuse Prevention Fund Board

DATE: 7/25/16

PIWI Financial Statements

	Project Cost per Class	
Facilitators		
Facilitator A	\$450	\$50 per week, flat rate (3-5 hours each week)
Facilitator B	\$450	\$50 per week, flat rate (3-5 hours each week)
Sibling Childcare	\$90	
Food	\$500	Flat rate
Family Incentives	\$675	\$75 per family, 9 families total
Take Home Supplies	\$50	Flat Rate
Print Material/Advertising	\$250	Flat Rate
Projected cost per session (9 classes per session)	\$2,465	
	\$9,860	4 sessions in a year
Administration	\$2,250	
PCIT		
Training	\$8,000	
Supplies: Electronic equipment	\$2,390	
Total	\$22,500	

Contract
Contract
Contract
Supplies
Supplies
Supplies
Training/Outreach

Administrative
Training/Outreach
Supplies

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

Organization:	Norfolk Family Coalition				
Project Title:	PIWI/PCIT				
Total Project Budget:	\$ 33,245.00	Budget Period:	7/1/2016	through	6/30/2017
			<i>Date</i>		<i>Date</i>
BUDGET ITEM	TOTAL PROGRAM BUDGET	NC FUNDS REQUEST	OTHER FUNDS	SOURCES	
Direct Personnel					
Wages:					
	\$ -	\$ -	\$ -		
	\$ -	\$ -	\$ -		
	\$ -	\$ -	\$ -		
	\$ -	\$ -	\$ -		
TOTAL Wages	\$ -	\$ -	\$ -		
Benefits & Payroll Taxes:					
	\$ -	\$ -	\$ -		
	\$ -	\$ -	\$ -		
	\$ -	\$ -	\$ -		
TOTAL Benefits & Payroll Taxes	\$ -	\$ -	\$ -		
Direct Expenses					
Office Operation Expenses:					
	\$ -	\$ -	\$ -		
	\$ -	\$ -	\$ -		
TOTAL Operation Expense	\$ -	\$ -	\$ -		
Travel:					
	\$ -	\$ -	\$ -		
	\$ -	\$ -	\$ -		
	\$ -	\$ -	\$ -		
	\$ -	\$ -	\$ -		
TOTAL Travel	\$ -	\$ -	\$ -		
Equipment:					
	\$ -	\$ -	\$ -		
	\$ -	\$ -	\$ -		
TOTAL Equipment	\$ -	\$ -	\$ -		
Supplies:					
Food/ Family Incentives/Take Home (PIWI)	\$ 7,080.00	\$ 4,900.00	\$ 2,180.00		Donation/Grant
PCIT Electronic Supplies	\$ 6,090.00	\$ 2,390.00	\$ 3,700.00		Grants
TOTAL Supplies	\$ 13,170.00	\$ 7,290.00	\$ 5,880.00		
Training & Outreach:					
Print Material/Advertising (PIWI)	\$ 1,500.00	\$ 1,000.00	\$ 500.00		NFC Members
PCIT Training (2 Therapist)	\$ 8,000.00	\$ 8,000.00	\$ -		
	\$ -	\$ -	\$ -		
TOTAL Training & Outreach	\$ 9,500.00	\$ 9,000.00	\$ 500.00		
Contract / Consulting:					
Facilitators/Sibling Care (PIWI)	\$ 6,075.00	\$ 3,980.00	\$ 2,115.00		Employers/Vol
	\$ -	\$ -	\$ -		
	\$ -	\$ -	\$ -		
TOTAL Contract / Consulting	\$ 6,075.00	\$ 3,980.00	\$ 2,115.00		
Other Expenses:					
	\$ -	\$ -	\$ -		
	\$ -	\$ -	\$ -		
	\$ -	\$ -	\$ -		
TOTAL Other Expenses	\$ -	\$ -	\$ -		
Administrative Expenses					
Administrative / Indirect Expenses:					
Norfolk Family Coalition Coordinator	\$ 4,500.00	\$ 2,250.00	\$ 2,250.00		Match
	\$ -	\$ -	\$ -		
	\$ -	\$ -	\$ -		
TOTAL Administrative / Indirect Expenses	\$ 4,500.00	\$ 2,250.00	\$ 2,250.00		
TOTAL BUDGET	\$ 33,245.00	\$ 22,500.00	\$ 10,745.00		

Nebraska Child Abuse Prevention Fund Board (NCAPF) ATTACHMENT B
Early Childhood Social Emotional Development Subgrant
Guide to First Year Scope of Work and Outcomes for New Communities or Expansion of Existing
Communities

July 1, 2016 – June 30, 2017

Scope of Work

1. Eligible applicants will have community coalition or collaboration comprising representatives from diverse sectors with a goal of improving outcomes for children and families. Describe the community coalition or collaboration.

- a. Describe the membership and goals.

The Norfolk Family Coalition is made up of various organizations including but not limited to: Faith, Medical, Mental Health, Early Childhood, Probation, Law Enforcement, Child Advocacy, Public Health, School, Extension, DHHS, Tribal, Child/Parent Advocates, Childcare and United Way. The Early Childhood Committee devoting their efforts on PIWI includes: Tribal, Early Childhood, Extension, Child/Parent Advocates, School, Mental Health, Faith, Public Health, Probation and Childcare.

The mission of the Norfolk Family Coalition is to build collaboration among agencies, networks and the broader community to find innovative solutions to improve the quality of life of people and communities in and around Norfolk.

- b. Describe any current efforts to promote early childhood social emotional development. The Early Childhood Committee, through the Norfolk Family Coalition, partnered with: Norfolk Public School, United Way, Northeast Community Action Partnership (Head Start and Healthy Families), Oasis International, Midtown Health Center, Teen Parent Daycare, and Juvenile Diversion to write for and attained the Sixpence Home Visitation grant. The committee is now the advisory board for the Sixpence program. The local Child Abuse Prevention Council has merged with the committee. There are efforts being planned for National Child Abuse Prevention Month to help bring awareness to the community and surrounding area. The Early Childhood Committee is now taking on the "Stuff the Bus" efforts that were a project of the Child Abuse Council. Plans are being developed and partners are being contacted for the 2016 event. The committee brought the PIWI (Parents Interacting with Infants) Facilitator training to Norfolk on March 30th, 2015 with 20 individuals attending. There has been one completed PIWI session and the second session started March 14th, 2016. The committee has scheduled a community meeting with stakeholders ranging from industry, education and childcare to discuss current daycare needs and projected needs in the community for April 20th, 2016. There will be a café style discussion and information meeting available for in home providers to attend.

Good Life Counseling has 2 therapists that are training in PCIT (Parent Child Interact Therapy). These therapists have been trained in PCIT are both waiting on approval through Magellan but have approval from Blue Cross Blue Shield and Medicaid. Good

Life Counseling is a partner in the coalition with attendance at the Norfolk Family Coalition's collective impact meetings and a large role in the Coalition's Community Response program.

The Mental Health Committee brought speakers from local Mental Health agencies to the Norfolk Public School. There were 23 school districts present with 1,132 teachers and administrators participating on January 14th, 2016. Agencies linked to the Norfolk Family Coalition included the following and presentation topic: Oasis Counseling International presented on Anger Management, Counseling and Enrichment Center presented on Managing Challenging Behaviors, and Midtown Health Center presented on Suicide Prevention and Awareness.

2. Eligible applicants will describe existing efforts for the following:
 - a. Ongoing collaboration of community stakeholders
The Norfolk Family Coalition has been present in the Norfolk community for 2.5 years and Early Childhood Committee was established in December 2014. The Norfolk Family Coalition meets on a bi-monthly basis, Early Childhood Committee meets on a monthly basis.
 - b. A common agenda and strategic plan to address community needs identified through Service Array Assessments and other data
All the committees that are currently part of the Norfolk Family Coalition are based on the areas of concerns identified by the Service Array and community assessment in 2013. Current committee includes: Early Childhood, After School, Prevention, Basic Needs, Older Youth, and Mental Health.
 - c. Ongoing backbone support for the coalition
The Norfolk Family Coalition currently is in the beginning stages of attaining a 501-C-3 status. Currently the Norfolk Area United Way is the financial backbone agency. The Norfolk Family Coalition has a coordinator that is coordinating all activities/duties of the collective impact and community response programs. This includes overseeing/working with all programs started by various committees out of the collective impact, including: PIWI, Un-connect Youth Initiative, After School Program, Sixpence, Daycare Community Needs Forum, Service Point, and more.
 - d. Reinforcing activities and shared measurement
The Norfolk Family Coalition completed a service array in the spring 2013 and developed committees based on the data attained. This current includes: Early Childhood, Prevention, Basic Needs, Mental Health/Healthy Communities, and Connecting Youth. Since the start of the Norfolk Family Coalition there have been changes in committees such as new, name change, blended or separating out. Connecting Youth is the newest of the committees and this group will be working with the after school program and various community organizations to address the needs of older youths. Each committee has individual priority plans based on their long-term goal that is built upon the needs of the community. During each Norfolk Family Coalition Collective Impact meeting updates from each committee is given to the large group. This provides an opportunity for

Collective Impact members to share knowledge, ideas and resources between all. One example has been PIWI, as the Early Childhood committee asked for members of Collective Impact to share the flyers, make 2 personal referrals to the session coming up during the January meeting.

Members of the Collective Impact have some cross over between committees, as there are several members on more than one committee. The Norfolk Family Coordinator provides input and information between all committees and helps make connections. Example includes: Members from Early Childhood, Prevention, Mental Health, Norfolk Family Coordinator and basic needs came together to help write for the Sixpence grant in collaboration with the Norfolk Public Schools. Now the Early Childhood Committee serves as the advisory board to Sixpence Home Visitation program.

e. Ongoing capacity for communication and evaluation

The Norfolk Family Coalition Collective Impact was created to help connect families, organization and resources to help support families, children and the community. Norfolk Family Coalition has been utilizing professional networks, word of mouth, public presentation and social media to advertise Norfolk Family Coalition (Collective Impact and Community Response). The Norfolk Family Coalition is working well between committees to provide referrals to various programs to benefit families. Community Response takes referrals from several of the public schools during the pilot. Sixpence Home Visitation is accepting referrals from many Coalition members including but limited to: Department of Health and Human Services, Head Start, Falmouth Regional Health Services, Professional Partners, Norfolk Public Schools, and Midlands OBGYN. PIWI is accepting referrals from agencies of the Norfolk Family Coalition Collective Impact, word of mouth, social media and flyers throughout the community.

Each agency with PCIT trained therapist will be responsible for collecting data and submitting monthly to the Norfolk Family Coalition Coordinator. The evaluation pieces will be those that will be required by the grant and by the PCIT evaluation standards. The coordinator will access the space and equipment at each agency before PCIT sessions begin. PIWI will provide pre and post protective factor survey that will be submitted to the Norfolk Family Coalition Coordinator at the beginning and end of each PIWI session.

f. History of leveraging funds.

The Norfolk Family Coalition has a history of leveraging funds. PIWI already is leveraging funding and has verbal agreements in place for future leverage. Below is a list of who provide the funding and how they provide funding through various forms. Including new commitments for PCIT.

Who	How
Early Childhood Committee/Norfolk Family Coalition	Assist in planning of training & sessions, Will continue to oversee efforts
Ponca Northern Housing Authority	Facilitator for session 1 Training location (March 2015)

Nebraska Children's Home Society	Facilitator for session 1
UNL Extension	Facilitators for session 1
Fremont Area United Way	Mentoring-advise, visit Norfolk, forms
Read Aloud Norfolk	Children's books for session 1 and 2
Little Caesar's	Pizza vouchers
Wendy's	Food vouchers
Grace Community Church	Session #1 location and sibling care
Norfolk Area United Way	Venture Grant to purchase supplies for
	Reusable PIWI totes (\$4500)
	\$3000 Equipment for PCIT
Noon Kiwanis	Grant for PIWI session food costs (\$250)
Region IV Behavioral Health System Grant	\$700 Equipment Grant
Nebraska Children and Families Foundation	Training presenter's cost
YMCA	2 Month Family Pass (2:1 cost ratio)
Elkhorn Valley Museum	2 month family pass (Buy 1 get 1 Free)
Salvation Army	Session #2 location and meals
Parent-to-Parent	Facilitator for Session 2
Oasis Counseling	Facilitator for Session 2
Northeast Community College	PIWI assistant, Practicum Student
Wesley Center	Future PIWI host site
Benedictine Sisters	Future Volunteer Facilitators

3. The community collaboration will determine and describe the need to begin, expand or enhance efforts to address early childhood social emotional development through Parents Interacting With Infants (PIWI) and/or Parent Child Interaction Therapy (PCIT). Provide local data and information on the need for early childhood social emotional development related to PIWI and/or PCIT, for example, from the Service Array Assessment, Early Childhood System of Care, ASQ-SE screenings, and other relevant sources. Data from the Norfolk Family Coalition evaluator, Schmeckle Research Inc, shows:
- a. The rate for the under 5 population in Norfolk grew by 14/6% from 2000-2011.
 - b. Poverty is increasing in Norfolk and Madison County with an increase in the poverty rate for families under the age of 5 by 137% from 2000-2011.
 - c. As of 2011, 38.4% of all families with children under the age of 5 in Norfolk are at or below poverty. These rates are approximately double for the state and the nation.
 - d. There is a federally designated shortage of primary mental health professionals in Madison County.
 - e. There are stated designated health professional shortages in the areas of pediatric and psychiatrists in Madison County.
 - f. In 2011-2012 the graduation rate for Norfolk Public Schools was 78.8% compared to 87.6% in the state.
 - g. Compared to the state, Madison County had higher rates of children that were state wards (16.5% compared to 12/9 per 1,000 in 2010) and higher rates of substantiated cases of child abuse/neglect (8.2) compared to 7.4 per 1,000 in 2011.

4. The community coalition or collaboration will describe their intention to apply for support for either PIWI and/or PCIT.
 - a. It is the intention of the Early Childhood Committee, through the Norfolk Family Coalition to offer the PIWI training in the Norfolk, Nebraska. It is our intent to offer up the training to anyone outside of the community and surrounding areas. It is our intent to be able to enable other communities to offer PIWI as well. The re-usable PIWI totes that have been in process of purchasing and developing based on current DOTs and community centered developed DOTs will be available to surrounding communities. The Early Childhood Committee hosted PIWI training in March 2015 and trained 21 individuals from 10 different organizations. The Early Childhood Committee will seek to train 20 individuals from various agencies and communities with the training offered by the Nebraska Children through this grant.
 - b. As relevant, state commitment for start-up or development of PCIT, including training for two or more therapists. Training will be organized by Nebraska Children. It is the intention of the Norfolk Family Coalition to apply for funding to train two therapists in PCIT through Oklahoma University. There are currently two therapists who completed their 5 day basic PCIT training in Iowa. These therapists will be supported with one set of equipment through to assist in their certification and ability to serve families. There is one therapist recently hired by an agency that has also completed the 5 day basic training. The grant would also seek to support this therapist with equipment to assist in their certification and ability to serve families.

Additional Information to apply for PIWI

5. Identify the supporting organizations serving parents or caregivers of infants and toddlers that will support four or more staff to participate in a 1-day PIWI training with consultants through Nebraska Children.

The following agencies will commit one bilingual individual to the training: Salvation Army, Parent-to-Parent Network, Sixpence and Norfolk Family Coalition. Good Life counseling is able to commit at least four staff towards PIWI.
6. Staff trained in PIWI will work with their respective organizations and with the community collaboration to develop action plans to conduct at least one series of 9 PIWI sessions with fidelity.
 - a. Describe the community's plan to conduct at least one or more PIWI sessions.

The early Childhood Committee would host 4 different PIWI sessions over the grant year. Times and locations will vary with each session in order to reach a variety of families. Targeting a sessions starting at 10:30 am, 12:00 pm, 5:30 pm and 6:00 pm, with evening sessions being offered on Mondays. A large facility childcare center has volunteered their location to host an evening session that will primarily target their families. The committee has developed Informational flyer to advertise sessions through the community, organizations, and social media. One session will occur between

January and May as a partnership with Northeast Community College will be utilized during that time.

- b. Optional. Describe plans to reach specific target populations, e.g., Spanish speaking families, teen parents, fathers, etc.

The Early Childhood Committee members spoke with the Norfolk Public High School Teen Parent class in March 2016. A class demonstration was provided by a parent and child that attended the first PIWI session. One teen parent and their child are attending the current PIWI session that is occurring. The committee has decided to offer snapshot class demonstrations with the MOPS group and Sixpence families, no date set at this time. The Salvation Army is willing to send at least one bilingual person to the training. One of the two Sixpence home visitation staff is already trained in PIWI and the second staff member would be trained is bilingual.

- 7. The community coalition or collaboration will use or develop processes for referrals to PIWI which may include marketing, social emotional screening, coordination between organizations, etc. Describe these processes for referrals.

Current referrals are coming from Norfolk Family Coalition Collective Impact members. Along with flyers hung up throughout the community and Facebook Advertisements. Going forward we would seek referrals from the two home visitation programs when children score high on the social emotional develop screens. We would work to attain defined referral process for families that attain services from Early Development Network, Parent-to-Parent Network, Head Start, Pediatric medical professionals, Norfolk Community Schools, and other agencies/organizations that work with young children in the community and surrounding communities.

- 8. State the commitment of the community coalition or collaboration to document the number of families participating in PIWI and track their progress through measures described in the evaluation requirements. At minimum, these include the PIWI Checklist, PIWI Observation, Attendance Roster, Parent-Child Interaction Survey and Protective Factors Survey. Information should be submitted to the state evaluation team and UNMC, led by Dr. Barb Jackson. Currently PIWI being hosted in Norfolk utilizes the PIWI Checklist, observation, attendance roster, and protective factors survey. This information has been submitted to Dr Barb Jackson and Jennifer Skala with Nebraska Children and Families Foundation. If awarded this grant we would continue with the evaluation tools.

Additional information to apply for PCIT

- 9. State the community coalition or collaboration's agreement to the following: Identify therapists from organizations serving mothers or parents with young children ages 0-7 to participate in PCIT training. Nebraska Children will organize the training. The primary training resource will be the PCIT Training Center at the University of Oklahoma. The initial training requirement for certification is 5-days with a 2-day follow up and regular consultation with the trainers. See attachment with links to information on PCIT Training Options, Training Guidelines, Readiness, Room Set Up and Equipment Guide.

- a. By November 2016, 2 or more therapists in the community will complete the initial 5-day PCIT training. State the number, names and/or affiliations of therapists to be supported. Two or more therapists from each agency or organization should participate together.

Oasis Counseling International will be providing two therapists to attend the 5-day PCIT training.

- b. As needed, the community collaboration will work with therapists in PCIT training and their organizations to make requisite facility, equipment and material additions. Describe the service location(s) to be supported by the community collaboration. Include any approved fee agreements with the professionals and/or their organizations. Facilities must have one a way mirror room with 4x4 room to no larger than small office. Smaller room within the room as a time out space. Half size door instead of a full sized door, or could use a time out chair.

Currently Oasis Counseling International has the approved required space to facilitate PCIT. There is an approved sized therapy room with one way mirror and observation room. The room is already equipped with child appropriate furniture and toys. Oasis Counseling will need to attain equipment such as bug in ear, video recording, sound equipment and microphones. Oasis is applying for a grant through Norfolk Area United Way to attain needed equipment.

There are three therapists at two different agencies that would be supported with the grant funds. It is the intent to purchase the equipment such as bug in ear, video recording, sound equipment and microphones for each of the sites. This will enable the therapist to complete their basic PCIT certification. Region 4 Behavioral Health Systems will look to compensate Norfolk Family Coalition the additional monies needed to fully equip both agencies beyond what monies the grant would be able to offer.

- c. Describe referral sources, screening/assessment tools, marketing or other means to connect families to PCIT.

Each agency that does or will have a PCIT trained therapist will be providing their own referrals from their current caseloads of families and children. Referrals will also be coming from the Norfolk Community Schools including Sixpence, Early Development Network, Pre-schools through High School locations. Referrals will also be accepted for children that score high on ASQ:SE. Community Response and Alternative Response families will be referred to PCIT if appropriate. Appropriate PCIT screening tools will be utilized to assess families for PCIT prior to services beginning. PCIT will be marketed through the Norfolk Family Coalition Collective Impact network and the families each of the agencies provide services.

- d. By February, 2017, PCIT will begin to be delivered through at least one community site to appropriate target population(s). Therapists trained in PCIT will help ensure availability of services to families through pro bono hours or sliding scale fees as agreed upon with community collaboration. Describe plans to help pay for therapists until they are certified and services are reimbursable by Medicaid.

Oasis and Midtown Health Center currently provide services on a sliding scale fee for services for families that qualify. Good Life Counseling will provide services will provide services for up to six families pro bono. The therapist through Midtown Health Center and the two therapists through Good Life Counseling have completed part of the certification process and employers are currently supporting their positions through the process. The two therapists that will be trained from Oasis will be supported by their current caseload of families and Oasis while they complete the training and certification process.

- e. For expansion communities only, describe a plan to link newly trained therapists with existing PCIT therapists in the current service area. N/A
- f. Describe the memorandum of understanding (MOU) with PCIT therapists and with their organizations regarding requirements and expectations. The MOU should include expectations for administrative support by the organization, the estimated number of families referred by the coalition or collaboration (families without private insurance) that will be served, terms of reimbursement from the collaboration, and any other relevant issues, such as what will happen if therapists are unable to complete the training.

Below is an example of the MOU that partnering agencies will utilize in collaboration with the Norfolk Family Coalition.

As participating therapist with the Norfolk Family Coalition representing our different agencies we agree to the following:

- i. To commit to having 2 or another pre-agreed upon number of therapists trained in our agency that can do PCIT so they can support each other and that the administration in our agency will create a culture that values the tenants of PCIT and encourages providers to make appropriate referrals of clients being screened at intake or being seen by other therapists to PCIT therapists.
- ii. We agree to have a room(s) in our facility that meet the national standards for PCIT
- iii. We agree to have the equipment installed recommended as standard in providing PCIT treatment to parents and their children. Includes: Sound system, microphones, video camera and bug in the ear technology.
- iv. We agree to collect data from our clients as requested by the Nebraska Children and Families Foundation needed for the verification and research of program outcomes.
- v. We agree to refer and treat between 25 to 50 families who are appropriate for PCIT treatment yearly.
- vi. If we break this MOU by not training the agreed upon number of therapists, not having a room in our facility that meets national PCIT standards to provide this program or do not purchase the nationally recommended equipment; it will be considered that we have broken this MOU and will be held responsible and agree to reimburse funds received by this grant to the grant funder.

- g. With technical assistance provided by representatives from Nebraska Children and the state evaluation team, sites will collect information and data: State agreement to document the number of families participating in PCIT and to track their progress with the Protective Factors Survey, Family Satisfaction Survey, Dyadic Parent-Child Interaction Coding and Eyberg Child Behavior Inventory scores. Information should be submitted to the state evaluation team and UNMC, led by Dr. Barb Jackson. Monthly reports that will be required to be submitted on a monthly basis to the Norfolk Family Coalition Coordinator from participating agencies: Oasis Counseling International, Good Life Counseling and Midtown Health Center. This requirement will be included with the MOU between the therapist and their agency as well as the MOU between the agency and the Norfolk Family Coalition. It will be the responsibility of the Norfolk Family Coalition Coordinator to submit the data of the number of families participating in PCIT and progress through the various screening and assessments to the state evaluation team and UNMC.

Outcomes

1. Workforce development for early childhood social emotional development through training in PIWI and PCIT
 - Number of staff trained for PIWI and number of therapists trained for PCIT
 - PIWI will seek to train 20 individuals in Norfolk or close surrounding communities.
 - PCIT will train two therapist
2. Increased access to resources and services for social emotional development through delivery of PIWI and PCIT
 - Number of families served and number of service sites
 - PCIT will have three service sites in Norfolk. Each site will serve a minimum of 6 families with the potential for more.
 - PIWI will seek to serve 8 families per session, 4 sessions in a year for a total of 32 families.
3. Progress measures established through data collection and analysis
 - Data collection includes information and measures describe in the Scope of Work
 - PCIT will include the following and specific measures that will be required by the grant: Protective Factors Survey, Family Satisfaction Survey, Dyadic Parent-Child Interaction Coding and Eyberg Child Behavior Inventory scores.

- PIWI will include the Protective Factor Survey and any assessment/measurement that will be required by the grant.
- Self-assessment and Improvement measures include Results Based Accountability specific to PIWI and PCIT
- Joyce Schmeeckle will assist with Results Based Accountability as she currently is assisting with PIWI for the Norfolk Family Coalition.