

# CERTIFIED COPY OF ORDER

STATE OF MISSOURI

} ea.

December Session of the October Adjourned

Term. 20 14

County of Boone

In the County Commission of said county, on the

11th

day of

December

20 14

the following, among other proceedings, were had, viz:

Now on this day the County Commission of the County of Boone does hereby approve a partial award for bid 28-24JUN14 – Pilot Programs that Provide Innovative Services – Boone County Children’s Services Fund to the following:

Burrell, Inc.  
Computer Attention Training “Brain Train”  
\$139,071

Great Circle  
Early Assessment and Intervention Services for Outcomes Now (EAI’s-ON)  
\$235,325

Phoenix Programs, Inc.  
Creating Lasting Family Connections  
\$55,776

CHA Low-Income Services, Inc.  
Healthy Home Connections  
\$366,821

Central Missouri Community Action  
The BRIDGE (Building Resilience through Interdisciplinary, Developmentally Guided Engagement)  
\$333,505

University of Missouri  
Mental Health Screenings and Evidence Based Practice Training  
\$201,927

University of Missouri  
Healthy Steps for Young Children  
\$86,105

University of Missouri  
School-Age Staff Training and Case Management  
\$1,190,865

**CERTIFIED COPY OF ORDER**

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STATE OF MISSOURI }  
County of Boone } ea.

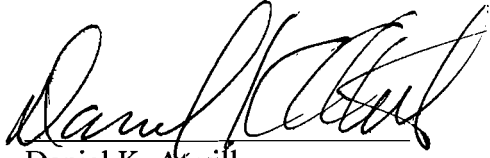
Term. 20

In the County Commission of said county, on the \_\_\_\_\_ day of \_\_\_\_\_ 20

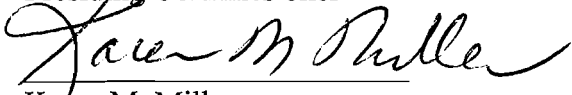
the following, among other proceedings, were had, viz:

The terms of the partial bid award are stipulated in the attached Contract Agreements. It is further ordered the Presiding Commissioner is hereby authorized to sign said Contract Agreements.

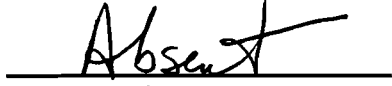
Done this 11th day of December, 2014.



Daniel K. Atwill  
Presiding Commissioner

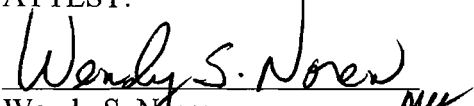


Karen M. Miller  
District I Commissioner



Janet M. Thompson  
District II Commissioner

ATTEST:

  
Wendy S. Noren  
Clerk of the County Commission

# Boone County Purchasing

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing



613 E. Ash St., Room 110  
Columbia, MO 65201  
Phone: (573) 886-4391  
Fax: (573) 886-4390

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## MEMORANDUM

TO: Boone County Commission  
FROM: Melinda Bobbitt, CPPO, CPPB  
DATE: December 8, 2014  
RE: RFP Award Recommendation: *28-24JUN14 – Pilot Programs that Provide Innovative Services – Boone County Children’s Services Fund*

Request for Proposal *28-24JUN14 – Pilot Programs that Provide Innovative Services – Boone County Children’s Services Fund* closed on July 10, 2014. 25 proposal responses were received.

The following is a partial recommendation of contract award. More contracts will follow at a later date. The contract file will become part of public record as soon as we have completed negotiations of contracts.

Burrell, Inc.

Computer Attention Training “Brain Train”

✓ Contract from date of award through December 31, 2015 with two, one-year renewals  
\$139,071

Great Circle

Early Assessment and Intervention Services for Outcomes Now (EAI’s-ON)

✗ Contract from date of award through December 31, 2015 with two, one-year renewals  
\$235,325

Phoenix Programs, Inc.

Creating Lasting Family Connections

✗ Contract from date of award through December 31, 2015 with two, optional one-year renewals  
\$55,776

CHA Low-Income Services, Inc.

Healthy Home Connections

✗ Contract from date of award through June 30, 2016 with two, optional one-year renewals  
\$366,821

Central Missouri Community Action  
The BRIDGE (Building Resilience through Interdisciplinary, Developmentally Guided  
Engagement)

✓ Contract from date of award through June 30, 2016 with two, optional one-year renewals  
✓ \$333,505

University of Missouri  
Mental Health Screenings and Evidence Based Practice Training

✓ Contract from date of award through December 31, 2015 with two, optional one-year renewals  
✓ \$201,927

University of Missouri  
Healthy Steps for Young Children

✓ Contract from date of award through December 31, 2015 with two, optional one-year renewals  
✓ \$86,105

University of Missouri  
School-Age Staff Training and Case Management

✓ Contract from date of award through June 30, 2016 with two, optional one-year renewals  
✓ \$1,190,865

Invoices will be paid from department 2161 – CCS Funding Opportunities, account 71106 –  
Contracted Services. \$5,222,233 is budgeted.

cc: Proposal File



**AGREEMENT FOR PILOT PROGRAMS  
Computer Attention Training "Brain Train"**

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**THIS AGREEMENT** dated the 11<sup>th</sup> day of December 2014 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "BCCSB" and **Burrell, Inc.**, a tax-exempt, not organized for profit agency or governmental entity, hereinafter referred to as "**BBH**".

**WHEREAS**, the BCCSB, under the provisions of 67.1775 and 210.861 of the Revised Statutes of Missouri, has the right to expend monies from the Children's Services Fund (CSF) for the purposes of funding services to children and youth 19 years of age and younger, and their families residing in Boone County; and

**WHEREAS**, the BBH has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided along with the expected cost to BBH thereof; and

**WHEREAS**, the BCCSB has approved the Request for Funding Proposal in whole or in part as hereinafter set forth,

**IN CONSIDERATION** of the parties performance of the respective obligations contained herein, the parties agree as follows:

**FUNDING ALLOCATION FOR SERVICES RENDERED BY BBH**

BBH is expected to the greatest extent possible to maximize funding from all other sources. BBH shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. BBH shall only request reimbursement for services not reimbursable by any other source. BBH shall provide documentation and assurance to the BCCSB that requests for reimbursement from the CSF is not a duplication of reimbursement from any other source of funding.

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract. BBH will perform the services and carry out the activities as set forth in the Request for Funding Proposal Application. BBH agrees to, and understands that services performed under this agreement are limited to the Request for Funding Proposal Application.

2. **Contract Documents.** This agreement shall consist of the Request for Proposal #28-24JUN14 (Pilot Programs that Provide Innovative Services) and BBH's response to the County of Boone's Request for Proposal, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over the BBH's Proposal, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The BCCSB agrees to purchase from the BBH and the BBH agrees to furnish **Computer Attention Training "Brain Train"** for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in the BBH's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$139,071.00** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of contract execution and **extend through December 31, 2015** subject to the provisions for termination specified below. This contract may at the sole discretion of the BCCSB and with the agreement of BBH be **renewed for an additional two (2) one-year periods**. BBH agrees and understands that the BCCSB may require supplemental information to be submitted by BBH prior to any renewal of this agreement.

5. **Billing and Payment.** For the Pilot Programs that Provide Innovative Services (PILOT) Contract, the payments for **Computer Attention Training "Brain Train"** will be made in three (3) installments, (34%) of the contracted amount, within 30 days of the execution of the contract, (33%) of the contracted amount within 30 days of the completion and approval of the 2015 mid-year report and (33%) of the contracted amount within 30 days of the completion and approval of the 2015 year-end report. An accounting of prior funding received from the CSF shall be required before receiving subsequent contractual installment payments. Installment payments may vary based on the adjusted totals provided to BCCSB. In the event of a billing dispute, the BCCSB reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of the BBH, the BCCSB agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

6. **Availability of Funds.** Payments under this contract are dependent upon the availability of funds or as otherwise determined by the BCCSB. This contract can be terminated

if funding becomes unavailable in whole or in part for cause shown, and the BCCSB shall have no obligation to continue payment.

### **REPORTING, MONITORING, AND MODIFICATION**

7. **Reporting.** The BCCSB shall utilize the Request for Funding Proposal Application and the Responses to Requests for Additional Information, as submitted by BBH to monitor service delivery and program expenditures. BBH agrees to submit to the BCCSB a mid-year service report by July 30, 2015 for the period beginning with the date of contract execution to June 30, 2015 and an annual service report by January 29, 2016, for the period of July 1, 2015 to December 31, 2015. Variations on this date may be requested by BBH and, if so stipulated, are noted on this contract document. Payments may be withheld from BBH if reports designated here are not submitted on time, until such time as the reports are filed. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. BBH agrees to submit its reports through an on-line reporting system if requested.

8. **Audits.** BBH also agrees to make available to the BCCSB a copy of its annual audit within four months after the close of BBH's fiscal year. The audit must be performed by an independent individual or firm licensed by the Missouri State Board of Accountancy. The audit is to include a complete accounting for funds covered by this agreement in accordance with generally accepted accounting principles. In addition, the BCCSB requires that the management report of any audit as it relates to BCCSB program activities be made available to BCCSB as part of the required audit. Payment may be withheld from BBH, if reports designated here are not made available upon request.

9. **Monitoring.** BBH agrees to permit the BCCSB, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the BCCSB to monitor, survey and inspect BBH's services, activities, programs and client records, to determine compliance and performance with this contract, except as prohibited by laws protecting client confidentiality. In addition, BBH hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the BCCSB or its designee(s) all records, facilities and personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

10. **Modification or Amendment.** In the event BBH requests to make any change, modification, or an amendment to funded services, one-time items, activities and/or programs covered by this contract, a request of the proposed modification or amendment must be submitted in writing to the Director of Community Services to share with the BCCSB for

approval. A board resolution from BBH must be included with the request. Requests to the BCCSB must be submitted in writing at least two weeks prior to the BCCSB meeting.

#### **OTHER TERMS OF THIS CONTRACT**

11. ***Violation of Client Rights.*** Any alleged case of a violation of a client's rights in a program funded by the Commission/BCCSB shall be investigated in accordance with BBH's policies and procedures and in accordance with any local/state/federal regulations. BBH agrees to notify the BCCSB through the Director of Community Services of any such incidents that have been reported to the appropriate governmental body and must also authorize the governmental body to notify the BCCSB of any substantiated allegations. BBH must comply with Missouri law regarding confidentiality of client records.

12. ***Discrimination.*** BBH will refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply will applicable provisions of federal and state laws, county or municipal statutes or ordinances, which prohibit discrimination in employment and the delivery of services.

13. ***CSF to be used for Services Provided.*** BBH agrees that the CSF funds shall be used exclusively for the services provided to children and youth 19 years of age or less and their families and for administrative costs directly related to BBH's provision of such services.

14. ***Accreditation/Licensure/Certifications.*** All agencies must comply with all state/federal certification and licensing requirements and all applicable federal, state, and local laws and must remain in "good standing".

15. ***Conflict of Interest.*** BBH agrees that no member of its Board of Directors or its employees now has, or will in the future, have any conflict of interest between himself/herself and BBH, and this shall include any transaction in which BBH is a party, including the subject matter of this contract. Missouri law, as this term is used herein, shall define "Conflict of Interest".

16. ***Subcontracts.*** BBH may enter into subcontracts for components of the contracted service as BBH deems necessary within the terms of the contract. All such subcontracts require the written approval of the BCCSB or their designated representative. In performing all services under the resulting contract agreement, the BBH shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

17. ***Employment of Unauthorized Aliens Prohibited.*** BBH agrees to comply with Missouri State Statute section 285.530 in that they shall not knowingly employ, hire for



employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. BBH shall require each subcontractor to affirmatively state in its Agreement with the BBH that the subcontractor shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri. Provider shall also require each subcontractor to provide BBH a sworn affidavit under the penalty of perjury attesting to the fact that the subcontractor's employees are lawfully present in the United States.

18. **Litigation.** BBH agrees that there is no litigation, claim, consent order, settlement agreement, investigation, challenge or other proceeding pending or threatened against BBH or any individual acting on the BBH's behalf, including subcontractors, which seek to enjoin or prohibit BBH from entering into this contract agreement of performing its obligations under this agreement.

19. **Board Ownership.** If BBH ceases to be funded by the BCCSB or ceases to provide programs and services for Boone County children, youth and their families, all capital equipment, materials, and buildings purchased with CSF funds shall be returned to Boone County unless so otherwise approved by a majority vote of the BCCSB. In addition, if BBH no longer used capital equipment, materials, and building purchased with CSF funds for its original intent, BBH will need BCCSB approval to re-direct.

20. **Failure to Perform/Default.** In the event BBH, at anytime, fails or refuses to perform according to the terms of this contract, as determined by the BCCSB, such failure or refusal shall constitute a default hereunder, and the BCCSB will be relieved of any further obligation to make payments to BBH as set out herein. This contract will be terminated at the option of the BCCSB.

21. **Termination.** This agreement may be terminated by the BCCSB upon 15 days advance written notice for any of the following reasons or under any of the following circumstances:

a. BCCSB may terminate this agreement due to material breach of any term or condition of this agreement, or

b. BCCSB may terminate this agreement if key personnel providing services are changed such that in the opinion of the BCCSB delivery of services are or will be delayed or impaired, or if services are otherwise not in conformity with proposal specification, or if services are deficient in quality in the sole judgment of BCCSB, or

c. BCCSB may terminate this agreement with 15 days of prior written notice should the BBH fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

d. BCCSB may terminate this agreement at will by giving at least 30 days prior written notice to the BBH, or

e. If appropriations are not made available and budgeted for any calendar year to fund this agreement.

22. **Indemnification.** To the extent permitted under Missouri law, BBH agrees to hold harmless, defend and indemnify the BCCSB, the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of (AGENCY NAME), (meaning anyone, including but not limited to consultants having a contract with the BBH or subcontractor for part of the services), or anyone directly or indirectly employed by BBH, or of anyone for whose acts BBH may be liable in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its negligence.

23. **Publicity by the Agency.** BBH shall notify the BCCSB of contact with the media regarding CSF funded programs or profiles of participants in CSF funded programs. BBH will acknowledge the BCCSB as a funding source whenever publicizing CSF funded programs. BBH will collaborate with the BCCSB to inform the community about the ways its tax dollars are being invested in services and supports. BBH agrees to acknowledge the Children's Services Fund as a funding source on all written and electronic publications including brochures, letterhead, annual reports and newsletters.

24. **Independence.** This contract does not create a partnership, joint venture or any other form of joint relationship between the BCCSB and BBH. The BCCSB does not recognize any of the BBH's employees, agents or volunteers as those of the BCCSB.

25. **Binding Effect.** This agreement shall be binding upon the parties hereto and their successors and assigns for so long as this agreement remains in full force and effect.

26. **Entire Agreement.** This agreement constitutes the entire agreement between the parties and supersedes any prior negotiations, written or verbal, and other proposal or contractual agreement. This agreement may only be amended by a signed writing executed with the same formality as this agreement.

27. **Record Retention Clause.** BBH shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of the this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.

28. **Notice.** Any written notice or communication to the BCCSB shall be mailed or delivered to:

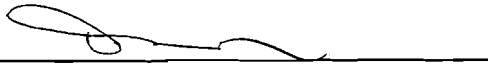
Boone County Community Services  
605 E. Walnut, Ste. A  
Columbia, MO 65201

Any written notice or communication to the BBH shall be mailed or delivered to:

Burrell, Inc.  
Holly Jones, Ph.D., Director of Grant Development & Management  
1300 E. Bradford Parkway  
Springfield, MO 65804

**IN WITNESS WHEREOF** the parties through their duly authorize representatives have executed this agreement on the day and year first above written.

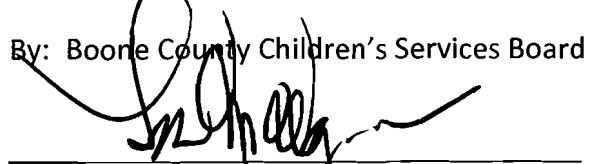
**Burrell, Inc.**

By:   
Signature

By: TODD SCHAIBLE, PH.D. - PRESIDENT  
Printed Name/Title AND CEO

**Boone County, Missouri**

By: Boone County Commission  
  
Daniel K. Atwill, Presiding Commissioner

By: Boone County Children's Services Board  
  
Les Wagner, Board Chair

APPROVED AS TO FORM:

  
County Counselor

ATTEST:

  
Wendy S. Noren, County Clerk

AUDITOR CERTIFICATION: In accordance with RSMo. §50.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note: Certification of this contract is not required if the terms of this contract do not create a measurable county obligation at this time.)

June Pitchford by jg 12/02/14  
Signature Date

2161 / 71106 / \$139,071

Appropriation Account

An Affirmative Action/Equal Opportunity Employer

**REQUEST FOR ADDITIONAL INFORMATION FORM #2**

**PROPOSAL: 28-24JUN14 - Pilot Programs that Provide Innovative Service - Boone County Community Children's Services**

This Request for Additional Information #2 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted on or before 10:00 a.m. Wednesday, October 29, 2014.

Company Name: Burrell Behavioral Health

Address: 1300 E. Bradford Parkway, Springfield, MO 65804

Telephone: (417) 761-5000 Fax: (417) 761-5011

Federal Tax ID (or Social Security #): 43-1081715

Print Name: Holly Jones, Ph.D. Title: Director, Grant Development &

Signature:  Management  
Date: 10/28/2014

E-mail: holly.jones@burrellcenter.com

** (Computer Attention Training)**

- a. Please provide the name of the computer software that will be utilized for this Pilot program.
- b. Please provide any additional information demonstrating successful outcomes in utilizing this software.
- c. In one of your first responses it states that, "There will be seven to eight slots per day on two computers, so one would expect we could accommodate 15 or more youngsters per week as a conservative estimate."
  1. Please explain and justify the need for two full FTEs for this project.
  2. Describe their work duties and their expectations.

## Burrell Behavioral Health (Computer Attention Training)

a. Please provide the name of the computer software that will be utilized for this Pilot program. The name of the computer software is Play Attention ([www.playattention.com](http://www.playattention.com)).

b. Please provide any additional information demonstrating successful outcomes in utilizing this software.

This software was utilized in a recent article (pdf attached). Neurofeedback made greater improvements in ADHD symptoms compared to children enrolled in cognitive training and the control group, according to Steiner, et. al., 2014. The full article is attached and explains the study methods, participant selection, measures, and outcomes. In this study, it was hypothesized that children with ADHD symptoms who received cognitive training would show improvement, but that children with ADHD symptoms receiving neurofeedback would demonstrate greater improvements at statistically significant levels, as was the case.

c. In one of your first responses it states that, "There will be seven to eight slots per day on two computers, so one would expect we could accommodate 15 or more youngsters per week as a conservative estimate."

### **1. Please explain and justify the need for two full FTEs for this project.**

There is a need for two full FTEs for this project. For every enrolled individual, they will receive approximately 20 sessions over 10 weeks, or an average of 2 sessions per week for 10 weeks. Estimating five 10-week sessions over the course of the year with 25 individuals enrolled in each session, totals 125 individuals served over the course of the year.

5 sessions (of 10 weeks duration) x 25 individuals = 125 individuals served.  
25 individuals x 2 sessions per week = 50 sessions per week or 2500 sessions per year

Although Burrell estimated conservatively in the RFP (15 youth per week x 2 sessions = 30 sessions per week), this is simply because of years of experience on grant projects that take a little while to gain momentum. However, even administering a conservative 30 sessions per week would require two FTEs, although the expected maximum operating capacity is 50 sessions per week. Two FTEs will be required to work with the clients as they navigate the software program, in addition to the other project-related duties described below.

### **2. Describe their work duties and their expectations.**

Not only is staff needed to administer the tests, but they will also be responsible for scheduling clients, charting, loading software, ensuring software functionality, monitoring client progress, and working with the research department to ensure proper data collection. These staff will report to the Project Supervisor, attend required meetings, and any trainings mandated by Burrell (Burrell requires all staff to participate in a multitude of trainings on HIPAA, safety, and other HR issues to meet its CARF requirements for accreditation). Staff will be evaluated at six months, and annually thereafter.

# Neurofeedback and Cognitive Attention Training for Children with Attention-Deficit Hyperactivity Disorder in Schools

Naomi J. Steiner, MD,\* Elizabeth C. Frenette, MPH,\* Kirsten M. Rene, MA,\*  
Robert T. Brennan, EdD,† Ellen C. Perrin, MD\*

**ABSTRACT:** *Objective:* To evaluate the efficacy of 2 computer attention training systems administered in school for children with attention-deficit hyperactivity disorder (ADHD). *Method:* Children in second and fourth grade with a diagnosis of ADHD (n = 104) were randomly assigned to neurofeedback (NF) (n = 34), cognitive training (CT) (n = 34), or control (n = 36) conditions. A 2-point growth model assessed change from pre-post intervention on parent reports (Conners 3-Parent [Conners 3-P]; Behavior Rating Inventory of Executive Function [BRIEF] rating scale), teacher reports (Swanson, Kotkin, Agler, M-Flynn and Pelham scale [SKAMP]; Conners 3-Teacher [Conners 3-T]), and systematic classroom observations (Behavioral Observation of Students in Schools [BOSS]). Paired *t* tests and an analysis of covariance assessed change in medication. *Results:* Children who received NF showed significant improvement compared with those in the control condition on the Conners 3-P Attention, Executive Functioning and Global Index, on all BRIEF summary indices, and on BOSS motor/verbal off-task behavior. Children who received CT showed no improvement compared to the control condition. Children in the NF condition showed significant improvements compared to those in the CT condition on Conners 3-P Executive Functioning, all BRIEF summary indices, SKAMP Attention, and Conners 3-T Inattention subscales. Stimulant medication dosage in methylphenidate equivalencies significantly increased for children in the CT (8.54 mg) and control (7.05 mg) conditions but not for those in the NF condition (0.29 mg). *Conclusion:* Neurofeedback made greater improvements in ADHD symptoms compared to both the control and CT conditions. Thus, NF is a promising attention training treatment intervention for children with ADHD.

(*J Dev Behav Pediatr* 35:18–27, 2014) **Index terms:** neurofeedback, ADHD, classroom observations, computer attention training, school intervention, growth modeling.

**A**ttention-deficit hyperactivity disorder (ADHD) is a neurodevelopmental disorder with core symptoms of hyperactivity, impulsivity, and/or inattention and frequently includes executive functioning impairments.<sup>1</sup> In the United States, the prevalence is 9.5% for 4- to 17-year olds.<sup>2</sup> Children with ADHD experience attention and behavior challenges at school, leading to poor academic outcomes<sup>3</sup> with higher rates of physical and verbal aggression, seeking attention from the teacher and non-compliance than their comparison peers.<sup>4</sup> Children with ADHD are 3 to 7 times more likely to use special education services, to be expelled or suspended, or to repeat a grade than children without ADHD.<sup>5</sup>

Community treatments, such as medication and/or behavioral therapies, are viable treatment options for children with ADHD; yet they are also associated with significant limitations. Medication frequently improves symptoms, although it may not lead to complete normalization of symptoms, and long-term adherence to medication as prescribed varies between 13.2% and 64%,<sup>6,7</sup> with long-term effectiveness yet to be found.<sup>8</sup> When medication is discontinued, symptoms usually return. Furthermore, some children (20–30%) do not show clear benefit and/or experience adverse effects from stimulant medication,<sup>9,10</sup> such as decreased appetite, insomnia, and growth suppression, which has been reported to reverse only after stopping medication.<sup>10–12</sup> Therefore, some parents do not wish to medicate their children.<sup>13</sup>

Empirically supported psychosocial treatments for ADHD include parent behavioral training and behavioral classroom interventions.<sup>14,15</sup> Other psychosocial treatments, such as academic interventions,<sup>16,17</sup> the Summer Treatment Program for children with ADHD,<sup>18</sup> and programs that combine parent training and child social skills training have also shown promise for improving ADHD-related impairment.<sup>14</sup> However, psychosocial interventions on their own have not shown to be as effective as medication,<sup>19</sup> and improvements may not be generalized to all contexts or last beyond the intervention

From the \*The Floating Hospital for Children at Tufts Medical Center, Department of Pediatrics, Boston, MA; †Harvard School of Public Health, Boston, MA.

Received July 2013; accepted September 2013.

Disclosure: Supported by the Institute of Education Sciences (R305A090100). The authors declare no conflict of interest.

Supplemental digital content is available for this article. Direct URL citations appear in the printed text and are provided in the HTML and PDF versions of this article on the journal's Web site ([www.jdbp.org](http://www.jdbp.org)).

Address for reprints: Naomi J. Steiner, MD, Floating Hospital for Children at Tufts Medical Center, 800 Washington Street, Box #854, Boston, MA 02111; e-mail: [nsteiner@tuftsmedicalcenter.org](mailto:nsteiner@tuftsmedicalcenter.org).

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trial.<sup>20</sup> The pervasiveness of ADHD symptoms in the classroom, along with community treatment limitations, highlights the importance of continuing to investigate alternative treatments that can be implemented in schools, such as computer attention training (CompAT). Based on theories of brain plasticity and operant conditioning, CompAT interventions are designed to improve core skills typically deficient in children with ADHD. Two main types include neurofeedback (NF) and cognitive training (CT).<sup>21</sup>

Findings from electroencephalograms (EEG) of children with ADHD frequently show increased theta activity (which represent a drowsy state) and increased theta-to-beta ratio in the frontal cortex.<sup>22</sup> Therefore, one of the most frequently used NF approaches trains participants to increase their beta waves (which represent an attentive state) and suppress their theta waves.<sup>22</sup> Neurofeedback gives immediate feedback on how the brain is focusing, as evidenced by these specific brainwave patterns. The changes in brainwave patterns are represented on the computer screen by moving characters or figures along with auditory feedback. With practice, participants learn to alter their brainwaves to obtain a goal, reinforcing the state of attention.<sup>23</sup> Previous research supports the efficacy of NF as a treatment for children with ADHD.<sup>24</sup>

Cognitive training uses on-going computer feedback to reinforce correct responses, thus training attention and working memory and decreasing impulsivity. Interventions of CT have been found to improve working memory and decrease parent- and teacher-rated symptoms of ADHD.<sup>25</sup> Training working memory has also shown improvements in tasks using this skill such as mathematical problem solving and reading comprehension.<sup>26</sup>

Gevensleben et al<sup>27</sup> found significant ADHD symptom improvements on parent behavior rating scales in a NF condition that were superior to a CT condition from pre- to postintervention. However, an unbalanced sample size makes the generalization of these results unclear. Furthermore, a recent meta-analysis of nonpharmacological treatments for ADHD concluded that more evidence is needed for both NF and CT before they can be supported as treatments for ADHD because studies generally had small sample sizes, lacked control conditions, and were usually conducted in a laboratory or clinic setting.<sup>27-29</sup>

The primary aim of this study was to evaluate the efficacy of NF and CT for children with ADHD in a school setting. This is the first randomized control efficacy trial that has implemented a NF intervention in a school setting and the second that has implemented a CT intervention in a school setting.<sup>30</sup>

We hypothesized that (1) both interventions would result in improved attention and executive functioning compared to the control condition, as measured by parent and teacher questionnaires; (2) both interventions would result in decreased off-task behavior and increased engagement in the classroom compared to the control condition, as measured by a systematic double-blinded classroom observation; and (3) participants in the NF

condition would show greater improvements in ADHD symptoms and classroom behavior compared to children in the CT condition.

## METHODS

### Sample Size and Randomization Procedures

An a priori power analysis with an alpha of .05 and power of 80%, using effect sizes from our pilot study,<sup>21</sup> determined that the smallest sample size adequate to detect moderate effect sizes between conditions would be 44 participants per condition. The research coordinator enrolled participants, balanced them by school district, gender, and medication status, and then assigned them via a computer random number generator into the 3 conditions (neurofeedback [NF], cognitive training [CT], and control). School personnel would have considered it unethical to remove students from the classroom for a sham condition; therefore, a control condition was chosen. The control condition received computer attention training (CompAT) treatment the following school year. Teachers were informed if their student was in the control versus a treatment condition but not the specific intervention condition.

### Participants

This trial took place in 19 public elementary schools in the Greater Boston area, providing a diverse range of settings and students. The first cohort of participants was enrolled from May to October 2009, followed by the intervention from November through April 2010. This procedure was repeated the following year for a second cohort. Second and fourth grade students were chosen as the target population because it was important to maintain sampling independence so that students from each school could only be eligible for the study once. Participants were eligible if they met the following inclusion criteria: (1) clinical diagnosis of attention-deficit hyperactivity disorder (ADHD) per DSM-4 made by the child's clinician (e.g., primary care physician or psychologist), (2) child in second or fourth grade, and (3) ability to speak and understand English sufficiently to follow the intervention protocol, although English need not be their first language. In order to increase external validity of running a school-based intervention, children were included regardless of medication status. All participants were informed to continue with scheduled clinician visits and standard community treatments independent of study participation. Thus, the control condition was considered a true "community treatment" condition, where students received standard care as offered in their community<sup>31</sup> rather than a "no-treatment" condition, where children would not be taking medication or receiving therapy. Children with a coexisting diagnosis of conduct disorder, autism spectrum disorder, or other serious mental illness (e.g., psychosis) or with an intelligence quotient <80 measured by the Kaufman Brief Intelligence Test were excluded to limit possible confounding factors and extensive amendments to the

intervention protocol that could affect standardized implementation. Written informed consent and child assent were obtained, and this study was approved by the Tufts Medical Center Institutional Review Board.

## Interventions

Research assistants (RAs) received standardized training to administer NF and CT interventions, including direct observation assessments and a post-training test. Extensive care was given during training to inform RAs that both interventions were considered to be clinically equal to minimize bias of RAs, teachers, and parents. The session procedures for both interventions were identical. Both NF and CT participants received three 45-minute intervention sessions per week for a total of 40 sessions, conducted at a 2:1 or 1:1 student-to-RA ratio depending on logistics, over a 5-month period at school. The sessions occurred throughout the school day at times that would best accommodate each student's academic schedule. During sessions, minimal help from the RA was given unless the child was not progressing with exercises. A standardized session checklist was completed by RAs at each session for each child to monitor implementation fidelity, and small tangible incentives were provided at the end of each session with a prize given at the end of the 40 sessions.

The NF intervention system used<sup>32</sup> trains the child to increase beta waves and suppress theta waves. This system uses EEG sensors that are embedded in a typical looking bicycle helmet, without requiring conductive gel, significantly easing delivery to children on a large scale. When the theta-to-beta ratio decreases, reflecting effective focusing, the participant progresses on the exercise. For example, in 1 specific exercise, as the theta-to-beta ratio decreases, a dolphin character swims down to the bottom of the ocean to collect coins from a treasure chest, and the child earns points. If the child becomes distracted, the dolphin swims back up to the surface of the ocean.

The CT intervention system used<sup>33</sup> includes an array of cognitive exercises. We used those that target areas of attention and working memory. For example, in 1 exercise, as participants match letter-number pairs correctly, a safe becomes unlocked, and children win a virtual prize. The tasks become more challenging as the participant progresses. Automatic progress from one exercise to the next makes it possible to deliver the intervention on a larger scale. The exercises are both auditory and visual, and users are able to design their own custom exercise protocols. For this study, we created a standardized protocol with 14 different age-appropriate exercises that were done on a rotating basis incorporating visual tracking, reaction time, inhibition control, and working memory skills.

## Outcome Measures

All outcome measures were completed by parents, teachers, and blinded classroom observers at pre- and postintervention. The Conners-3 Parent (Conners 3-P) rating scale is a validated and standardized instrument used to

assess ADHD symptomatology.<sup>34</sup> It includes a Global Index and 8 subscales, 2 of which evaluate the study-targeted areas: Inattention and Executive Functioning.

The Behavior Rating Inventory of Executive Function (BRIEF) parent rating scale is a validated and standardized instrument that assesses executive functioning.<sup>35</sup> It includes 8 subscales that are combined into 2 indices (Behavior Regulation and Metacognition), which are summed together in the Global Executive Composite.<sup>36</sup>

The Swanson, Kotkin, Agler, M-Flynn and Pelham scale (SKAMP) is a validated teacher observation rating scale that focuses on factors that predict social constructs and test-based academic achievement.<sup>37</sup> The scale includes 10 items averaged into a total score and divided into both classroom Attention and Dependent subscales.<sup>38</sup>

The Conners-3 Teacher (Conners 3-T) rating scale is a validated and standardized instrument used to assess ADHD symptoms through teacher observation of classroom behavior.<sup>34</sup> The short form includes 5 subscales, one of which examines a study-targeted area: Inattention.

The Behavioral Observation of Students in Schools (BOSS) is a systematic observation method for coding classroom behavior<sup>39</sup> and reports on engagement (active or passive) and off-task behaviors (motor, verbal, and passive). Engagement and motor/verbal off-task behaviors are reported in the current study. The BOSS has been found to be reliable between observers,<sup>40</sup> to differentiate between children with ADHD and their typically developing peers and to be sensitive to treatment effects.<sup>40,41</sup> Prior to conducting observations for the study, assessment RAs followed a detailed training protocol for the BOSS,<sup>42</sup> leading to high post-training interrater reliability ( $\kappa > .80$ ). These RAs then conducted three 15-minute classroom observations per participant at both pre- and post-intervention and were unaware of participants' randomization condition. Participants were unaware that they were being observed.

A Medication Tracking Questionnaire, developed by the research team, was used to identify medication type, dosage, and history. Stimulant medications were converted into methylphenidate (MPH) equivalencies to compare dosage. Amphetamine mixed salts is twice as potent as MPH (e.g., 10 mg of amphetamine mixed salts is considered equivalent to 20 mg of MPH). Reliability of responses was assessed by comparing responses at each time point, and ambiguous responses were clarified by direct communication with parents and pediatrician offices.

## Data Analysis

Following the intent-to-treat model, all enrolled participants were included in analyses. Missing items within multi-item scales were resolved using expectation maximization imputation, which is an iterative imputation method suitable for low-frequency missing data and/or when standard errors are not of primary concern.<sup>43</sup> Fully missing questionnaires were addressed directly through the analytic strategy described below. Descriptive statistics for demographic variables and baseline data were calculated,



and analyses of variance were used to analyze baseline differences among the 3 conditions. Cohen's *d* effect sizes were calculated to analyze changes in scores from pre- to postintervention.

Changes in parent- and teacher-reported measures and classroom observations were investigated using a multi-level growth modeling approach<sup>44</sup> to assess change pre- and postintervention, comparing intervention conditions to the control, with post hoc comparison tests to compare the 2 intervention conditions. Our model addresses long-held reservations about estimating change over time using just 2 time points as opposed to 3 or more time points by incorporating information about the reliability of measures into the model.<sup>45</sup> Our approach uses data from 2 parents to estimate reliability of both the point estimates and the changes on the Conners 3-P and the BRIEF.<sup>46</sup> For the Conners 3-T, a weighting scheme based on the reliability estimates obtained from the analysis of the Conners 3-P was used to incorporate the measurement model.<sup>44</sup> Reliability estimates for the SKAMP were estimated using individual items within the measure.<sup>47</sup> For the BOSS, data from all 3 observations were used to estimate reliability. Not only do these models allow for the estimation of reliability of measurement and change within the overall estimation but also they are flexible in that they can accommodate unbalanced data. A participant can be included at a time point even if only 1 parent questionnaire was available or if we did not have complete data on the subject (e.g., a missing subscale or an entire missing time point).

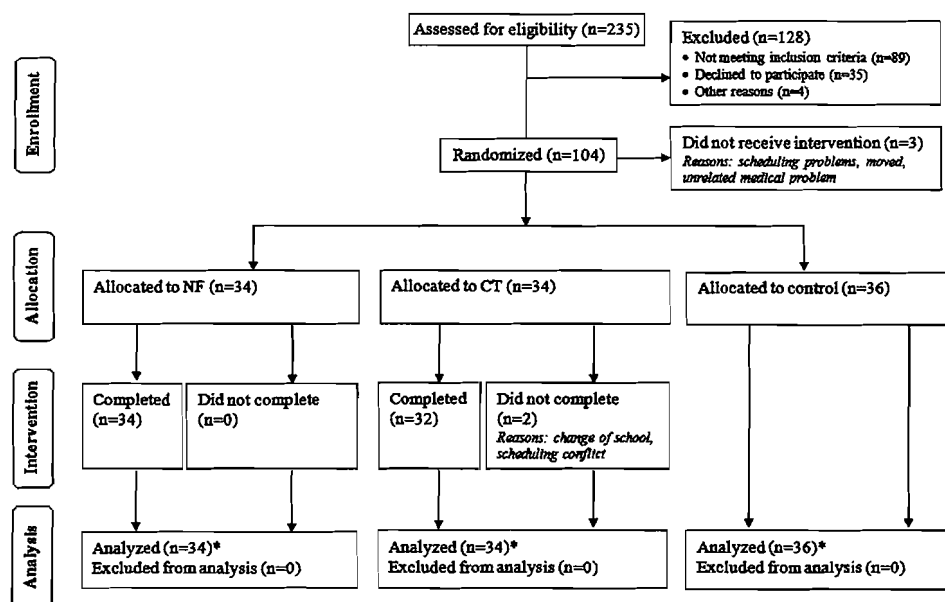
As the focal point of the study is a comparison of the changes by condition, for each of the growth parameters, intercept and slope were estimated. The coefficient for the control is represented by an intercept, and coefficients for each treatment condition (NF and CT)

represent the difference in slope from the control. All models were estimated using HLM version 7.0 (Scientific Software International, Inc., Skokie, IL). All other analyses and data treatment were conducted using SYSTAT version 13.0 (Systat Software, a subsidiary of Cranes Software International Ltd., Bangalore, Karnataka, India). Following the objectives of the hypotheses, we consider this randomized control efficacy trial a superiority trial, as we are testing whether the CompAT interventions are superior to (not different from in either direction) community treatment alone and if NF is superior to CT, resulting in the application of 1-tailed tests.<sup>48</sup>

To examine stimulant medication changes, Cohen's *d* effect sizes were calculated, and paired *t* tests were conducted to analyze within group mean changes. An analysis of covariance was then performed to compare differences between conditions at postintervention while accounting for baseline differences.

## RESULTS

Of the 104 participants who enrolled in the study (34 in the neurofeedback [NF] condition, 34 in the cognitive training [CT] condition, and 36 in the control condition), 102 completed the 40-session intervention (Fig. 1). The mean response rates for pre- and postintervention data were 94.0% for the primary parent, 76.6% for the secondary parent, and 99.0% for the teacher. The Behavioral Observation of Students in Schools (BOSS) was completed 3 times at each time point for 100% of participants, and interrater reliability remained high throughout all observations (mean  $\kappa = .89$ ). At baseline, 95% of participants showed clinically significant scores  $\geq 65$  on the DSM-4 ADHD Inattention and/or Hyperactive/Impulsive subscales, and 49% of participants were on ADHD medication. There were no statistical differences between



**Figure 1.** Consort diagram. \*In a small number of cases, parent or teacher data were missing. Therefore, sample sizes may be somewhat smaller than is indicated. CT, cognitive training; NF, neurofeedback.

randomization conditions at baseline regarding gender, family income, race, medication use, or baseline ADHD symptom outcome measures (Table 1). There was no difference in symptom severity between children on and off ADHD medication at baseline on the Conners 3-P Global Index ( $t(98) = -.75; p = .45$ ). There were no differences between participants who completed or did not complete the intervention. No adverse side effects of either intervention were reported on the standardized session checklists. Means and effect sizes for pre- and post-intervention are presented in Table 2.

In the growth model, the majority of distributions for the measures at each time point and the changes were roughly symmetrical and tailed, but normality could not be assumed for all scales, so we relied on the robust standard errors available in HLM in the assessment of hypotheses in Conners 3-P, Behavior Rating Inventory of Executive Function (BRIEF), Swanson, Kotkin, Agler, M-Flynn and Pelham scale (SKAMP), Conners 3-T, and BOSS models.

### Parent-Reported Measures

Children in the NF condition showed significant improvements over time compared to the control condition on the Conners 3-P for Inattention ( $p = .001$ ) and Executive Functioning ( $p = .001$ ) study-targeted subscales, the

Global Index ( $p = .02$ ) (Table 2), and 3 out of the remaining 6 general subscales (Supplemental Digital Content, <http://links.lww.com/JDBP/A54>). Significant improvements for the NF condition were also found on the BRIEF Behavior Regulation ( $p = .03$ ), Metacognition ( $p = .04$ ), and Global Executive Composite ( $p = .01$ ) summary scales (Table 2) and on 5 of the 8 subscales (Supplemental Digital Content, <http://links.lww.com/JDBP/A54>). No significant pre-post differences were found in the CT condition on any parent-reported outcome measures. Furthermore, children in the NF condition showed significant improvements over time compared to those in the CT condition on 4 of 11 Conners 3-P subscales (Table 2; Supplemental Digital Content, <http://links.lww.com/JDBP/A54>), and on 6 of 11 BRIEF subscales (Table 2, Supplemental Digital Content, <http://links.lww.com/JDBP/A54>).

### Teacher-Reported Measures

Teachers reported improvements among children in the NF condition on the Attention subscale average (effect size [ES] = 0.34) and Total average (ES = 0.30) on the SKAMP and on the Inattention subscale of the Conner 3-T (ES = 0.25). Differences between the intervention conditions and the control condition did not reach statistical significance (Table 2; Supplemental Digital Content, <http://links.lww.com/JDBP/A54>); however, children in

**Table 1.** Participant Characteristics

	NF	CT	Control
N	34	34	36
Age, yr <sup>a</sup>	8.4 (1.1)	8.9 (1.0)	8.4 (1.1)
Male	23	22	25
Race			
White	23	24	29
Black or African American	3	1	3
Asian	7	8	4
Fourth grade <sup>b</sup>	21	28	22
Second grade	13	6	14
Family income \$74,999 or less	13	12	12
Suburban school district	24	25	27
IQ composite <sup>a</sup>	106.6 (13.9)	108.4 (14.3)	108.9 (15.4)
Verbal IQ <sup>a</sup>	101.3 (16.7)	103.9 (19.4)	105.1 (16.3)
Nonverbal IQ <sup>a</sup>	109.6 (12.5)	110.2 (12.1)	109.7 (17.7)
ADHD medication	15	14	20
Medication MPH equivalent <sup>a,c</sup>	28.9 (14.4)	24.2 (10.2)	25.1 (15.9)
Counseling (private)	9	7	8
School services: IEP/504 plan	27	22	21
Conners 3-P Global Index <sup>a</sup>	75.8 (13.5)	70.9 (10.8)	74.6 (12.1)
BRIEF Global Executive Composite <sup>a</sup>	66.3 (10.0)	61.8 (6.6)	64.7 (9.0)
BOSS Engagement <sup>a</sup>	72.2 (12.4)	73.4 (13.3)	78.2 (11.7)
BOSS off-task motor/verbal <sup>a</sup>	30.2 (17.1)	25.9 (15.1)	21.1 (13.9)

<sup>a</sup>Mean (standard deviation). <sup>b</sup>Significant difference between the groups. <sup>c</sup>Only includes participants who were on a stimulant medication. ADHD, attention-deficit hyperactivity disorder; BOSS, Behavioral Observation of Students in Schools; BRIEF, Behavior Rating Inventory of Executive Function; CT, cognitive training; IEP, individualized education plan; IQ, intelligence quotient; MPH, methylphenidate; NF, neurofeedback.

**Table 2.** Observed Data and Growth Model Results

	Observed Data			Growth Model Estimates <sup>a</sup>				
	Preintervention Mean (SD)	Postintervention Mean (SD)	Effect Size <sup>b</sup>	Coefficient	Confidence Interval	NF vs Control	CT vs Control	NF vs CT
Conners 3-Parent								
Inattention								
Control	76.7 (10.0)	75.2 (10.5)	-0.15	-0.61	-2.55 to 1.32	—	—	—
NF	80.1 (10.8)	71.4 (10.8)	-0.80	-6.22	-8.94 to -3.50	***	—	—
CT	74.8 (9.5)	70.2 (10.3)	-0.46	-2.40	-6.51 to 1.71	—	—	—
Executive Functioning								
Control	69.3 (11.6)	70.5 (12.6)	0.09	1.14	-1.01 to 3.29	—	—	—
NF	72.2 (12.2)	66.0 (13.2)	-0.49	-6.72	-9.71 to -3.73	***	—	*
CT	67.5 (12.0)	66.0 (12.1)	-0.12	-3.08	-6.52 to 0.35	—	—	—
Global Index								
Control	74.6 (12.1)	74.0 (12.1)	-0.05	0.37	-1.74 to 2.49	—	—	—
NF	75.8 (13.5)	70.7 (13.7)	-0.37	-3.94	-7.07 to -0.80	*	—	—
CT	70.9 (10.8)	69.9 (12.4)	-0.09	-1.54	-5.24 to 2.15	—	—	—
BRIEF-Parent								
Behavior Regulation Index								
Control	60.8 (11.6)	61.4 (10.4)	0.05	-0.21	-2.34 to 1.92	—	—	—
NF	62.4 (11.5)	59.0 (10.1)	-0.32	-3.64	-6.62 to -0.65	*	—	*
CT	59.3 (8.7)	59.9 (10.3)	0.06	-0.11	-3.26 to 3.04	—	—	—
Metacognition Index								
Control	65.5 (8.4)	65.5 (9.5)	0.00	-0.85	-2.37 to 0.67	—	—	—
NF	66.9 (9.7)	62.8 (9.1)	-0.44	-2.70	-5.12 to -0.27	*	—	*
CT	62.1 (6.7)	61.3 (8.2)	-0.11	0.12	-2.24 to 2.49	—	—	—
Global Executive Composite								
Control	64.7 (9.0)	64.8 (9.0)	0.02	-0.75	-2.43 to 0.92	—	—	—
NF	66.3 (10.0)	62.1 (8.9)	-0.45	-3.19	-5.69 to -0.70	*	—	*
CT	61.8 (6.6)	61.5 (8.3)	-0.04	0.37	-2.22 to 2.96	—	—	—
SKAMP-Teacher								
Total								
Control	1.6 (0.8)	1.5 (0.6)	-0.14	-0.10	-0.25 to 0.05	—	—	—
NF	1.7 (0.7)	1.5 (0.8)	-0.30	-0.12	-0.34 to 0.10	—	—	—
CT	1.5 (0.8)	1.5 (0.7)	0.00	0.09	-0.13 to 0.30	—	—	—
Attention								
Control	1.9 (0.9)	1.8 (0.7)	-0.15	-0.12	-0.29 to 0.05	—	—	—
NF	1.9 (0.8)	1.6 (0.8)	-0.34	-0.17	-0.42 to 0.08	—	—	*
CT	1.7 (0.9)	1.7 (0.9)	-0.01	0.10	-0.13 to 0.33	—	—	—
Conners 3-Teacher								
Inattention								
Control	68.1 (10.4)	68.2 (10.6)	0.00	0.45	-2.05 to 2.95	—	—	—
NF	68.4 (11.7)	65.5 (11.6)	-0.25	-3.16	-6.79 to 0.48	—	—	*
CT	65.2 (10.6)	67.6 (9.0)	0.24	0.87	-2.12 to 3.85	—	—	—
BOSS-Classroom Observation								
Motor/verbal Off-task								
Control	21.1 (13.9)	18.4 (12.0)	-0.21	-2.70	-6.53 to 1.13	—	—	—
NF	30.2 (17.1)	20.8 (14.2)	-0.60	-6.65	-12.16 to -1.15	*	—	—

(Table continues)

**Table 2.** Continued

	Observed Data			Growth Model Estimates <sup>a</sup>				
	Preintervention Mean (SD)	Postintervention Mean (SD)	Effect Size <sup>b</sup>	Coefficient	Confidence Interval	NF vs Control	CT vs Control	NF vs CT
CT	25.9 (15.1)	20.0 (10.9)	-0.45	-3.46	-9.01 to 2.09	—	—	—
Total Engagement								
Control	78.2 (11.7)	79.3 (13.6)	0.09	1.14	-2.98 to 5.25	—	—	—
NF	72.1 (12.4)	78.0 (14.6)	0.43	4.68	-1.22 to 10.59	—	—	—
CT	73.4 (13.3)	77.1 (13.6)	0.28	2.56	-3.41 to 8.53	—	—	—

<sup>a</sup> $p < .05$ , <sup>\*\*</sup> $p < .01$ , <sup>\*\*\*</sup> $p < .001$ . <sup>a</sup>The growth model estimates a coefficient representing a change in the slope between the intervention conditions and the control condition over the two time points. A post hoc analysis was conducted to determine differences between the NF and CT slopes over the 2 time points. <sup>b</sup>Effect size is between pre- and postintervention. BOSS, Behavioral Observation of Students in Schools; BRIEF, Behavior Rating Inventory of Executive Function; CT, cognitive training; NF, neurofeedback; SKAMP, Swanson, Kotkin, Agler, M-Flynn and Pelham scale.

the NF condition showed significant improvements over time compared to the CT condition on the SKAMP Attention subscale average ( $p = .03$ ) and the Conners 3-T Inattention subscale ( $p = .02$ ; Table 2).

### Classroom Observation

On the BOSS, NF, CT, and control conditions, all showed statistically significant changes over time in off-task motor/verbal. Children in the NF condition showed significantly greater improvement than those in the control condition ( $p = .02$ ) on this scale. Furthermore, children in the NF condition showed improvements in engaged behavior ( $ES = 0.43$ ), although these differences were not statistically significant compared to those in the control condition. Differences between CT and the control condition and between NF and CT did not reach statistical significance (Table 2; Supplemental Digital Content, <http://links.lww.com/JDBP/A54>).

### Stimulant Medication

Among participants receiving stimulant medication at preintervention and/or postintervention ( $n = 58$ ), parents reported significantly increased stimulant medication dosage, measured in methylphenidate (MPH) equivalents, in both control and CT conditions (7.05 mg and 8.54 mg, respectively; both  $p < .05$ ). Parents of children in the NF condition reported a minimal mean increase (0.29 mg;  $p = .47$ ). No between-group dosage differences were found ( $F(2) = 1.29$ ;  $p = .14$ ).

When analyzing only the subgroup of participants on medication, findings follow the same trend (i.e., children who received NF improved significantly; however, children who received CT or who were in the control condition did not). Furthermore, when comparing participants on stimulant medication versus off-stimulant medication, NF participants improved in both cases. The only difference between NF participants' improvement whether on or off medication was on the BRIEF Global Executive Composite, where children taking medication made greater improvements than those not taking medication ( $t(28) = 2.12$ ;  $p = .04$ ). Stimulant medication status did not alter the outcome for children in CT or control conditions,

which both showed no statistical improvements on or off medication.

### DISCUSSION

Parents, teachers, and observers reported significant improvements in attention-deficit hyperactivity disorder (ADHD) symptoms among children receiving the neurofeedback (NF) intervention. Stimulant medication dosage was not changed among children in the NF condition. Reporters did not note significant improvements among children in the cognitive training (CT) condition compared to the control or NF conditions, and stimulant medication dosage had significantly increased over the study period.

These outcomes support the efficacy of NF. Our results are similar to those in a previous study that analyzed NF versus CT.<sup>27</sup> The parent-reported improvements of participants in the NF condition on the learning problems subscale might reflect important generalization of skills to the academic setting. Furthermore, it is noteworthy that parents of children in the NF condition did not seek an increase in their children's stimulant medication dosage, although these children experienced the same physical growth and increased school demands as their CT and control peers.

It is interesting that we did not find improvements in children who received the CT intervention compared to the control condition, as we had hypothesized. This could be because CT trains specific areas that might not be so readily generalized to other areas of functioning. On the other hand, NF aims to alter brainwave activity through cortical self-regulation, where students learn how it "feels" to think in a focused manner, which might lead to increased generalization outside of the sessions.

Goals of ADHD interventions are complex, and it is challenging to accurately capture change that impacts function. For instance, an ADHD intervention might be successful at improving 1 targeted ADHD symptom, which significantly improves the daily functioning of a child. Yet, questionnaires might not reflect this specific improvement. Our results show that participants on medication presented at baseline with the same level of ADHD impairment as those who were not taking medications. This could be

interpreted in several ways. First, that medication does not have an effect, which seems unlikely. Second, that before starting medication, participants showed more severe symptoms than those not taking medication, but that their medication dosage was only titrated to reach improvement toward an acceptable level of function, yet not normalizing it. Finally, that normalization could not be achieved through medication alone. Furthermore, the finding that children on stimulant medication improved to the same magnitude as those not on stimulant medication suggests that stimulant medication does not hamper the therapeutic effect of NF. This is clinically an important factor regarding NF attention training and has been debated in previous works, and it means that NF is accessible as a stand-alone therapy option or an adjunctive treatment to medication. The degree of improvement found in the NF condition represents an important increase in functionality in elementary school-aged participants. This is the first randomized control efficacy trial of NF that has been done in schools, and despite expected implementation challenges, the implementation of the protocol was feasible.

### Limitations

Although many research studies use more rigorous, independent standards for inclusion to confirm participant ADHD diagnosis, we believe that using clinician reports was justified for several reasons. First, we found that 95% of children fell in the clinical range according to parents' reports on the Conners 3-P DSM-4 ADHD Inattention and/or Hyperactive/Impulsive subscales at baseline, regardless of whether the participant was on medication. Second, evidence suggests that children with subdiagnostic levels of ADHD symptoms often experience significant impairment and benefit from treatment.<sup>49,50</sup>

Both children and parents were aware of the child's intervention condition because we believed that parents would not tolerate being uninformed. However, every effort was made to limit parent bias (see Interventions). We found no differences in satisfaction with the intervention between parents in the NF condition and those in the CT condition, which suggests that parents were not biased regarding the treatment type. Although a sham treatment might be considered in a laboratory setting, a sham arm of the protocol was not deemed acceptable within the school setting by principals and the teaching staff, already concerned with lost classroom time for participants to receive a potentially effective intervention (i.e., NF and CT). Thus, the control condition was the most reasonable solution.

Although the projected sample size based on the power analysis was not achieved, moderate-sized effects were still found. Furthermore, the study was not powered to test for moderating and mediating hypotheses. We did not have data on the type of learning disability identified on the participants' individualized education plans or 504 plans. In future studies, with larger sample sizes, it would be valuable to look at the moderating effect of various learning disabilities on treatment. The

diagnosis of ADHD occurs throughout childhood, which explains why there were significantly more fourth graders than second graders enrolled in the study.

### CONCLUSIONS

Parents of children who received neurofeedback (NF) training reported significant improvements in attention and executive functioning, showing that this intervention holds promise as a treatment intervention for children with attention-deficit hyperactivity disorder (ADHD). Parents of children who received cognitive training (CT) did not report significant improvements compared to those in the control condition. As parents were explicitly advised to continue community treatments based on their physician's recommendations and the child's best interest, the finding that children in the NF condition maintained the same medication dosage while those in both of the other conditions increased dosage supports the efficacy of NF above and beyond community treatments. These data support the feasibility of computer attention training (CompAT) systems and the efficacy of NF delivered in a real-world school setting. Public school systems are very concerned with supporting students' attention and improved learning, and many are currently using CompAT systems, despite the absence of systematic guidelines or efficacy data. Schools remain the prime location for such an intervention because of the direct impact of attention deficits on academic progress and also because school delivery allows for equal access to all children in all communities on an ongoing, consistent basis.

As the implementation process was somewhat labor intensive with a 2:1 student-to-research assistants ratio, future studies should consider conducting sessions with larger student-to-staff ratios to increase the feasibility of implementation on a larger scale. Future research should assess (1) evidence of maintained benefit of CompAT interventions in the school setting after a time lapse and (2) analysis of moderating factors that might influence successful intervention and suggest mechanisms for individualization of attention training systems.

### ACKNOWLEDGMENTS

*The authors acknowledge the participants and their families, David Gotthelf, PhD, and the Newton Public Schools, the Boston Public Schools, Principal Simon Ho and Zhen Su at Josiah Quincy Elementary School, R. Chris Sheldrick, PhD, at Tufts Medical Center, the following former research assistants affiliated with Tufts Medical Center for their hard work on this study: Tabnee Sidbu, Kathryn Tomasetti, Susan Mangan, Minakshi Ratkalkar, Lauren Rubin, Melissa Arbar, Wendy Si, Chase Campbell, Samantha Del Gizzi, Stefanie Moynihan, Neena Schultz, Elizabeta Bourchtein, Kolleen Burbank, Shelby Semon, Heather Beniley, Amanda Civileto, Joyce Kao, and Jessica Charles, as well as the following students affiliated with Tufts University: Cathryn Magielnicki and Lisa Ngu, and with Northeastern University: Jessica Bennett and Jessica Chen.*

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# Boone County Purchasing

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing



613 E. Ash St. Room 110  
Columbia, MO 65201  
Phone: (573) 886-4391  
Fax: (573) 886-4390  
[mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

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October 24, 2014

Holly Jones, Ph.D. Director of Grant Development & Management  
Burrell, Inc.  
ADHD / Computer Attention Training proposal  
E-mail: [holly.jones@burrellcenter.com](mailto:holly.jones@burrellcenter.com)

RE: Request for Additional Information #2 – 28-24JUN14 - Pilot Programs that Provide  
*Innovative Service - Boone County Community Children's Services*

Dear Ms. Jones:

Attached is a *Request for Additional Information #2*. Please complete the attached form, sign and submit with the requested information by 10:00 a.m., Wednesday, October 29, 2014 by email to [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org).

If you have any questions regarding this request, please call (573) 886-4391 or e-mail [Mbobbitt@boonecountymo.org](mailto:Mbobbitt@boonecountymo.org). I sincerely appreciate your efforts in working with Boone County, MO to ensure a thorough evaluation of your proposal.

Sincerely,

A handwritten signature in cursive script, appearing to read "Melinda Bobbitt".

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

cc: Proposal File

Attachment: Request for Additional Information



**REQUEST FOR ADDITIONAL INFORMATION FORM #2**

**PROPOSAL: 28-24JUN14 - Pilot Programs that Provide Innovative Service - Boone County Community Children's Services**

This Request for Additional Information #2 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted on or before **10:00 a.m. Wednesday, October 29, 2014.**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Tax ID (or Social Security #): \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

**\_\_\_\_\_ (Computer Attention Training)**

- a. Please provide the name of the computer software that will be utilized for this Pilot program.
- b. Please provide any additional information demonstrating successful outcomes in utilizing this software.
- c. In one of your first responses it states that, "There will be seven to eight slots per day on two computers, so one would expect we could accommodate 15 or more youngsters per week as a conservative estimate."
  1. Please explain and justify the need for two full FTEs for this project.
  2. Describe their work duties and their expectations.

REQUEST FOR ADDITIONAL INFORMATION FORM #1

23-24 JUN14 - Pilot Programs

PROPOSAL: ~~27-10JUN14 - Purchase of Service Contracts for Children's Services Fund~~

This Request for Additional Information #1 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted on or before 9:00 a.m. Tuesday, October 14, 2014.


Company Name: Burrell Behavioral Health

Address: 1300 Bradford Parkway, Springfield, MO 65804 (Headquarters)

Telephone: (417) 761-5026 Fax: (417) 761-5011

Federal Tax ID (or Social Security#): 43-1081715

Print Name: Holly Jones, Ph.D. Title: Director, Grant Development and Management

Signature: 

Date: 10/8/2014

E-mail: holly.jones@burrellcenter.com



(Computer Attention Training)

**a. How much does Blue Cross and Blue Shield of Michigan pay for this service?**

BCBS of Michigan will pay for this service in individuals under the age of 18 years for upto 40 sessions total. We were unable to find the amount BCBS will pay per session since that information may vary with their individual contracts but based on our search the usual charge per session ranged from \$70 to \$85 with a \$100/- charge for the initial session. These numbers are out of pocket rates being charged around the country.

**b. Has there been any discussion with insurance companies in Missouri for this service?**

To the best of our knowledge there has been no discussion with any insurance companies in Missouri. Once we have the system running and have the service available then I would anticipate this discussion taking place both from those utilizing and providing the service.

**c. Please provide more specific information on the computer training and how the program will be implemented. (training computers, location, dates, and length of training, etc)**

Once the grant has been funded we will establish the program in office space already identified by Burrell and will purchase the equipment including 2 PC computers and the software and the sensors. Two individuals will be hired and trained. Once this process has been completed we will start providing the service.

As we are setting up the service availability, the service will be publicized to the Burrell clinicians, as well as other practicing clinicians in Boone County. Our referral sources will be made aware of the availability of this intervention for ADHD. We will start spreading the word about the service as soon as we know that we will be able to get the equipment to enable us to start quickly. Data collection to measure outcomes will be set up.

Each session is 45 minutes and the recommendation is 30 to 40 sessions for ADHD with twice a week sessions in the beginning (front loading) and then once a week sessions. Data including Conner's pre and post forms, as well as data from the software tracking progress and DLA 20 will be collected and computed to determine outcomes and utilization.

**d. Please clarify the number and ages of children who will receive this service.**

Individuals ages five to 18 years old will be the potential candidates for this training. Since the sessions are 45 minutes long, I expect the rest of the time being used for set up and documentation. We will accommodate one youngster per hour. Since the training is intense, we expect more utilization after school and in the evening, in addition to summer and other breaks from school.

There will be seven to eight slots per day on two computers, so one would expect we could accommodate 15 or more youngsters per week as a conservative estimate.

**e. Will the target population be strictly from Columbia or will opportunities be offered to other school districts in the County?**

Our target population will be from Boone County and since Columbia is in the middle of the

county our services will be convenient for all children in Boone County.

**f. Please provide a line item budget narrative for Attachment C.**

**2. Government Contracts/Support:**

A. \$139,071 (amount requested from BCCS to implement Brain Training within existing program) for Year 1.

<u>A. Personnel</u>	<u>Annual Salary</u>	<u>Level of Effort</u>	<u>Cost</u>
Project Director	\$215,000	0.10 FTE	\$21,500
Project Supervisor	\$79,567.50	0.15 FTE	\$11,935
Computer Attention Specialist	\$27,500	1.00 FTE	\$27,500
Computer Attention Specialist	\$27,500	1.00 FTE	\$27,500
Evaluator (1)	\$40,977	0.10 FTE	\$4,098
<i>Total Personnel Cost to carry out proposed project \$92,533</i>			

All positions above are current employees with the exception of the two Computer Attention Specialists that Burrell proposes to hire upon award. The Level of Effort represents the amount of time each staff person will contribute to the proposed project.

The Project Director will oversee the implementation and operation of the Computer Attention Training Service and provide direction to the Project Supervisor.

The Project Supervisor will oversee the day-to-day activities associated with the service, supervise the two new Computer Attention Specialists, and work with the Burrell service evaluator to ensure proper data collection and reporting.

The Evaluator will be responsible for all required data collection and reporting outcomes to the Project Director and Project Supervisor.

<u>B. Fringe Benefits*</u>	<u>Rate</u>	<u>Annual Salary</u>	<u>Cost</u>
Fringe	25.65%	\$92,533	\$20,033
<i>Total Fringe Calculated on Personnel Costs \$20,033</i>			

\*Fringe Benefits include taxes, insurance (health, life, dental, disability, workers compensation, unemployment) and pension.

<u>D. Supplies</u>	<u>Rate</u>	<u>Cost</u>
Computers (2)	\$2000 x 2	\$4,000
Computer Attention Training Programs	\$3500 x 2	\$7,000
Conner's 3 Forms/1 year	\$700 x 1	\$700
Conner's Scoring Guide (unlimited)	\$325 x 1	\$325
Office Supplies	12 months x \$50	\$600
<i>Total Supplies cost needed to carry out the proposed program \$12,625</i>		

Two computers are necessary for the provision of the Computer Attention Training software. Two Computer Attention Training software programs are necessary to provide the service to children in order to improve the conditions related to ADHD.

The Conner's forms and scoring guides are necessary for evaluation of the child's progress. General office supplies are needed to print project related materials, and for pens/pencils/file folders, etc.

<u>Indirect Costs</u>	<u>Rate</u>	<u>Cost</u>
Total Indirect	15% of salaries/wages	\$13,880

Indirect Costs are calculated on salaries and wages only. These costs are necessary to cover administrative costs incurred by the agency/applicant to provide the proposed service.

# Boone County Purchasing

Melinda Bobbitt, CPPO, CPPB  
Director



613 E. Ash St. Room 110  
Columbia, MO 65201  
Phone: (573) 886-4391  
Fax: (573) 886-4390  
[mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

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October 7, 2014

Holly Jones, Ph.D. Director of Grant Development & Management  
Burrell, Inc.  
ADHD proposal  
E-mail: [holly.jones@burrellcenter.com](mailto:holly.jones@burrellcenter.com)

RE: Request for Additional Information #1 – Pilot Programs that Provide Innovative  
Service - Boone County Community Children's Services

Dear Ms. Jones:

Attached is a *Request for Additional Information #1*. Please complete the attached form, sign and submit with the requested information by 9:00 a.m., Tuesday, October 14, 2014 by email to [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org).

If you have any questions regarding this request, please call (573) 886-4391 or e-mail [Mbobbitt@boonecountymo.org](mailto:Mbobbitt@boonecountymo.org). I sincerely appreciate your efforts in working with Boone County, MO to ensure a thorough evaluation of your proposal.

Sincerely,



Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

cc: Proposal File

Attachment: Request for Additional Information

**REQUEST FOR ADDITIONAL INFORMATION FORM #1**

**PROPOSAL: 28-24JUN14 - Pilot Programs that Provide Innovative Service - Boone County Community Children's Services**

This Request for Additional Information #1 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted on or before **9:00 a.m. Tuesday, October 14, 2014.**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Tax ID (or Social Security #): \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

**\_\_\_\_\_ (Computer Attention Training)**

- a. How much does Blue Cross and Blue Shield of Michigan pay for this service?
- b. Has there been any discussion with insurance companies in Missouri for this service?
- c. Please provide more specific information on the computer training and how the program will be implemented. (training computers, location, dates, and length of training, etc)
- d. Please clarify the number and ages of children who will receive this service.
- e. Will the target population be strictly from Columbia or will opportunities be offered to other school districts in the County?
- f. Please provide a line item budget narrative for Attachment C.

28 2/25/14  
Added  
Computer Assisted  
Training

**BOONE COUNTY CHILDREN'S SERVICES FUND  
2014 APPLICATION NARRATIVE FOR FUNDING:  
PILOT PROGRAMS THAT PROVIDE INNOVATIVE SERVICES**

**Agency Name:** Burrell, Inc.

**Agency Address:** 1300 E. Bradford Parkway, Springfield, MO 65804

**Agency Phone Number:** (417) 761-5000


**Primary Agency Contact (include title):** Holly Jones, Ph.D. Director of Grant Development & Management

**Email Address:** holly.jones@burrellcenter.com

**Contact Phone Number:** (417) 761-5026

**Amount Requested:** \$139,071

**Federal Tax ID (or Social Security #):** 43-1081715

**Signature:**  **Date:** 7/1/2014

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**1. AGENCY AND PROGRAM INFORMATION**

**a. Background Information:**

- i. Provide a summary of your agency, including your agency's mission statement.
- ii. Attach a list of your agency's Board of Directors.
- iii. Describe why your agency is interested in implementing a pilot program to provide innovative services to children, youth and families in Boone County.

**b. Target Population:**

- i. Describe the pilot program's target population.
- ii. Discuss the rationale for selection of this target population for a pilot program.
- iii. Please state the statutorily eligible service area (see page 2) the target population falls within.

**c. Innovative Service Idea:**

- i. Discuss the issue or problem the pilot program seeks to address.
- ii. Provide a detailed description of the idea for innovative services to be developed or that has been developed into a pilot program.



1. AGENCY AND SERVICE INFORMATION

a. Background Information

i. Burrell's Mission Statement: "To meet behavioral health needs when and where they occur and before they become more serious." Burrell is the administrative agent of the Missouri Department of Mental Health (DMH) for service area 12, which includes Boone County and nine additional counties in central Missouri. Burrell provides the most comprehensive array of specialized DMH-funded behavioral health services for adults, youth, and families. Since BCCS is the payor of last resort, Burrell's status as the administrative agent in Boone County is of particular importance to this proposal as Burrell is positioned to advocate directly for state funding when pilot projects prove to be effective and worthy of continued funding. In Boone County, Burrell provides the following services: counseling services, medication management, Parent-Child Interaction Therapy (PCIT), parent management training, diagnostic testing and evaluation, child and youth case management, school-based services, and residential services.

ii. Burrell, Inc. Board of Directors 2013-2014: Dennis Sheppard (Chairman of the Board), Clifford Brown (Vice Chairman), Fred Hall (Secretary/Treasurer of the Board), Todd Schaible, Ph.D. (President & CEO), Fern Nevatt (Board Member), Steve Edwards (Board Member), Tom Rankin (Board Member), Don Thomson (Board Member), Denise Mills (Assistant Secretary)

iii. Burrell is interested in implementing a pilot program to provide innovative services to children, youth, and families in Boone County since Burrell is the administrative agent of the Missouri Department of Mental Health (DMH) for Service Area 12, which includes Boone County and nine additional counties in central Missouri. Burrell provides the most

comprehensive array of specialized DMH-funded behavioral health services for adults, youth, and families. Burrell has a focus on developing innovative services in all of its departments and is a national leader in its innovative healthcare home, virtual mobile crisis intervention program, and the integration of primary and behavioral health care. The proposed services will be provided at Burrell's Berrywood Clinic in Columbia, Missouri. Attention Deficit Hyperactivity Disorder (ADHD) is the most commonly diagnosed mental health condition among children, and the most commonly treated child/youth disorder at the Berrywood Clinic in Columbia.

b. Target Population:

i. Describe the pilot program's target population.

The target population is underserved children and youth living in Boone County who are impacted by ADHD, as well as children for whom traditional medication management for ADHD or medication management alone may not be proving effective.

ii. Discuss the rationale for selection of this target population for a pilot program.

The rationale for selection of this target population for a pilot program is the prevalence of ADHD among children and youth and the fact that over 50% of this population remains untreated. The Centers for Disease Control (CDC) have identified that 9.5% of all three to 17-year olds living in the U.S. have been diagnosed with ADHD (<http://www.cdc.gov/nchs/fastats/adhd.htm>). Based on this statistic, 9.5% (n=3,325) of the 35,000 children and youth residing in Boone County (U.S. Census Bureau 2012) are impacted by ADHD. Further, it has been estimated that only 56% of U.S. youth impacted by ADHD receive treatment. Hence, 1,397 youth impacted by ADHD in Boone County would not be receiving treatment *of any kind*. Certain subpopulations are at even greater risk. For example, boys impacted by ADHD are at an elevated risk for engaging in delinquent and antisocial behavior

(Stern, 2001). Approximately 47% of youth in juvenile detention have an ADHD diagnosis (Teplin et. al., 2002). Additional research (UC Davis Health System 2010) indicates that 32% of youth impacted by ADHD drop out of school, a relatively high rate when compared to the general population drop-out rate of 15%. Fifty percent of youth impacted by ADHD will likely be retained for at least one grade level during their academic years.

- iii. Please state the statutorily eligible service area (see page 2) the target population falls within.

As the Administrative Agent for DMH in Boone County, Burrell is statutorily eligible to serve youth with serious emotional and behavior problems if they meet the prescribed diagnostic and income guidelines for CPRC service delivery. Burrell is eligible to serve those not meeting the guidelines, but the costs are often prohibitive for these clients and their families. The proposed target population falls within the following statutorily-eligible service areas: individual, group, or family professional counseling and therapy services.

c. Innovative Service Idea:

- i. Discuss the issue or problem the pilot program seeks to address.

Burrell's proposed pilot program seeks to address two primary issues: 1) Children and youth with ADHD who receive no treatment; and, 2) The fact that most children and youth with ADHD who receive medication management treatment are prescribed stimulants, which pose certain additional health and behavioral problems for some. Not only do these issues affect the quality of life for those children and youth impacted by ADHD—left untreated—they pose problems for families, teachers, and the community at-large. Children and youth that have untreated impairments as a result of ADHD experience significant barriers in academics, occupations, social interactions, and are at higher risk for health problems (Tridas, 2013).

Because this disorder affects executive function, teens impacted by ADHD are at greater risk for traffic tickets, driver-caused accidents, and suspended licenses, all of which in turn pose risks to the community as well as the afflicted individual (National Resource Center on ADHD 2014). The target population also has a high rate (68.2%) of comorbidity, to include Oppositional defiant disorder (ODD) (39.9%), Anxiety disorders (38.7%), and Conduct disorders (14.3%), to name a few (Jensen, et. al., 2001; Tridas, 2013). Hence, only 31.8% of the target population will likely have ADHD without any other co-occurring disorder. It has been demonstrated that patients with serious psychiatric disorders die about 25 years sooner than the national average (Parks, et al., 2006). However, the cause of death is often a result of medical conditions that issue from the presenting behavioral disorders (Parks, et al., 2006).

In addition, those children and youth who receive medication management for ADHD are often prescribed stimulants that pose other health and behavioral risks; as well as the fact that many children impacted by ADHD do not respond (improve) to medication therapy. While medications are an approved method to treat ADHD, there are limitations. Not all children respond to medications long term and many medications have intolerable side effects. These side effects include poor appetite, irritability, stunted growth, and sleep issues. Another problem relates to treatment adherence; that is, the needed compliance to take the prescribed medications regularly every day. Children diagnosed with ADHD frequently miss doses or do not like the way it makes them feel. As they get older, children become even more resistant and refuse to take the prescribed medicines. There is a serious need for alternative approaches to treat ADHD. Counseling and parenting interventions as components of psychosocial treatments are available, but have limited effectiveness since they do not address the core difficulties (e.g. paying attention, lack of focus). An innovative and alternative approach to treatment is needed to

address the issues described above to improve efficacy and efficiency in the treatment of ADHD in children and youth.

- ii. Provide a detailed description of the idea for innovative services to be developed or that has been developed into a pilot program.

Burrell proposes to expand and enhance its services by providing a neurofeedback computer attention training system at the Burrell Behavioral Health Berrywood Youth Outpatient Clinic to address the issues previously described. This system, referred to as “brain training,” is a highly effective and efficient intervention for ADHD, and would serve the target population in Boone County. Neurofeedback is now considered by the American Academy of Pediatrics to be a Level 1 “Best Support” intervention for ADHD, with much less risk as that posed by stimulants. This system offers an alternative approach to taking medications and has been shown to be effective in numerous studies (La Marca, 2013; Gevensleben et. al., 2009; Sherlin, 2011). By training the brain through feedback to focus on the core weaknesses in ADHD, the effects are longer-lasting than medication and lack the side effects of medication.

The brain has been equated to a muscle, and like a muscle, it can be trained and strengthened. These computer attention training systems, or “brain training,” are based on the principle of neurofeedback. Neurofeedback trains the brain to pay attention for long periods of time using regular feedback, which strengthens the neural connections related to a child’s ability to focus, and thereby teaches the child to pay attention. These stronger connections, which are developed through the training protocol, persist throughout the day and into the evening. In contrast, medications for ADHD, particularly stimulants, result in increased problems for the child during the evening as the effects of the medication wear off. Some children experience a rebound period of high activity level and emotional problems during that time, as well.

Brain training involves using attention training software that assists the user in developing focus and attention, and offers support through positive engaging messages when the user stays on task. La Marca (2013) concluded that the use of neurofeedback in a public schools system resulted in greater focus on content. In a randomized controlled clinical trial, Gevensleben, et al. (2009) concluded that neurofeedback was an exceptional intervention for children with ADHD, with demonstrated clinical efficiency well above that of the control group.

Currently, this service is not offered in Boone County. Most likely, providers cannot afford to offer the service since private insurance companies and Medicaid have not yet accepted it as a billable intervention/service. However, in May 2013, Blue Cross and Blue Shield of Michigan began providing coverage for up to 40 neurofeedback sessions for children impacted by ADHD, to age 18. The proposed project would contribute to the body of knowledge regarding neurofeedback and serve to inform decision-makers and stakeholders of the benefits of its use to: 1) improve treatment cost; 2) improve therapeutic outcomes (effectiveness); and 3) improve efficiency in service delivery. As such, it is likely that more payors will add neurofeedback to their list of approved services within the next few years.

- iii. Discuss what other agencies you have collaborated with in the development of the idea for the innovative service(s).

Burrell staff members have regular weekly meetings with the Columbia Public School District, the Juvenile Office, Boone County Family Resources, Children's Division, University of Missouri Psychiatric Center, and other stakeholders in the welfare of children (Interagency Team Meetings).

#### d. Implementation

- i. Describe how and with what agencies you will collaborate with to implement the pilot program.

Once the pilot is funded, the interagency meetings will be used as a forum to educate school personnel and juvenile office staff of the benefits of computer attention training, or Brain Train. This group will also serve as a referral source. In addition, Burrell has behavioral classrooms in some elementary schools in the Columbia Public Schools system. These schools will provide an additional resource for referrals and afford opportunities to educate teachers and parents about brain training.

- ii. Discuss the plan for the implementation of the pilot program including how the requested funds will be used for the program in the implementation process.

Within two months of funding approval, Burrell's project staff will: 1) purchase and install the requirement software and equipment; 2) hire and train personnel; 3) purchase the assessment tools; and, 4) set up a space for brain training sessions. During this time, staff will also begin identifying and scheduling children who would be interested in, and would benefit from, this intervention. The next phase of implementation is to begin providing computer attention training (brain training) to the identified children; begin monitoring the effectiveness of the program, and continue recruitment efforts.

- iii. Outline the timeline for key steps in the implementation process.

0-30 days: Post job openings; identify project space; order software, equipment and supplies; notify collaborators of new service; identify and recruit participants; and, collaborate with research staff to develop evaluation protocol.

30-60 days: hire staff; organize project space, supplies, and equipment; provide staff training on computer assisted brain training and assessment tools; continue recruitment and begin scheduling training sessions. The goal is to begin Day 60 with an active caseload.

## 2. EVALUATION

### a. Performance Information:

- i. Attach a Program Performance Measure Worksheet (see attached)

### b. Outcomes

- i. Describe the outcomes of the pilot program (outcomes need to be measurable and time specific).
  - Improved focus and associated improvement in behavior and grades as measured at the end of the training period using the built-in software measures, Conner's 3, DLA 20, and school records.
  - Improved ability to perform multi-step tasks at home and at school as measured at the end of training, six months post-training, and one year post-training using the Conner's and Vanderbilt scales.
  - Improved ability to follow the daily routine without reminders as measured at the end of training and after six months and one year using the Conner's and Vanderbilt scales.
  - Improvement in attention as measured by the neurofeedback method after training, and at years one through three.
  - Changes in behavior as demonstrated by scales (Vanderbilt, Conner's 3, and DLA 20) given to teachers and parents measured as proscribed.



- Reduced amount of stimulant used over time measured at end of training, six months, and years one through three by analyzing medical records (electronic).
- A percentage of children that no longer require stimulants measured at end of training, six months, and years one through three by analyzing medical records (electronic).
- Increased Daily Living Assessment (DLA) 20 outcomes as measured post-training, six months post-training, and at year one.

c. Indicators:

- Identify and describe the indicators which will measure the pilot program outcomes.

There are built-in measures for each child in the Computer Attention training ‘Brain train’ program that will show changes in focus from the previous sessions to the next, as well as trends in brain training and focus change. Other indicators will include changes in the frequency of discipline referrals and grade improvement before-and-after the brain training intervention.

Burrell will also monitor and track changes in medication use pre- and post-training. The DLA-20 for Youth has 20 activities that measure functionality in daily activities that include: health practices, housing stability/maintenance, communication, safety, managing time and money, nutrition, problem solving, family relationships, substance use, leisure, community resources, social network, sexuality, productivity, coping skills, behavior norms, personal hygiene, grooming, and dress. Each indicator is scored by the clinician from 1 (disabling impairment) to 7 (no problems).

- Identify your agency’s performance target of these indicators.

It is expected that more than 80% of the youth who complete the training will demonstrate improvement in focus, attention, discipline referrals, and grades. Change in medication use as

compared from before the intervention. Regarding medication management, Burrell expects that after the completion of 20 sessions of brain training, that over the next two to three years, there will be a statistically significant reduction in the use of medications among participants, based on current evidence cited in the literature mentioned previously. It is anticipated that the performance target for the DLA-20 will be 80% of clients will increase the score by three points within six months of treatment.

d. Measurement

- i. Discuss who will be responsible for the accomplishment of each of the outcome goals.

The Project Director (Burrell's Chief of Child and Adolescent Psychiatry, Jyotsna Nair, M.D.) will be responsible for the outcome goals.

- ii. Discuss how the data will be collected.

Burrell's research department, in consultation with the Project Director, will establish a data collection strategy for each aspect of the project. All client data is entered into Burrell's electronic health records (EHR) system and evaluation reports will be generated for each component. Burrell will include pertinent school data for academic improvement measures and behavioral data for all clients with authorization/releases to schools. Burrell anticipates collecting data on approximately 125 youth who complete the brain train program.

- iii. Identify your agency's timeline for each outcome.

- 1) Improved focus and associated improvement, 20 weeks from client's first session.
- 2) Improved ability to perform multi step tasks at home and at school as measured at the end of training (20 weeks), six months post-training, and one year post-training

- 3) Improved ability to follow the daily routine without reminders as measured at the end of training (20 weeks), six months post-training, and one year post-training.
- 4) Improvement in attention as measured by the neurofeedback method as measured weekly, monthly, and pre- and post-training.
- 5) Changes in behavior as demonstrated by scales given to teachers and parents as proscribed; pre- and post-training.
- 6) Reduced amount of stimulant used over time as measured at three months, six months, and years one to three.
- 7) A percentage of children that no longer require stimulants as measured at three months, six months, and years one to three.
- 8) Increased DLA 20 outcomes as measured post-testing, six months, and years one to three.

iv. Describe the approach that will be used to evaluate the pilot program.

Burrell's Research and Quality Assurance team evaluate all programs on a monthly and annual basis to measure performance using key performance indicators (KPIs) relative to each program to ensure effective and efficient service delivery. The program will be evaluated on several key factors: 1) Improvement across all participants; 2) Adherence to trainings; 3) Participant satisfaction (youth/parent); and, 4) recruitment and retention statistics.

iv. Describe the approach that will be used to evaluate the effectiveness of the program.

The proposed computer attention training program will be evaluated using the Conner's 3 (parent and teacher versions) and will be administered prior to the initiation of brain training and post-training. The Vanderbilt Attention Deficit/Hyperactivity Disorder (ADHD) scales (parent and

teacher versions) will be administered for all youth who complete the computer attention training sessions. The Daily Living Assessment (DLA) 20 will be given both pre- and post-training to assess changes from baseline. Burrell will also monitor the use of medications prescribed for ADHD over time at six months, one year, two years, and three years post-training.

- v. Include copies of any evaluation tools you will be using and provide a description of why you are using these tools compared to other tools.

The Vanderbilt, Conner's 3, and DLA-20 are considered valid, reliable measures in behavioral health evaluation. Burrell's clinical staff members have utilized a variety of tools over the years and have found these evidenced-based tools to yield the best indication of performance and improvement in daily functioning and treatment adherence.

- i. Clinical Expertise

1. Discuss the capacity of your agency to execute the proposed program.

Burrell is the administrative agent of the DMH in Boone County and 16 other counties in Missouri. With over 784 employees, Burrell offers comprehensive services including a 24-hour crisis line, adolescent and family counseling services, medication management, parent-child interaction therapy, parent management training, diagnostic testing and evaluation, among many other services. Burrell ([www.burrellcenter.com](http://www.burrellcenter.com)) has a fully-staffed accounting department, grants management office, inpatient/outpatient programs, child and adult psychiatry, residential services, substance abuse programs, and has locations throughout its 17-county catchment area.

2. Provide a list of key staff responsible for implementing the program.

Project Director: Jyotsna Nair, M.D. – Chief, Child and Adolescent Psychiatry, Burrell Behavioral Health, Central Region

Project Supervisor: Marlene Houser, M.A., LPC, Director of Youth and Outpatient Services,  
Outpatient Clinic - Burrell Behavioral Health, Central Region

ii. Program Activity:

1. Describe the innovative interventions and/or activities that will be implemented through the pilot program.

This service involves using attention training software that will assist the user to pay attention and give positive engaging messages when they do stay on task and pay attention measured through neurofeedback. The purpose of the service is to provide neurofeedback technology to improve the ability to pay attention and as a result help children with ADHD in the Burrell Behavioral Health outpatient clinic for children and youth.

2. Identify and discuss the evidence-based practices that will be used and relevant research.

In the last few decades, the use of stimulant medications has been considered to be the first line of treatment for ADHD, but according to the CDC, medications are not used in at least 44% of the youth diagnosed with ADHD and reasons for not using medications vary from parental reluctance, difficulty tolerating the side effects, lack of efficacy and the effect on the growth of the child. The long-term effects on the growth and development with regular use of medication has been another concern of both parents and the providers

Electroencephalograms (EEG) in children with ADHD have shown to have a pattern of increased theta activity. In general, theta activity in EEGs represents a drowsy state. There is a reported higher theta to beta ratio in the frontal cortex in children with ADHD. The approach of neurofeedback is to assist the participant to suppress the theta waves while increasing the beta waves in the frontal cortex with feedback (Monastra et al., 2005). The changes in the brain wave

pattern are seen by the participant on the computer screen in real time as a visual feedback, and they also get auditory feedback as they have more beta waves and suppress the theta waves (Sherlin et al., 2011). These EEG changes can be achieved with practice and neurofeedback has been shown to be an effective treatment for children with ADHD (Arns et al., 2009).

In the last three decades, studies have shown the effectiveness of neurofeedback or training the brain to pay attention and focus, and these results have been comparable to using medications. In one study, the children treated with Ritalin showed improvement when tested with TOVA (Test of Variable Attention) when they were on medication, while the children who had trained with neurofeedback (brain train) demonstrated those improvements even when not on Ritalin, showing the extension of the effect (Monastra et al., 2002).

Long-term studies even after the training has been discontinued show that brain train had success and maintained the effect as Gani et al. (2008) show in their 2-year follow-up after the end of their study. The behavioral and attention improvements were maintained and some additional benefits could be seen, implying continued improvement. Gevensleben et al. (2010) found similar results in the 6-month follow-up. Long term persistence of the effects follows the rationale that the changes after training have strengthened the connections and these are being used by the youth in day-to-day life and hence the continued effect. The skills and focus acquired through brain training transfer to other facets of life, to improve performance and matriculation in academics, occupations, and social arenas.

3. If there is no research to support the efficacy of the proposed interventions and/or activities, please explain the rationale for utilizing the interventions and/or activities. See above.

## References

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f. Output:

- i. Service to be provided.

The service to be provided is computer attention training for children and youth. Approximately 20 sessions per participant will be required to complete training.

- ii. Unit measurement, if applicable. Unit measurement represents one participant in computer attention training.
- iii. Unit cost, if applicable. The unit cost is \$742.26 per participant.
- iv. Amount requested. The total amount requested for the project is \$92,782 in Year One.
- v. Number of individuals to be served. Burrell expects to serve 125 individuals in Year One.

### 3. BUDGET

a. Budget Worksheets to be Attached:

- i. Agency Financial Worksheet (see Attachment B).



- ii. Agency Financial Worksheet (see Attachment C).
- b. Budget Narrative
  - i. Please explain each line of the budget worksheets from Attachments B and C.

*Agency Budget Prior Year Actual Agency Revenue:*

Federal funds (Medicaid and Medicare): \$18,530,881

State funds: \$29,119,956 (DMH, purchase of services, state grants)

Other revenue: \$5,294,537 (Commercial Insurance, other contracts, self pay).

*Agency Prior Year Expenses:*

Expenses for Program Services: \$43,573,659 (salaries, wages, other operating costs)

Expenses for Management and General: \$5,360,100 (administrative, maintenance)

Agency Current Year Revenue: Federal funds: \$18,724,043 (Medicaid and Medicare).

State funds: \$29,423,497 (DMH, purchase of services, state grants)

Other revenue: \$5,349,727 (Commercial Insurance, other contracts, self pay).

*Agency Current Year Expenses:*

Expenses for Program Services: \$45,110,406 (salaries, wages, other operating costs)

Expenses for Management and General: \$9,330,282 (administrative, maintenance)

*Agency Proposed Year Revenue (reflects an anticipated 5% increase)*

Boone County – Social Service Funding Requested: \$139,071

Federal funds: \$19,660,246 (Medicaid and Medicare)

State funds: \$30,894,672 (DMH, purchase of services, state grants)

Other revenue: \$5,617,213 (Commercial Insurance, other contracts, self pay).

*Agency Proposed Year Expenses (reflects an anticipated 5% increase):*

Expenses for Program Services: \$47,365,926 (salaries, wages, other operating costs)

Expenses for Management and General: \$9,796,796 (administrative, maintenance)

Program Budget: Attachment B: Line item 2A. \$92,782 to provide program services as described in this proposal (see detailed budget below). Line Item G reflects current program funding from Medicaid and Medicare. Line Item H reflects current program funding from DMH, purchase of services, and state grants. Program Expenses comprise Burrell's Personnel costs that include salaries/wages and fringe at 25.65% of salaries/wages. Non-personnel costs represent all other program operating costs. The program currently has 25 FTEs and proposes adding 2 FTEs.

<u>A. Personnel</u>	<u>Annual Salary</u>	<u>Level of Effort</u>	<u>Cost</u>
Project Director	\$215,000	0.10	\$21,500
Project Supervisor	\$79,567.50	0.15	\$11,935
Computer Attention Specialist	\$27,500	1.000	\$27,500
Computer Attention Specialist	\$27,500	1.000	\$27,500
Evaluator (1)	\$40,977	0.10	\$4098
Total Personnel			\$92,533

<u>B. Fringe Benefits*</u>	<u>Rate</u>	<u>Annual Salary</u>	<u>Cost</u>
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\*Fringe Benefits include taxes, insurance (health, life, dental, disability, workers compensation, unemployment) and pension.

Fringe	25.65%	\$92,533	\$20,033
Total Fringe			\$20,033

<u>D. Supplies</u>	<u>Rate</u>	<u>Cost</u>
Computers (2)	\$2000 x 2	\$4,000
Computer Attention Training Programs	\$3500 x 2	\$7,000
Conner's 3 Forms/1 year	\$700 x 1	\$700

Conner's Scoring Guide (unlimited)	\$325 x 1	\$325
Office Supplies	12 months x \$50	\$600
Total Supplies		\$12,625

<u>Indirect Costs</u>	<u>Rate</u>	<u>Cost</u>
Total Indirect	15% of salaries/wages	\$13,880

**Year 1 Total Project Cost: \$139,071      Year 1 Total Unit Cost: \$1,112.57 per client**

Budget request for Year 2: \$135,677 (Project Cost) (Total Unit Cost: \$1,085.41) reflects COLA adjustment. Budget request Year 3: \$139,698 (Project Cost) (Total Unit Cost: \$1,118) to continue to serve 125 clients per year with annual COLA adjustments.

c. Staff Positions:

- i. Provide a list of staff positions for the project, including direct and indirect.

Project Director	Jyotsna Nair, M.D. Psychiatry, Chief, Child and Adolescent Psychiatry, Burrell Behavioral Health, Central Region
Project Supervisor	Marlene Howser, MA, LPC Director, Child Outpatient Services, Central Region
CA Neurofeedback Specialists (2)	TBD, Bachelor's level in psychology or other related healthcare field, two FTEs
Senior Evaluator	Matthew Underwood, MS in Psychology, Senior Researcher, Research Department, Burrell Behavioral Health

- ii. State the role of each position and their qualifications.

The Project Director (10% FTE) provides oversight for project compliance and performance.

The Project Supervisor (15% FTE) oversees the daily activities of the Computer Attention (CA) Neurofeedback Specialists (100% FTE each) and coordinates evaluation activities with the Senior Researcher (10% FTE). The CA Neurofeedback Specialists provide the intervention to the clients; provide client training and assistance with the program; record and collect data; and report to the Project Supervisor. The Evaluator will coordinate with the Project Supervisor to establish a data collection protocol to monitor project performance, effectiveness, and efficiency.

iii. State the proposed salary for each position.

Burrell requests salaries for the Project Director (\$21,500); Project Supervisor (\$11,935); and, two full FTEs to serve as CA Neurofeedback Specialists ( $\$27,500 \times 2 = \$55,000$ ), one 10% FTE (\$4,098) for the Senior Researcher to perform evaluation duties under this contract., and fringe calculated at 25.65% of salary/wages (\$20,033).

**Attachment A – Logic Model**

<b>Activity</b>	<b>Output</b>	<b>Outcome</b>	<b>Indicator</b>	<b>Method of Measurement</b>
Computer Attention training 'Brain train'	20 sessions over 10 weeks	Improved focus in sessions	Improved performance from earlier sessions	Built in measurement from previous training sessions
Computer Attention training 'Brain train'	20 sessions over 10 weeks	Improved Focus and performance at home and school	Better grades, Fewer discipline referrals	School records
Computer Attention training 'Brain train'	20 sessions over 10 weeks	<i>Sustained</i> improved Focus and performance at home and school over 6 months post and one year, two years and three years	Better grades Fewer discipline referrals Decrease in medication use	Conner's 3 parent and teacher Vanderbilt's parent and teacher compared from session one to the last session

**ATTACHMENT B**

**AGENCY FINANCIAL INFORMATION**

AGENCY NAME:

AGENCY REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way				0.00%	0.00%
B. Other United Ways				0.00%	0.00%
C. Capital Campaigns				0.00%	0.00%
D. Grants (non-governmental)				0.00%	0.00%
E. Fund Raising & Other Direct Support				0.00%	0.00%
<b>TOTAL DIRECT SUPPORT (sub-totals)</b>	0	0	0	0	
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding	0	0	\$139,071.00	0.25%	100.00%
B. Boone County - Other				0.00%	0.00%
C. Other Counties				0.00%	0.00%
D. City of Columbia - Social Service Funding				0.00%	0.00%
E. City of Columbia - Other				0.00%	0.00%
F. Other Cities				0.00%	0.00%
G. Federal (Medicaid, Title III, etc.)	\$18,530,881	\$18,724,043	\$19,660,246	35.00%	6.09%
H. State (Purchase of Services, Grants, etc.)	\$29,119,956	\$29,423,497	\$30,894,672	55.00%	5.00%
I. Other (Schools, Courts, etc.)				0.00%	0.00%
<b>TOTAL GOV'T CONTRACTS/SUPPORT (sub-totals)</b>	\$47,650,837	\$48,147,540	\$50,554,917	90.00%	
3. Program Service Fees				0.00%	0.00%
4. Investment Income (realized & unrealized)	\$0			0.00%	0.00%
5. Other Revenue Items	\$5,294,537	\$5,349,727	\$5,617,213	10.00%	5.00%
<b>TOTAL AGENCY REVENUE</b>	<b>\$52,945,374</b>	<b>\$53,497,267</b>	<b>\$56,172,130</b>		5.00%

AGENCY EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
Expenses for Program Services	\$43,573,659	\$45,110,406	\$47,365,926	82.86%	5.00%
Expenses for Management and General	\$5,360,100	\$9,330,282	\$9,796,796	17.14%	5.00%
Expenses for Fundraising	\$0	\$0	\$0	0.00%	0.00%
<b>TOTAL AGENCY EXPENSES</b>	<b>\$48,933,759</b>	<b>\$54,440,688</b>	<b>\$57,162,722</b>		5.00%
% of Management and Fundraising Expenses	10.95%	17.14%	17.14%		0.00%

NET ASSETS	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% CHANGE CURRENT TO PROPOSED
Net Assets, End of Year	\$41,542,152	\$50,350,330	\$52,867,847	5.00%

CASH FLOWS	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% CHANGE CURRENT TO PROPOSED
Cash, End of Year	\$131,810,290	\$14,598,484	\$15,328,408	5.00%

## ATTACHMENT C

### PROGRAM BUDGET WORKSHEET

PROGRAM NAME:

TOTAL PROGRAM REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way	0			0.00%	0.00%
B. Other United Ways	0			0.00%	0.00%
C. Capital Campaigns	0			0.00%	0.00%
D. Grants (non-governmental)	0			0.00%	0.00%
E. Fund Raising & Other Direct Support	0			0.00%	0.00%
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding	\$0	\$0	\$139,071	12.68%	100.00%
B. Boone County - Other	\$0			0.00%	0.00%
C. Other Counties	\$0			0.00%	0.00%
D. City of Columbia - Social Service Funding	\$0			0.00%	0.00%
E. City of Columbia - Other	\$0			0.00%	0.00%
F. Other Cities	\$0			0.00%	0.00%
G. Federal (Medicaid, Title III, etc.)	\$652,505	\$328,320	\$344,736	31.43%	5.00%
H. State (Purchase of Services, Grants, etc.)	\$1,160,009	\$583,680	\$612,864	55.88%	5.00%
I. Other (Schools, Courts, etc.)				0.00%	0.00%
3. Program Service Fees				0.00%	0.00%
4. Investment Income (realized & unrealized)				0.00%	0.00%
5. Other Revenue Items				0.00%	0.00%
<b>TOTAL PROGRAM REVENUE</b>	<b>\$1,812,514</b>	<b>\$912,000</b>	<b>\$1,096,671</b>		

PROGRAM EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
1. Personnel	\$749,731	\$720,000	\$924,871	63.66%	28.45%
2. Non-Personnel	\$449,897	\$480,000	\$528,000	36.34%	10.00%
<b>TOTAL PROGRAM EXPENSES</b>	<b>\$1,199,628</b>	<b>\$1,200,000</b>	<b>\$1,452,871</b>		

NUMBER OF DIRECT PROGRAM STAFF (FTE)	ACTUAL	CURRENT	PROPOSED
<i>FTE = number of direct program service hours worked by employee per year/2080 (e.g. 1040/2080 = .5 FTE)</i>	25 1.0 FTE	25 1.0 FTE	27 1.0 FTE

**ATTACHMENT D**

**2014 AGENCY ASSURANCE SHEET**

**(Please complete and return with Proposal Response)**


I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Proof of 501(c)(3)
- Certificate of Corporate Good Standing
- Most Recent 990 Federal Form
- Agency Strategic Plan
- Copies of Agency Accreditations
- Most Recent Agency Independent Audit
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality
- Memorandums of Understanding (not currently needed for Contingency Funds Request)

Todd Schaible, Ph.D. President & CEO  
Printed Name - Agency Executive Director/President/CEO

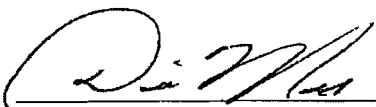
6/25/2014  
Date

  
Signature - Agency Executive Director/President/CEO

6/25/2014  
Date

Denise Mills, Assistant Secretary of the Board, Burrell, Inc.  
Printed Name - Agency Board Chair

6/26/2014  
Date

  
Signature - Agency Board Chair

6/26/2014  
Date



**ATTACHMENT E**

**(Please complete and return with Proposal Response)**


Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR  
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, 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.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Todd Schaible, Ph.D.                      President & CEO  
\_\_\_\_\_  
Name and Title of Authorized Representative

  
\_\_\_\_\_  
Signature

6/25/2014  
\_\_\_\_\_  
Date

**ATTACHMENT F**

**WORK AUTHORIZATION CERTIFICATION  
PURSUANT TO 285.530 RSMo  
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

County of Greene )  
 )ss  
State of Missouri )

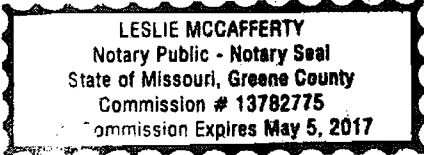
My name is Sabrina Wilford. I am an authorized agent of Burrell, Inc.  
(Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

SWilford 6-25-14  
Affiant Date

Sabrina Wilford  
Printed Name

Subscribed and sworn to before me this 25 day of JUNE, 2014.



Leslie McCafferty  
Notary Public

Attach to this form the *E-Verify Memorandum of Understanding* that you completed when enrolling.



Company ID Number: 406415

**THE E-VERIFY PROGRAM FOR EMPLOYMENT VERIFICATION  
MEMORANDUM OF UNDERSTANDING**

**ARTICLE I**

**PURPOSE AND AUTHORITY**

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Department of Homeland Security (DHS) and **Burrell Behavioral Health** (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). This MOU explains certain features of the E-Verify program and enumerates specific responsibilities of DHS, the Social Security Administration (SSA), and the Employer. E-Verify is a program that electronically confirms an employee's eligibility to work in the United States after completion of the Employment Eligibility Verification Form (Form I-9). For covered government contractors, E-Verify is used to verify the employment eligibility of all newly hired employees and all existing employees assigned to Federal contracts or to verify the entire workforce if the contractor so chooses.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note). Authority for use of the E-Verify program by Federal contractors and subcontractors covered by the terms of Subpart 22.18, "Employment Eligibility Verification", of the Federal Acquisition Regulation (FAR) (hereinafter referred to in this MOU as a "Federal contractor with the FAR E-Verify clause") to verify the employment eligibility of certain employees working on Federal contracts is also found in Subpart 22.18 and in Executive Order 12989, as amended.

**ARTICLE II**

**FUNCTIONS TO BE PERFORMED**

**A. RESPONSIBILITIES OF SSA**

1. SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all employees verified under this MOU and the employment authorization of U.S. citizens.
2. SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by SSA as governed



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by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).

4. SSA agrees to provide a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility within 3 Federal Government work days of the initial inquiry.

5. SSA agrees to provide a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and non-citizens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

## **B. RESPONSIBILITIES OF DHS**

1. After SSA verifies the accuracy of SSA records for employees through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct, to the extent authorized by this MOU:

- Automated verification checks on employees by electronic means, and
- Photo verification checks (when available) on employees.

2. DHS agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.

3. DHS agrees to make available to the Employer at the E-Verify Web site and on the E-Verify Web browser, instructional materials on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify. DHS agrees to provide training materials on E-Verify.

4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, U.S. Department of Justice.

5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by employees with DHS's database.

6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of employees' employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and

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Nationality Act (INA) and Federal criminal laws, and to administer Federal contracting requirements.

7. DHS agrees to provide a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.

8. DHS agrees to provide a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

## **C. RESPONSIBILITIES OF THE EMPLOYER**

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees and all employees who are to be verified through the system.

2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.

3. The Employer agrees to become familiar with and comply with the most recent version of the E-Verify User Manual.

4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.

A. The Employer agrees that all Employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify.

B. Failure to complete a refresher tutorial will prevent the Employer from continued use of the program.

5. The Employer agrees to comply with current Form I-9 procedures, with two exceptions:

• If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2(b)(1)(B)) can be presented during the Form I-9

process to establish identity.) If an employee objects to the photo requirement for religious reasons, the Employer should contact E-Verify at 888-464-4218.

• If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The photocopy must be of sufficient quality to allow for verification of the photo

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and written information. The employer will use the photocopy to verify the photo and to assist DHS with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.

6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, including the obligation to comply with the antidiscrimination requirements of section 274B of the INA with respect to Form I-9 procedures, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in good faith compliance with the terms and conditions of E-Verify; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$550 and \$1,100 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ an employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any action taken in good faith based on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 and E-Verify system compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures for new employees within 3 Employer business days after each employee has been hired (but after the Form I-9 has been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify User Manual, or in the case of Federal contractors with the FAR E-Verify clause, the E-Verify User Manual for Federal Contractors. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. Employers may initiate verification by notating the Form I-9 in circumstances where the employee has applied for a Social Security Number (SSN) from the SSA and is waiting to receive the SSN, provided that the Employer performs an E-Verify employment verification query using the employee's SSN as soon as the SSN becomes available.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, in support of any unlawful employment practice, or for any other use not authorized by this MOU. Employers must use E-Verify for all new employees, unless an Employer is a Federal contractor that qualifies for the exceptions described in Article II.D.1.c. Except as provided in Article II.D, the Employer will not verify selectively and will not verify employees hired before the effective date of this MOU. The Employer understands that if the Employer

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uses the E-Verify system for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III. below) regarding tentative nonconfirmations, including notifying employees in private of the finding and providing them written notice of the findings, providing written referral instructions to employees, allowing employees to contest the finding, and not taking adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's perceived employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1(l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification system to verify work authorization, a tentative nonconfirmation, a case in continuance (indicating the need for additional time for the government to resolve a case), or the finding of a photo non-match, does not establish, and should not be interpreted as evidence, that the employee is not work authorized. In any of the cases listed above, the employee must be provided a full and fair opportunity to contest the finding, and if he or she does so, the employee may not be terminated or suffer any adverse employment consequences based upon the employee's perceived employment eligibility status (including denying, reducing, or extending work hours, delaying or preventing training, requiring an employee to work in poorer conditions, refusing to assign the employee to a Federal contract or other assignment, or otherwise subjecting an employee to any assumption that he or she is unauthorized to work) until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match or if a secondary verification is completed and a final nonconfirmation is issued, then the Employer can find the employee is not work authorized and terminate the employee's employment. Employers or employees with questions about a final nonconfirmation may call E-Verify at 1-888-464-4218 or OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

11. The Employer agrees to comply with Title VII of the Civil Rights Act of 1964 and section 274B of the INA, as applicable, by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify except as provided in part D below, or discharging or refusing to hire employees because they appear or sound "foreign" or have received tentative nonconfirmations. The Employer further understands that any violation of the unfair immigration-related employment practices provisions in section 274B of the INA could subject the Employer to civil penalties, back pay awards, and other sanctions, and violations of Title VII could subject the Employer to back pay awards, compensatory and punitive damages. Violations of either section 274B of the INA or Title VII may also lead to the termination of its participation in E-

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Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

13. The Employer agrees that it will use the information it receives from SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of employees as authorized by this MOU. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU, except for such dissemination as may be authorized in advance by SSA or DHS for legitimate purposes.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a(i)(1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to cooperate with DHS and SSA in their compliance monitoring and evaluation of E-Verify, including by permitting DHS and SSA, upon reasonable notice, to review Forms I-9 and other employment records and to interview it and its employees regarding the Employer's use of E-Verify, and to respond in a timely and accurate manner to DHS requests for information relating to their participation in E-Verify.

#### **D. RESPONSIBILITIES OF FEDERAL CONTRACTORS WITH THE FAR E-VERIFY CLAUSE**

1. The Employer understands that if it is a subject to the employment verification terms in Subpart 22.18 of the FAR, it must verify the employment eligibility of any existing employee assigned to the contract and all new hires, as discussed in the Supplemental Guide for Federal Contractors. Once an employee has been verified through E-Verify by the Employer, the Employer may not reverify the employee through E-Verify.

a. Federal contractors with the FAR E-Verify clause agree to become familiar with and comply with the most recent versions of the E-Verify User Manual for Federal Contractors and the E-Verify Supplemental Guide for Federal Contractors.

b. Federal contractors with the FAR E-Verify clause agree to complete a tutorial for Federal contractors with the FAR E-Verify clause.

c. Federal contractors with the FAR E-Verify clause not enrolled at the time of contract award: An Employer that is not enrolled in E-Verify at the time of a contract award must enroll as a Federal contractor with the FAR E-Verify clause in E-Verify within 30 calendar days of contract award and, within 90 days of enrollment, begin to use E-Verify to initiate verification of employment eligibility of new hires of the Employer who are working in the United States,





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whether or not assigned to the contract. Once the Employer begins verifying new hires, such verification of new hires must be initiated within 3 business days after the date of hire. Once enrolled in E-Verify as a Federal contractor with the FAR E-Verify clause, the Employer must initiate verification of employees assigned to the contract within 90 calendar days from the time of enrollment in the system and after the date and selecting which employees will be verified in E-Verify or within 30 days of an employee's assignment to the contract, whichever date is later.

d. Employers that are already enrolled in E-Verify at the time of a contract award but are not enrolled in the system as a Federal contractor with the FAR E-Verify clause: Employers enrolled in E-Verify for 90 days or more at the time of a contract award must use E-Verify to initiate verification of employment eligibility for new hires of the Employer who are working in the United States, whether or not assigned to the contract, within 3 business days after the date of hire. Employers enrolled in E-Verify as other than a Federal contractor with the FAR E-Verify clause, must update E-Verify to indicate that they are a Federal contractor with the FAR E-Verify clause within 30 days after assignment to the contract. If the Employer is enrolled in E-Verify for 90 calendar days or less at the time of contract award, the Employer must, within 90 days of enrollment, begin to use E-Verify to initiate verification of new hires of the contractor who are working in the United States, whether or not assigned to the contract. Such verification of new hires must be initiated within 3 business days after the date of hire. An Employer enrolled as a Federal contractor with the FAR E-Verify clause in E-Verify must initiate verification of each employee assigned to the contract within 90 calendar days after date of contract award or within 30 days after assignment to the contract, whichever is later.

e. Institutions of higher education, State, local and tribal governments and sureties: Federal contractors with the FAR E-Verify clause that are institutions of higher education (as defined at 20 U.S.C. 1001(a)), State or local governments, governments of Federally recognized Indian tribes, or sureties performing under a takeover agreement entered into with a Federal agency pursuant to a performance bond may choose to only verify new and existing employees assigned to the Federal contract. Such Federal contractors with the FAR E-Verify clause may, however, elect to verify all new hires, and/or all existing employees hired after November 6, 1986. The provisions of Article II.D, paragraphs 1.a and 1.b of this MOU providing timeframes for initiating employment verification of employees assigned to a contract apply to such institutions of higher education, State, local and tribal governments, and sureties.

f. Verification of all employees: Upon enrollment, Employers who are Federal contractors with the FAR E-Verify clause may elect to verify employment eligibility of all existing employees working in the United States who were hired after November 6, 1986, instead of verifying only new employees and those existing employees assigned to a covered Federal contract. After enrollment, Employers must elect to do so only in the manner designated by DHS and initiate E-Verify verification of all existing employees within 180 days after the election.

g. Form I-9 procedures for existing employees of Federal contractors with the FAR E-Verify clause: Federal contractors with the FAR E-Verify clause may choose to complete new Forms I-9 for all existing employees other than those that are completely exempt from this process. Federal contractors with the FAR E-Verify clause may also update previously completed Forms I-9 to initiate E-Verify verification of existing employees who are not completely exempt as long as that Form I-9 is complete (including the SSN), complies with

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Article II.C.5, the employee's work authorization has not expired, and the Employer has reviewed the information reflected in the Form I-9 either in person or in communications with the employee to ensure that the employee's stated basis in section 1 of the Form I-9 for work authorization has not changed (including, but not limited to, a lawful permanent resident alien having become a naturalized U.S. citizen). If the Employer is unable to determine that the Form I-9 complies with Article II.C.5, if the employee's basis for work authorization as attested in section 1 has expired or changed, or if the Form I-9 contains no SSN or is otherwise incomplete, the Employer shall complete a new I-9 consistent with Article II.C.5, or update the previous I-9 to provide the necessary information. If section 1 of the Form I-9 is otherwise valid and up-to-date and the form otherwise complies with Article II.C.5, but reflects documentation (such as a U.S. passport or Form I-551) that expired subsequent to completion of the Form I-9, the Employer shall not require the production of additional documentation, or use the photo screening tool described in Article II.C.5, subject to any additional or superseding instructions that may be provided on this subject in the Supplemental Guide for Federal Contractors. Nothing in this section shall be construed to require a second verification using E-Verify of any assigned employee who has previously been verified as a newly hired employee under this MOU, or to authorize verification of any existing employee by any Employer that is not a Federal contractor with the FAR E-Verify clause.

2. The Employer understands that if it is a Federal contractor with the FAR E-Verify clause, its compliance with this MOU is a performance requirement under the terms of the Federal contract or subcontract, and the Employer consents to the release of information relating to compliance with its verification responsibilities under this MOU to contracting officers or other officials authorized to review the Employer's compliance with Federal contracting requirements.

### **ARTICLE III**

## **REFERRAL OF INDIVIDUALS TO SSA AND DHS**

### **A. REFERRAL TO SSA**

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the notice as directed by the E-Verify system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation. The Employer must review the tentative nonconfirmation with the employee in private.

2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a system-generated referral letter and instruct the employee to visit an SSA office within 8 Federal Government work days. SSA will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it

**Company ID Number: 406415**

determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.

4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

## **B. REFERRAL TO DHS**

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the E-Verify system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation. The Employer must review the tentative nonconfirmation with the employee in private.

2. If the Employer finds a photo non-match for an employee who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding. The Employer must review the tentative nonconfirmation with the employee in private.

3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact DHS through its toll-free hotline (as found on the referral letter) within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (paid for at employer expense).

7. If the Employer determines that there is a photo non-match when comparing the photocopied List B document described in Article II.C.5 with the image generated in E-Verify, the Employer must forward the employee's documentation to DHS using one of the means described in the preceding paragraph, and allow DHS to resolve the case.

Company ID Number: 406415

## ARTICLE IV

### SERVICE PROVISIONS

SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access E-Verify, an Employer will need a personal computer with Internet access.

## ARTICLE V

### PARTIES

A. This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify User Manual, the E-Verify User Manual for Federal Contractors or the E-Verify Supplemental Guide for Federal Contractors. Even without changes to E-Verify, DHS reserves the right to require employers to take mandatory refresher tutorials. An Employer that is a Federal contractor with the FAR E-Verify clause may terminate this MOU when the Federal contract that requires its participation in E-Verify is terminated or completed. In such a circumstance, the Federal contractor with the FAR E-Verify clause must provide written notice to DHS. If an Employer that is a Federal contractor with the FAR E-Verify clause fails to provide such notice, that Employer will remain a participant in the E-Verify program, will remain bound by the terms of this MOU that apply to participants that are not Federal contractors with the FAR E-Verify clause, and will be required to use the E-Verify procedures to verify the employment eligibility of all newly hired employees.

B. Notwithstanding Article V, part A of this MOU, DHS may terminate this MOU if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. The Employer understands that if it is a Federal contractor with the FAR E-Verify clause, termination of this MOU by any party for any reason may negatively affect its performance of its contractual responsibilities.

C. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine necessary. By separate agreement with DHS, SSA has agreed to perform its responsibilities as described in this MOU.



**Company ID Number: 406415**

D. Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

E. Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

F. The Employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, determinations of compliance with Federal contractual requirements, and responses to inquiries under the Freedom of Information Act (FOIA).

G. The foregoing constitutes the full agreement on this subject between DHS and the Employer.

H. The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.

# E-Verify



Company ID Number: 406415

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 888-464-4218.

<b>Employer Burrell Behavioral Health</b>	
<b>Sabrina Wilford</b>	
Name (Please Type or Print)	Title
<b>Electronically Signed</b>	<b>04/05/2011</b>
Signature	Date
<b>Department of Homeland Security – Verification Division</b>	
<b>USCIS Verification Division</b>	
Name (Please Type or Print)	Title
<b>Electronically Signed</b>	<b>04/05/2011</b>
Signature	Date

## Information Required for the E-Verify Program

### Information relating to your Company:

Company Name:	<b>Burrell Behavioral Health</b>
Company Facility Address:	<b>1300 E. Bradford Parkway</b>
	<b>Springfield, MO 65804</b>
Company Alternate Address:	
County or Parish:	<b>GREENE</b>
Employer Identification Number:	<b>431081715</b>

Company ID Number: 406415

North American Industry Classification Systems Code:	621
Administrator:	
Number of Employees:	500 to 999
Number of Sites Verified for:	1
<b>Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State:</b>	
<ul style="list-style-type: none"><li>MISSOURI 1 site(s)</li></ul>	

**Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:**

Name:	<b>Donna Bracht</b>	Fax Number:	<b>(573) 777 - 8467</b>
Telephone Number:	<b>(573) 777 - 8458</b>		
E-mail Address:	<b>donna.bracht@burrellcenter.com</b>		
Name:	<b>Michelle Cooper</b>	Fax Number:	<b>(417) 761 - 5041</b>
Telephone Number:	<b>(417) 761 - 5043</b>		
E-mail Address:	<b>michelle.cooper@burrellcenter.com</b>		
Name:	<b>Sabrina D Wilford</b>	Fax Number:	<b>(417) 761 - 5011</b>
Telephone Number:	<b>(417) 761 - 5042</b>		
E-mail Address:	<b>sabrina.wilford@burrellcenter.com</b>		



## Vanderbilt ADHD Diagnostic Parent Rating Scale

Parent's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Directions: Each rating should be considered in the context of what is appropriate for the age of your child and should reflect that child's behavior in the last 6 months.

Is this evaluation based on a time when the child  was on medication  was not on medication  not sure?

BEHAVIOR:	never	occasionally	often	very often
1. Does not pay attention to details or makes careless mistakes; for example, homework.	0	1	2	3
2. Has difficulty attending to what needs to be done.	0	1	2	3
3. Does not seem to listen when spoken to directly.	0	1	2	3
4. Does not follow through when given directions and fails to finish things.	0	1	2	3
5. Has difficulty organizing tasks and activities.	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort.	0	1	2	3
7. Loses things needed for tasks or activities (assignments, pencils, or books).	0	1	2	3
8. Is easily distracted by noises or other things.	0	1	2	3
9. Is forgetful in daily activities.	0	1	2	3
10. Fidgets with hands or feet or squirms in seat.	0	1	2	3
11. Leaves seat when he/she is supposed to stay in his/her seat.	0	1	2	3
12. Runs about or climbs too much when he/she is supposed to stay seated.	0	1	2	3
13. Has difficulty playing or starting quiet games.	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor".	0	1	2	3
15. Talks too much.	0	1	2	3
16. Blurts out answers before questions have been completed.	0	1	2	3
17. Has difficulty waiting for his/her turn.	0	1	2	3
18. Interrupts or bothers others when they are talking or playing games.	0	1	2	3
19. Argues with adults.	0	1	2	3
20. Loses temper.	0	1	2	3
21. Actively disobeys or refuses to follow an adult's requests or rules.	0	1	2	3
22. Bothers people on purpose.	0	1	2	3
23. Blames others for his/her mistakes or misbehaviors.	0	1	2	3
24. Is touchy or easily annoyed by others.	0	1	2	3
25. Is angry or bitter.	0	1	2	3
26. Is hateful and wants to get even.	0	1	2	3
27. Bullies, threatens, or scares others.	0	1	2	3
28. Starts physical fights.	0	1	2	3
29. Lies to get out of trouble or to avoid jobs (i.e., "cons" others).	0	1	2	3
30. Skips school without permission	0	1	2	3
31. Is physically unkind to people	0	1	2	3
32. Has stolen things that have value	0	1	2	3
33. Destroys others' property on purpose.	0	1	2	3
34. Is physically mean to animals	0	1	2	3
35. Has set fires on purpose to cause damage.	0	1	2	3
36. Has broken into someone else's home, business or car.	0	1	2	3
37. Has stayed out at night without permission.	0	1	2	3
38. Has run away from home overnight.	0	1	2	3
39. Is fearful, anxious, or worried.	0	1	2	3
40. Is afraid to try new things for fear of making mistakes.	0	1	2	3
41. Feels useless or inferior.	0	1	2	3
42. Blames self for problems, feels at fault	0	1	2	3
43. Feels lonely, unwanted, or unloved; complains that "no one loves him/her".	0	1	2	3
44. Is sad, unhappy, or depressed.	0	1	2	3
45. Feels different and easily embarrassed.	0	1	2	3

PERFORMANCE:	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
<b>How is your child doing?</b>					
1. Rate how your child is doing in school overall.	1	2	3	4	5
2. How is your child doing in reading?	1	2	3	4	5
3. How is your child doing in writing?	1	2	3	4	5
4. How is your child doing in math?	1	2	3	4	5
5. How does your child get along with you?	1	2	3	4	5
6. How does your child get along with brothers and sisters?	1	2	3	4	5
7. How does your child get along with others his/her own age?	1	2	3	4	5
8. How does your child do in activities such as games or team play?	1	2	3	4	5

If more than six items from questions 1 - 9 or 10 - 18 are rated 2 or 3, how old was your child when you first noticed these behaviors? \_\_\_\_\_



**VANDERBILT TEACHER BEHAVIOR EVALUATION SCALE** CONTINUED

21. Is angry or resentful	0	1	2	3	
22. Is spiteful and vindictive	0	1	2	3	
23. Bullies, threatens, or intimidates others	0	1	2	3	
24. Initiates physical fights	0	1	2	3	
25. Lies to obtain goods for favors or to avoid obligations (ie, "cons" others)	0	1	2	3	
26. Is physically cruel to people	0	1	2	3	
27. Has stolen items of nontrivial value	0	1	2	3	
28. Deliberately destroys others' property	0	1	2	3	_____
29. Is fearful, anxious, or worried	0	1	2	3	
30. Is self-conscious or easily embarrassed	0	1	2	3	
31. Is afraid to try new things for fear of making mistakes	0	1	2	3	
32. Feels worthless or inferior	0	1	2	3	
33. Blames self for problems, feels guilty	0	1	2	3	
34. Feels lonely, unwanted, or unloved; complains that "no one loves him/her"	0	1	2	3	
35. Is sad, unhappy, or depressed	0	1	2	3	_____

**ACADEMIC PERFORMANCE**

	Problematic	Average	Above Average	
Reading	1	2	3	4 5
Mathematics	1	2	3	4 5
Written expression	1	2	3	4 5
Homework completion	1	2	3	4 5

**CLASSROOM BEHAVIOR**

Relationship with peers	1	2	3	4	5
Following directions/rules	1	2	3	4	5
Disrupting class	1	2	3	4	5
Assignment completion	1	2	3	4	5
Organizational skills	1	2	3	4	5 _____

Please include any observations you feel are pertinent: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# VANDERBILT TEACHER BEHAVIOR EVALUATION SCALE

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Teacher: \_\_\_\_\_ School: \_\_\_\_\_

Each rating should be considered in the context of what is appropriate for the age of the child you are rating and reflect his/her behavior. Please indicate the number of weeks or months you have been able to observe the behaviors \_\_\_\_\_

Frequency Code: 0 = Never 1 = Occasionally 2 = Often 3 = Very Often

- |  |   |   |   |   |
|--|---|---|---|---|
| 1. Fails to give attention to details or makes careless mistakes in schoolwork   | 0 | 1 | 2 | 3 |
| 2. Has difficulty sustaining attention in tasks or activities  | 0 | 1 | 2 | 3 |
| 3. Does not listen when spoken to directly   | 0 | 1 | 2 | 3 |
| 4. Does not follow through on instructions and fails to finish schoolwork ( <i>not due to oppositional behavior or failure to understand</i> ) | 0 | 1 | 2 | 3 |
| 5. Has difficulty organizing tasks or activities   | 0 | 1 | 2 | 3 |
| 6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort   | 0 | 1 | 2 | 3 |
| 7. Loses things necessary for tasks or activities (school assignments, pencils, or books)  | 0 | 1 | 2 | 3 |
| 8. Is easily distracted by extraneous stimuli  | 0 | 1 | 2 | 3 |
| 9. Is forgetful in daily activities  | 0 | 1 | 2 | 3 |
| 10. Fidgets with hands or feet or squirms in seat  | 0 | 1 | 2 | 3 |
| 11. Leaves seat in classroom or in other situations in which remaining seated is expected  | 0 | 1 | 2 | 3 |
| 12. Runs about or climbs excessively in situations in which remaining seated is expected   | 0 | 1 | 2 | 3 |
| 13. Has difficulty playing or engaging in leisure activities quietly   | 0 | 1 | 2 | 3 |
| 14. Is "on the go" or often acts as if "driven by a motor"   | 0 | 1 | 2 | 3 |
| 15. Talks excessively  | 0 | 1 | 2 | 3 |
| 16. Blurts out answers before questions have been completed  | 0 | 1 | 2 | 3 |
| 17. Has difficulty waiting in line   | 0 | 1 | 2 | 3 |
| 18. Interrupts or intrudes on others (eg, butts into conversations or games)   | 0 | 1 | 2 | 3 |
| 19. Loses temper   | 0 | 1 | 2 | 3 |
| 20. Actively defies or refuses to comply with adults' requests or rules  | 0 | 1 | 2 | 3 |

continued on back

## Conners 3™ Short Parent/Teacher

### Instructions for Parents

The Conners 3 Short form is a rating tool to help guide your physician in the treatment of an existing diagnosis of ADHD.

Attached are two perforated forms, one for the parent and one for the child's teacher.

1. Tear off and complete both sides of the Parent Short Form.
2. Next, tear off the Teacher Short Form and give it to your child's teacher to complete.
3. Give both completed forms to your physician at the next appointment.

Know that your physician may ask you to complete this form again in the future, in order to track your child's progress.

Focalin XR is approved for the treatment of ADHD in patients 6 years and older.

Brought to you by the makers of

**Focalin<sup>®</sup>XR<sup>®</sup>**  
*dexamethylphenidate HCl* Extended-Release Capsules  
5mg, 10mg, 15mg, 20mg

Produced by **Compact**  **Clinicals** a Jones and Bartlett company



# CONNERS

3rd Edition™

## Parent and Teacher Conners 3™ SHORT FORMS

by C. Keith Conners, Ph.D.

FOCALIN XR is a central nervous system stimulant prescription medicine. It is used for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in patients 6 years and older. FOCALIN XR may help increase attention and decrease impulsiveness and hyperactivity in patients with ADHD.

FOCALIN XR should be used as part of a total treatment program for ADHD that may include counseling or other therapies.

### Important Safety Information

FOCALIN XR is a federally controlled substance (CII) because it can be abused or lead to dependence. Keep FOCALIN XR in a safe place to prevent misuse and abuse. Selling or giving away FOCALIN XR may harm others, and is against the law.

Tell your doctor if you (or your child) have ever abused or been dependent on alcohol, prescription medicines, or street drugs, or there is a family history of these problems.

FOCALIN XR should not be used if you (or your child) are very anxious, tense, or agitated; have an eye problem called glaucoma; have tic or Tourette syndrome, or a family history of Tourette syndrome; if you are taking or have taken in the past 14 days an antidepressant called a monoamine oxidase inhibitor (MAOI); or are allergic to anything in FOCALIN XR.

FOCALIN XR may not be right for you or your child.

### What is the most important information I should know about FOCALIN XR?

Tell your doctor if you (or your child) have any heart problems, heart defects, or high blood pressure, or a family history of these problems.

The following have been reported with use of dexamethylphenidate hydrochloride and other stimulant medicines: sudden death in patients who have heart problems or heart defects, stroke and heart attack in adults, and increased blood pressure and heart rate.

Tell your doctor about any mental problems you (or your child) have, or about a family history of suicide, bipolar illness, or depression. Additionally, new or worse behavior and thought problems, new or worse bipolar illness, new or worse aggressive behavior or hostility, and in children and teenagers, new psychotic symptoms (such as hearing voices, believing things that are not true, or are suspicious) or new manic symptoms.

Call your doctor right away if you (or your child) have any worsening signs of heart problems or worsening mental symptoms. Other serious side effects include slowing of growth (height and weight) in children; seizures (mainly in patients with a history of seizures); and eyesight changes or blurred vision.

Tell your doctor if you (or your child) have any signs of heart problems such as chest pain, shortness of breath, or fainting, or new or worsening mental symptoms such as seeing or hearing things that are not real, believing things that are not real, or are suspicious.

If you take FOCALIN XR for an extended period of time, your doctor may periodically take a blood test.

Tell your doctor if you (or your child) take anti-depression medicines including MAOIs, seizure medicines, blood thinner medicines, blood pressure medicines, antacids, or cold or allergy medicines that contain decongestants. Do not start any new medicine while taking FOCALIN XR without telling your doctor first.

Common side effects seen with FOCALIN XR were headache, upset stomach, trouble sleeping, anxiety, decreased appetite, dry mouth, dizziness, and nervousness.

Please see accompanying full Prescribing Information for Focalin XR.

Brought to you by the makers of

 **Focalin XR**<sup>®</sup>  
dexamethylphenidate HCl Extended-Release Capsules  
5mg, 10mg, 15mg, 20mg

 **NOVARTIS**

FCL-800162-B  
04/09

## Conners 3™ TEACHER Short Form continued

Rate the student on the following in the <i>PAST MONTH</i> :	NOT TRUE AT ALL	JUST A LITTLE TRUE	PRETTY MUCH TRUE	VERY MUCH TRUE	PHYSICIAN ONLY						
					Transfer the circled number into the unshaded box across each row.						
					IN	HY	LE	AG	PR	PI	NI
22. Restless or overactive.	0	1	2	3							
23. Is good at planning ahead.	3	2	1	0							
24. Fidgets or squirms in seat.	0	1	2	3							
25. Is patient and content, even when waiting in a long line.	0	0	0	1							
26. Does not pay attention to details; makes careless mistakes.	0	1	2	3							
27. Is one of the last to be picked for teams or games.	0	1	2	3							
28. Spelling is poor.	0	1	2	3							
29. Has trouble keeping friends.	0	1	2	3							
30. Leaves seat when he/she should stay seated.	0	1	2	3							
31. Behaves like an angel.	0	0	0	1							
32. Talks out of turn.	0	1	2	3							
33. Is difficult to please or amuse.	0	0	1	1							
34. Is perfect in every way.	0	0	0	1							
35. Forgets things already learned.	0	1	2	3							
36. Has a short attention span.	0	1	2	3							
37. Does not know how to make friends.	0	1	2	3							
38. I cannot figure out what makes him/her happy.	0	0	1	1							
39. Is sidetracked easily.	0	1	2	3							
PHYSICIAN ONLY      Subtotal raw scores											
Subtotal raw scores from previous page											
TOTAL RAW SCORES											
Please refer to the Physician's Instruction Booklet											
T-scores										VALID?	

Think about your answers so far, then answer the next two items:

- |  |   |   |   |   |
|--|---|---|---|---|
| 40. The student's problems seriously affect schoolwork or grades.          | 0 | 1 | 2 | 3 |
| 41. The student's problems seriously affect friendships and relationships. | 0 | 1 | 2 | 3 |

**Additional Questions:**

42. Do you have any other concerns about this student? \_\_\_\_\_
43. What strengths or skills does this student have? \_\_\_\_\_



# TEACHER Short Form

by C. Keith Conners, Ph.D.

Student's Name: \_\_\_\_\_

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender:  M  F Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Years \_\_\_\_ Months

Grade: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Time Known Student: \_\_\_\_ Months Class(es) Taught: \_\_\_\_\_

**Instructions:** Here are some things teachers might say about their students. Please tell us about **this** student and what he/she has been like in the **PAST MONTH**. Read each item carefully, then decide how well it describes this student or how frequently it has happened:

In the **PAST MONTH**, this was . . . **NOT TRUE AT ALL** about this student. It never (or seldom) happened.

**JUST A LITTLE TRUE** about this student. It happened occasionally.

**PRETTY MUCH TRUE** about this student. It happened often (or quite a bit).

**VERY MUCH TRUE** about this student. It happened very often (very frequently).

Please circle only one number for each statement. The numbers are for physician's scoring only—be sure to circle your choice based on the truth of the statement.

It is important to respond to every item. For items that you find difficult to answer, please give your best guess.

Rate the student on the following in the **PAST MONTH**:

	NOT TRUE AT ALL	JUST A LITTLE TRUE	PRETTY MUCH TRUE	VERY MUCH TRUE	PHYSICIAN ONLY						
					Transfer the circled number into the unshaded box across each row.						
					IN	HY	LE	AG	PR	PI	NI
1. Is constantly moving.	0	1	2	3							
2. Has to struggle to complete hard tasks.	1	0	0	0							
3. Inattentive, easily distracted.	0	1	2	3							
4. Makes mistakes.	1	0	0	0							
5. Bullies, threatens, or scares others.	0	1	2	3							
6. Cannot do things right.	0	0	1	1							
7. Is angry and resentful.	0	1	2	3							
8. Excitable, impulsive.	0	1	2	3							
9. Is fun to be around.	1	1	0	0							
10. Has trouble keeping his/her mind on work or play for long.	0	1	2	3							
11. Has poor social skills.	0	1	2	3							
12. Actively refuses to do what adults tell him/her to do.	0	1	2	3							
13. Is happy, cheerful, and has a positive attitude.	1	1	0	0							
14. Cannot grasp arithmetic.	0	1	2	3							
15. Tries to get even with people.	0	1	2	3							
16. Has trouble getting started on tasks or projects.	0	1	2	3							
17. Acts in sneaky or manipulative ways.	0	1	2	3							
18. Does not understand what he/she reads.	0	1	2	3							
19. Tells the truth; does not even tell "little white lies."	0	0	0	1							
20. Appears to be unaccepted by group.	0	1	2	3							
21. Is hard to motivate (even with highly desirable rewards).	0	0	1	1							
<b>PHYSICIAN ONLY Subtotal raw scores and continue to back page</b>											

# Conners 3™ PARENT Short Form continued

Rate your child on the following in the **PAST MONTH**:

- |   | NOT<br>TRUE<br>AT ALL | JUST A<br>LITTLE<br>TRUE | PRETTY<br>MUCH<br>TRUE | VERY<br>MUCH<br>TRUE |
|---|-----------------------|--------------------------|------------------------|----------------------|
| 23. Threatens to hurt others.                                     | 0                     | 1                        | 2                      | 3                    |
| 24. Is constantly moving.   | 0                     | 1                        | 2                      | 3                    |
| 25. Has trouble with reading.                                     | 0                     | 1                        | 2                      | 3                    |
| 26. Is angry and resentful.                                       | 0                     | 1                        | 2                      | 3                    |
| 27. Has a short attention span.                                   | 0                     | 1                        | 2                      | 3                    |
| 28. Excitable, impulsive.   | 0                     | 1                        | 2                      | 3                    |
| 29. Cannot do things right.                                       | 0                     | 0                        | 1                      | 1                    |
| 30. Has trouble concentrating.                                    | 0                     | 1                        | 2                      | 3                    |
| 31. Tells the truth; does not even tell "little white lies."      | 0                     | 0                        | 0                      | 1                    |
| 32. Has trouble organizing tasks or activities.                   | 0                     | 1                        | 2                      | 3                    |
| 33. Is fun to be around.  | 1                     | 1                        | 0                      | 0                    |
| 34. Inattentive, easily distracted.                               | 0                     | 1                        | 2                      | 3                    |
| 35. Is messy or disorganized.                                     | 0                     | 1                        | 2                      | 3                    |
| 36. Spelling is poor.   | 0                     | 1                        | 2                      | 3                    |
| 37. Is patient and content, even when waiting in a long line.     | 0                     | 0                        | 0                      | 1                    |
| 38. Has no friends.   | 0                     | 1                        | 2                      | 3                    |
| 39. Does not understand what he/she reads.                        | 0                     | 1                        | 2                      | 3                    |
| 40. Behaves like an angel.  | 0                     | 0                        | 0                      | 1                    |
| 41. Has trouble keeping his/her mind on work or on play for long. | 0                     | 1                        | 2                      | 3                    |
| 42. Has to struggle to complete hard tasks.                       | 1                     | 0                        | 0                      | 0                    |
| 43. Does not get invited to play or go out with others.           | 0                     | 1                        | 2                      | 3                    |

PHYSICIAN ONLY							
Transfer the circled number into the unshaded box across each row.							
IN	HY	LP	EF	AG	PR	PI	NI
PHYSICIAN ONLY		Subtotal raw scores					
		Subtotal raw scores from previous page					
		<b>TOTAL RAW SCORES</b>					

Please refer to the Physician's Instruction Booklet

								<b>VALID?</b>
<b>T-scores</b>								

Think about your answers so far, then answer the next three items:

- |   |   |   |   |   |
|---|---|---|---|---|
| 44. Your child's problems seriously affect schoolwork or grades.          | 0 | 1 | 2 | 3 |
| 45. Your child's problems seriously affect home life.                     | 0 | 1 | 2 | 3 |
| 46. Your child's problems seriously affect friendships and relationships. | 0 | 1 | 2 | 3 |

**Additional Questions:**

47. Do you have any other concerns about your child? \_\_\_\_\_
48. What strengths or skills does your child have? \_\_\_\_\_



# PARENT Short Form

by C. Keith Connors, Ph.D.

Child's Name: \_\_\_\_\_

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender:  M  F Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Years \_\_\_\_ Months

Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

**Instructions:** Here are some things parents might say about their children. Please tell us about **your** child and what he/she has been like in the **PAST MONTH**. Read each item carefully, then decide how well it describes your child or how frequently it has happened:

In the **PAST MONTH**, this was . . . **NOT TRUE AT ALL** about my child. It never (or seldom) happened.  
**JUST A LITTLE TRUE** about my child. It happened occasionally.  
**PRETTY MUCH TRUE** about my child. It happened often (or quite a bit).  
**VERY MUCH TRUE** about my child. It happened very often (very frequently).

Please circle only one number for each statement. The numbers are for physician's scoring only—be sure to circle your choice based on the truth of the statement.

It is important to respond to every item. For items that you find difficult to answer, please give your best guess.

Rate your child on the following in the **PAST MONTH**:

	NOT TRUE AT ALL	JUST A LITTLE TRUE	PRETTY MUCH TRUE	VERY MUCH TRUE
1. Forgets to turn in completed work.	0	1	2	3
2. Is perfect in every way.	0	0	0	1
3. Fidgets or squirms in seat.	0	1	2	3
4. Is one of the last to be picked for teams or games.	0	1	2	3
5. Restless or overactive.	0	1	2	3
6. Does not know how to make friends.	0	1	2	3
7. Runs or climbs when he/she is not supposed to.	0	1	2	3
8. Cannot grasp arithmetic.	0	1	2	3
9. Is difficult to please or amuse.	0	0	1	1
10. Needs extra explanation of instructions.	0	1	2	3
11. Is hard to motivate (even with rewards like candy or money).	0	0	1	1
12. Makes mistakes.	1	0	0	0
13. Acts as if driven by a motor.	0	1	2	3
14. Starts fights with others on purpose.	0	1	2	3
15. Has trouble getting started on tasks or projects.	0	1	2	3
16. Is happy, cheerful, and has a positive attitude.	1	1	0	0
17. Does not pay attention to details; makes careless mistakes.	0	1	2	3
18. Has trouble keeping friends.	0	1	2	3
19. Bullies, threatens, or scares others.	0	1	2	3
20. Loses things (for example, schoolwork, pencils, books, tools, or toys).	0	1	2	3
21. Tells lies to hurt other people.	0	1	2	3
22. I cannot figure out what makes him/her happy.	0	0	1	1

PHYSICIAN ONLY							
Transfer the circled number into the unshaded box across each row.							
IN	HY	LP	EF	AG	PR	PI	NI
PHYSICIAN ONLY				Subtotal raw scores and continue to back page			



**Daily Living Activities (©DLA-20): Youth Mental Health**  
**© W.S. Presmanes, MA, MEd, and R.L. Scott, PhD.**

Client Name: Joe Smith

Client Date of Birth: \_\_\_\_\_

**COPY**

Primary Clinician/Rater: Joe Smith's Therapist/Rater

Signature: \_\_\_\_\_

**Instructions:** Using the scale below, rate how often or how well the consumer independently performed or managed each of the 20 Activities of Daily Living (ADL's) in the community during the last 30 days. If the consumer's level of functioning is varied, rate the lower score. Consider impairments in functioning due to physical limitations as well as those due to mental impairments. Do not consider environmental limitations (eg, "no jobs available").

Strengths are scored >=5 in an activity and indicate functioning "within normal limits" (WNL) for that activity.

All DLA's are applicable. Enter NA only if the activity was not assessed. Do not score more than 5 DLA's as NA.

1	2	3	4	5 (WNL)	6 (WNL)	7 (WNL)
None of the time. Pervasive, continuous intervention required. Dysfunctional. <b>Disabling impairment.</b>	Almost never. Not functional. Dependent. <b>Severe impairment.</b>	Occasionally. Functioning depends on continuous support. <b>Substantial impairment.</b>	Some of the time. Marginal independence. Low level of continuous support. <b>Serious impairment.</b>	A good bit of the time. Independent with moderate, routine support. <b>Moderate problems.</b>	Most of the time. Independent with intermittent support or follow-up. <b>Intermittent problems.</b>	All of the time. Optimal and independent asset. <b>No problems.</b>
<b>ACTMTIES</b>	<b>Examples of Scoring Strengths as WNL behaviors (Scores of 5, 6, 7)</b>			<b>Dates:</b>	5/20/2010	
1. <u>Health Practices</u>	Assist or manage adequate weight, moods, outdoor exercise, aches, pains. Take medications over the counter drugs with adult supervision only.					
2. <u>Housing Stability / Maintenance</u>	Housing is stable and youth contributes to stability in the home (age-appropriate). Respect others and property. Share in chores, involve caretakers in school related projects, grades.					
3. <u>Communication</u>	Greets adults. Listens. Expresses feeling, anger, opinions effectively.					
4. <u>Safety</u>	Play it safe? Avoid guns, knives, matches, danger people or places where there is likely trouble or an abuse potential. If driving, has a safe record.					
5. <u>Managing Time</u>	Assist or manage time for promptness. Regularly attends school and work (age appropriate). Routinely completes tasks. Sleep, wake, meals on regular basis?					
6. <u>Managing Money</u>	Reliably handles or manages monetary allowance. Abstains from overspending personal limits. Betting, stealing, borrowing?					
7. <u>Nutrition</u>	Eats at least 2 basically nutritious meals with caretakers. Eat healthy snacks that reasonably limit sugar and caffeine?					
8. <u>Problem Solving</u>	Understand presenting problems, reasons for seeking services. Focus on possible solutions for age-appropriate time periods. Assist or manage difficult situations?					
9. <u>Family Relationships</u>	Feel close to at least one other person at home. Get along with family or caretakers. Feel loved?					
10. <u>Alcohol/Drug Use</u>	Abstain from smoking cigarettes, drinking alcohol, doing drugs or inhalants of any kind. Avoid high risk drinking situations and people who do drugs?					
11. <u>Leisure</u>	Enjoy two or more fun and relaxing activities: musical instruments, music, watching/playing sports, reading, computer or board games, cards, art, hobbies, movies, TV?					
12. <u>Community Resources</u>	Use community activities, resources such as after-school sponsored tutoring, clubs, sports, scouts, Boys/Girls Clubs, library, church, dances?					
13. <u>Social Network</u>	Make and keep same-age friends. Avoid bullying, gangs, cults, anti-social groups.					
14. <u>Sexuality</u>	Reports age-appropriate sexually responsible behaviors with girls/boys. Educated and avoids sexual activities, infections, pregnancy?					
15. <u>Productivity</u>	Feel good about performance at school. Consider grades to be good. Complete school projects without undue difficulty. Have vocational goals?					
16. <u>Coping Skills</u>	Accept adult correction without undue arguing, temper outburst. Tolerates frustration.					
17. <u>Behavior Norms</u>	Control threatening or physical expression of anger, violent behavior - either to self or others or property. Law abiding, responsible with school, community rules, driving car.					
18. <u>Personal Hygiene</u>	Help or manage general cleanliness - daily shower/bath, brush teeth.					
19. <u>Grooming</u>	Assist or manage general appearance: hair, shave, comply with school rules					
20. <u>Dress</u>	Assist or responsibly care for clean clothes, comply with school dress code.					

<p align="center"><b>Scoring Instructions:</b></p> <p>Ratings for all 20 DLA's can be added then divided in half to estimate CGAS or:</p> <p>Step 1: Add scores from applicable column.</p> <p>Step 2: Divide sum by number of activities actually rated. This is the average DLA score.</p> <p>Step 3: To estimate CGAS, multiply the average DLA by 10. Compare to DSM-IV Axis V and lower GAF if consumer is symptomatic.</p> <p>Step 4: Change score: Subtract most recent DLA score from immediate prior score.</p>	Sum (max.140)	0	0	0	0	0
	Average DLA	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	<b>DLA</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	Estimated CGAS					
	Change Score	-	0	0	0	0
<b>Rater's Initials</b>						

DAILY LIVING ACTIVITIES (©DLA-20) ANCHORS	1- Extremely severe functional impairment, needs pervasive level of continuous paid supports	2- Severe functional impairment, needs extensive level of continuous paid supports	3- Serious functional impairment in response to serious symptoms; moderate supports	4- Moderate functional impairments, needs low level of routine paid supports	5- WNL/Strength Mild functional impairment, needs moderate level of intermittent paid supports	6- WNL-Strength Intermittent mild functional impairment, needs low level of paid supports	7- WNL-Strength Independent, Optimal functioning, no need for paid supports.
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<b>Health Practices:</b> Rate independent self-care for physical and mental health, including treatment plan compliance, medication compliance	Evidence of danger to self/other. No self-care, evidence of breaks in reality, requires pervasive interventions (e.g.: multiple or lengthy stays in crisis, jail)	Marked limitations in self-care & may have physical complications, extensive help for very severe mental impairments, concern for danger to self/other	Limited self-care & compliance, serious impairments in moods, symptoms, mental status, maybe physical issues prompting continuous help for health care.	Marginal self-care and compliance with health issues or prescriptions, managing moods is moderate problem; requires scheduled low level mental health assistance	Moderately self-sufficient, manages moods but relies on intermittent, some routine assistance or home visits by helping persons, in private or self-help residences.	Independent self-care, compliant with treatment, meds - minimal support, some assistance ok from family, friends, other helping persons.	Optimally independent in taking care of physical & mental status; makes good health care decisions, no assistance needed in self care.
<b>Housing Maintenance:</b> Rate self-sufficiency for maintaining independent and adequate housing, management of household	Health endangering threat, needs or relies on pervasive supervision in protective environment, dependent - does not manage household, not self-sufficient.	Marked limitations in keeping or maintaining stable housing, e.g., sometimes on street, needs or uses constant assistance, likely in 24/7 supported or protective residences.	Dysfunctional in community housing, unstable, Limited self-sufficiency; e.g., relies on respite, assistance, private or self-help home, may occasionally help in household maintenance.	Stable community housing but housing may be inadequate or s/he may be only marginally self-sufficient, e.g., relies on regular assistance to maintain stable household.	Moderately self-sufficient in private place with routine, low level assistance, (e.g. home visits by helping persons), mostly maintains household by self.	Adequate independence: self-sufficient with minimal assistance in community based, independent housing (e.g. intermittent support from family, friends, others).	Optimal independence: Self-sufficient in community based, independent living with no significant assistance or public support in housing.
<b>Communication:</b> Rate ongoing and effective verbal and nonverbal communication	Not effective: high risk threats or non-communicative, pervasive dependence	Communication is dysfunctional, blunted or antagonistic with others, dependent on assistance.	Limited verbal or nonverbal effectiveness in communicating with others & may rely on assistance.	Not clear about problems, marginal effectiveness in communicating with others, uses regular assistance.	Moderately effective in communicating with others, using routine assistance	Adequately effective in communicating with others, minimal need for assistance	Optimal effectiveness in communicating with others, no significant assistance needed.
<b>Safety:</b> Rate maintenance of personal safety	Unsafe, Eminent danger to self or other, needs or requires pervasive level of continuous supervision.	Marked limitations in safety around home, community; needs/has extensive level of continuous supervision.	Makes unsafe decisions; "at risk" e.g., abusive or abused, cognitive limitations, needs supervision.	Marginally safe, aware and self-protective, benefits from regular assistance or monitoring.	Moderately safe, good decisions, benefits fm routine care-givers (e.g. home visits by helping persons).	Safe decisions; Adequate self-protection w/ minimal assistance, family, neighbors, friends, others	Optimally safe; alert, takes care of self with no significant assistance from others.
<b>Managing Time:</b> Rate management of time, self-direction.	High risk- aberrant routines or MIA (missing), No management of time; pervasive direction of others.	Marked limitations in routine time management, needs or receives extensive direction by others	Limited, e.g., poor routine management of meds, sleep, mealtimes; might need/use constant direction	Marginally effective, disruptions in routines; uses regular direction, e.g., prompts	Moderately effective time management, benefits from routine direction of others.	Adequate time management, minimal prompts or reliance on direction of others.	Optimal routines for health and wellness; self-directive in managing sleep, meds, mealtimes

DAILY LIVING ACTIVITIES (©DLA-20) ANCHORS	1- Extremely severe functional impairment, needs pervasive level of continuous paid supports	2- Severe functional impairment, needs extensive level of continuous paid supports	3- Serious functional impairment in response to serious symptoms; moderate supports	4- Moderate functional impairments, needs low level of routine paid supports	5- WNL/Strength Mild functional impairment, needs moderate level of intermittent paid supports	6- WNL-Strength Intermittent mild functional impairment, needs low level of paid supports	7- WNL-Strength Independent, Optimal functioning, no need for paid supports.
<b>Managing Money:</b> Rate independent management of personal finances	No income & no involvement in managing personal finances, total dependence on public or institutional help.	Marked limitations in management of personal finances; often involves rep payees or total supervision, very limited \$, minimal participation in spending or managing money.	Requires help to seek/in range public financial assistance (may have rep. payee for rent); Dependent or minimal participation in managing personal finances	Marginally independent in managing personal income, benefits or public assisted finances; often uses help, moderately participates in paying day to day rent & expenses.	Moderately independent in managing personal finance (minimum public assistance); intermittent assistance from others, significant participation in managing money.	Adequately independent in managing personal finance with minimal checks and balances or assistance of others	Optimal independence in managing independent and personal finances
<b>Nutrition:</b> Rate independent management of nutritional needs	High risk dietary concerns; Does not manage nutritional needs; no participation in meal planning, shopping, and preparation.	Very severe dietary limitations, substantial dependence on continuous assistance, often involves constant supervision; no nutritional meal plans, preparation	Serious limitations, needs or depends on continuous assistance from others; may eat what is available with limited participation in meal planning, shopping, and preparation.	Marginal independence in managing nutritional needs 2x/day; often uses assistance, some participation in meal planning, shopping, and preparation.	Moderately independent in meeting nutritional needs 2x/day, benefits from intermittent assistance, but participates in meal planning, shopping & preparation.	Adequately independent in managing nutritional needs with minimal assistance from others in meal planning, shopping, and preparation.	Optimal independence in managing nutritional needs, with no significant assistance from others needed for meal planning, shopping, and preparation.
<b>Problem Solving:</b> Rate independent management of problems of daily living	No problem solving, pervasive dependence on others to handle daily living problems approaching health endangering threat, no participation in problem solving.	Very severe limitations in problem solving often involving constant supervision, minimal participation in problem solving.	Serious limitations in meeting day to day needs, problem solving; often needs or relies on assistance, limited participation in treatment related problem solving.	Marginally self-sufficient in day to day problem solving, often needs or uses regular assistance, participates in treatment-related problem solving.	Moderately self-sufficient in problem solving with routine assistance from others, compliant in treatment-related decision making.	Adequately self-sufficient in day to day problem solving with minimal assistance from others.	Optimal and independent problem solving with no significant assistance from others.

DAILY LIVING ACTIVITIES (©DLA-20) ANCHORS	1- Extremely severe functional impairment, needs pervasive level of continuous paid supports	2- Severe functional impairment, needs extensive level of continuous paid supports	3- Serious functional impairment in response to serious symptoms; moderate supports	4- Moderate functional impairments, needs low level of routine paid supports	5- WNL/Strength Mild functional impairment, needs moderate level of intermittent paid supports	6- WNL-Strength Intermittent mild functional impairment, needs low level of paid supports	7- WNL-Strength Independent, Optimal functioning, no need for paid supports.
<b>Family Relationships:</b> Rate family interactions, quality of family relationship	Extremely dysfunctional relationships or deviant behaviors with others (i.e. often imminent physical aggression or severely abusive, withdrawn, often rejected by others.	Very dysfunctional relationships within family (e.g. total withdrawal, or unwanted dependency or destructive verbal or physical communication)	Dysfunctional relationships within family; often no significant or positive participation/communication with family; significant others	Marginally functional relationships within family; with significant others (i.e. relationships are often stressed or infrequent, superficial, unreliable).	Moderately effective continuing and close relationship with at least one family member; significant other	Adequate personal relationship with one or more family members or significant other	Positive relationship with family; significant others; assertively contributes to these relationships
<b>Alcohol/Drug Use:</b> Rate self-control in maintenance of alcohol/drug abstinence or safe use.	Current abuse or dependence diagnosed, accepts or denies pervasive substance abuse, currently evidences no self-control or safe use, imminent health and safety threats	Current abuse or dependence, in any deny substance abuse problem, does not participate in treatment; extremely limited self-control for abstinence or safe use.	Current abuse or dependence, acknowledges substance abuse problem but shows limited self-control, struggles to maintain treatment plan related to substance use.	Current problem with use, abuse or dependence, agrees to substance abuse problem, treatment, currently evidences marginal success with self-control over alcohol, cigarettes, drugs.	No current use but recent history of abuse/dependence, adequately aware of risks and seeking information, support, treatment to continuously sustain success.	History of substance abuse-related issue, currently maintains abstinence or safe use with minimal supportive assistance (self help groups).	No history of substance abuse-related problems and Optimal self-control with substances; currently abstinent or practices safe use, no issues.
<b>Leisure:</b> Rate independent participation in leisure activities.	Dependent - No independent participation in leisure activities.	Dependent - min. participation in leisure of any kind without help.	Limited interests or independent participation in leisure activities.	Marginally independent leisure activity participation.	Moderately independent leisure activity participation.	Adequately independent in at least one leisure activity.	Optimal interests; independence with 2 or more leisure activities.
<b>Community Resources:</b> Rate independent use of community resources (e.g. health & social services, shopping, transportation).	No independent use of community resources; chronic reliance on helpers to gain access OR adamantly refuses necessary help.	Inappropriate dependence OR unable to be independent in community resources, very reliant on helpers to gain access.	Does not seek appropriate supportive svcs w/o help; Limited independence using community resources, reliant on help to gain access.	Marginally independent in community; occasional reliance to gain access to recreational, educational, vocational resource	Moderately independent in use of community resources, intermittent reliance gaining access	Adequate independent use of community resources, minimal need for help in gaining access.	Optimal independent use of community resources, no significant need for help in gaining access.

<b>DAILY LIVING ACTIVITIES (©DLA-20) ANCHORS</b>	<b>1- Extremely severe functional impairment, needs pervasive level of continuous paid supports</b>	<b>2- Severe functional impairment, needs extensive level of continuous paid supports</b>	<b>3- Serious functional impairment in response to serious symptoms; moderate supports</b>	<b>4- Moderate functional impairments, needs low level of routine paid supports</b>	<b>5- WNL/Strength Mild functional impairment, needs moderate level of intermittent paid supports</b>	<b>6- WNL-Strength Intermittent mild functional impairment, needs low level of paid supports</b>	<b>7- WNL-Strength Independent, Optimal functioning, no need for paid supports.</b>
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<b>Social Network</b> Rate quality of interactions with immediate social network (e.g. close friends)	Extremely dysfunctional in relationships (i.e. often imminent physical aggression is abusive or severe withdrawal, often rejected)	Marked limitations in social network relationships (e.g. excessive dependency or destructive behaviors)	Limited interpersonally; often no significant friendships; socially isolated or avoids and withdraws	Marginal functioning with others (i.e. friendships are often minimal, unreliable, strained)	Moderately effective continuing and close relationship with at least one friend	Adequate interpersonal relationships with one or more friends	Positive relationship with one or more friends; optimally independently and assertively contributes to relationships
<b>Sexuality:</b> Rate sexual health, sexually appropriate, safe interactions	Severely dysfunctional, pervasive high risk, danger to self or others prompts continuous protective supervision	Marked limitations in sexual health & self-care, likely prompts extensive level of protective interventions due to high risk to self or others	Behaviors indicate limited sexual health self-care; risk concerns may prompt extra care, interventions, even supervision if risks appear imminent.	Marginally sufficient in self-care of sexual health; minimal understanding of personal or others sexual behavior, issues, inhibitions	Moderately sufficient in sexual health and self-care with routinely helpful education, guidance of others as age appropriate.	Adequate self-care around sexual health, and self-respect, needing only expected and minimal education, guidance from others.	Optimal sexual self-care, no gender issues apparent, respect for self, others, no guidance from others needed.
<b>Productivity:</b> Rate functioning primarily in most appropriate expected role (i.e. wage earner, homemaker, student)	Productivity severely limited; often unable to work or adapt to home making or school; virtually no attempt to be productive.	Occasional attempts at productivity unsuccessful; productive only with constant supervision in sheltered work, home or special classes.	Limited productivity; often with currently restricted capabilities for school, independent employment, home making, (e.g. requires highly structured routine).	Marginally productive (e.g. reduced ability to work in sheltered or independent work settings; distressed with disruptions or fluctuations at home, school, job)	Moderately functional, working in independent employment, at home or in school; consider limited skills, experience, moderate fluctuations at home or school.	Adequate functioning, working in independent employment, home or school; often not applying all available skills or abilities.	Optimally performs employment-related functions, homemaking, or school tasks with ease and efficiency.
<b>Coping skills:</b> Rate effective use of coping mechanisms.	Pervasive stresses, no mindful use of coping skills approach health endangering threat needs requires pervasive supervision.	Negative use of coping skills often leading to relapses, crises, involving constant interventions, in or out of protective environment.	Ineffective use of few coping skills prompting regular interventions (e.g. extra prescription requests, frequent use of over-the-counter medications)	Marginally effective knowledge and use of coping mechanisms; seeks assistance to create or initiate coping mechanisms.	Moderately effective range of coping mechanisms, WNL routine reminders, assistance to initiate coping mechanisms	Effective use of coping mechanisms with only expected, minimal assistance, knows self, acts to reduce stressors and use options to restore confidence.	Optimally effective use of coping mechanisms under various stresses with no significant assistance from others.

DAILY LIVING ACTIVITIES (©DLA-20) ANCHORS	1- Extremely severe functional impairment, needs pervasive level of continuous paid supports	2- Severe functional impairment, needs extensive level of continuous paid supports	3- Serious functional impairment in response to serious symptoms; moderate supports	4- Moderate functional impairments, needs low level of routine paid supports	5- WNL/Strength Mild functional impairment, needs moderate level of intermittent paid supports	6- WNL-Strength Intermittent mild functional impairment, needs low level of paid supports	7- WNL-Strength Independent, Optimal functioning, no need for paid supports.
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<b>Behavioral Norms:</b> Rate extended social network relationships, interaction with community	Totally isolated from or evidences severely deviant behaviors (i.e. behavior is overtly disruptive or threatening, may involve criminal justice sanctions)	Often isolated or demonstrates deviant behaviors, e.g., rejected or belligerent to helpers, neighbors; may have serious restrictions by courts/parole	Limited successful interactions in community, DUIs, minimal survival level interactions or seriously impaired behaviors, restricted by courts/parole	Marginally effective interactions; may be compliant with courts/parole; may receive multiple public system supports in accord with multiple needs	Moderately effective and independent in community interactions; may receive some public support in accord with needs	Adequate positive interactions in resident neighborhood, in one community or organization or recreational activity	Independently and Positively interacts in community, church or clubs, recreational activities, hobbies or personal interests, often with other participants
<b>Personal Hygiene:</b> Rate independent healthcare of personal hygiene, dental and oral care needs.	No self care - no personal hygiene; evidence indicates health endangering threat, pervasive needs.	Severe problems with teeth, or in self-care, personal hygiene, health endangered.	Limited self-care of teeth, poor personal hygiene, needs or dependent on assistance.	Marginally self-sufficient in maintaining adequate hygiene, dental-oral health.	Moderately self-sufficient in maintaining adequate hygiene with routine assistance.	Adequate self-care in maintaining good hygiene; minimal prompts or assistance	Optimal hygiene functioning, self-sufficient around cleanliness; no issues.
<b>Grooming:</b> Rate independent care and grooming of hair, hands, general appearance	No personal grooming indicative of high risk, pervasive needs	Marked limitations evident with poorly cleaned hair, hands, self-grooming, very serious needs	Limited self-care and sufficiency in grooming, general observations indicate severe impairments.	Marginally self-sufficient in maintaining adequate grooming - often needs regular assistance.	Moderately self-sufficient in grooming with prompts or support system routine assistance.	Adequate self-sufficiency in grooming, minimal assistance needed.	Optimal self-sufficiency in grooming with no routine assistance.
<b>Dress:</b> Rate independent maintenance of appropriate dress	Unclean, undressed - No self-care evidenced in maintaining clean, appropriate dress; high risk needs	Severely impaired in wearing clean & appropriate dress, evidence of extensive level of dependence.	Insufficient clean dress or dress is inappropriate for weather, tasks (e.g. too many clothes, too tight, too loose).	Marginally self-sufficient in maintaining clean, appropriate dress, often uses regular assistance.	Moderately self-sufficient in maintaining clean, appropriate dress, needs routine assistance.	Adequate self-sufficiency in maintaining clean, appropriate dress, minimal assistance needed.	Optimal self-sufficiency in maintaining clean, appropriate dress; no assistance needed with dress.



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application**

**ADDENDUM #1 - Issued May 23, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. If any Offeror is interested in obtaining a copy of the RFP in Word format and the Budget Worksheets in Excel, please e-mail request to [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org).
- II. The County has received the following questions and is providing a response:
  1. What is the timeline of the funding? Is it one year? Has a definitive start date and end date of the funding been established yet?

**Response: The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

2. How many times can organizations re-apply? Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

**Response: The renewal periods will be negotiated as part of the RFP process.**

3. Can an organization apply for the pilot program and the purchase for services contracts? Or are you only allowed to submit to one?

**Response: Organizations may apply for both the pilot program and purchase of services contracts.**

4. Can an organization submit more than one pilot program?

**Response: Yes.**

5. What is the funding cap request per proposal for the pilot program? What is the funding cap request for the purchase for services contract? Is it a set amount or is it variable?

**Response: There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

6. If a new non-profit organization has applied for their 501(3)(c) designation but it is still pending by the deadline date of the grant, will some consideration be given to the non-profits as long as they can document their application for 501(3)(c)?

**Response: Consideration may be given to a non-profit organization that has not yet obtained a 501(c)(3) designations; however, an organization must have obtained the 501(c)(3) designations prior to entering into a contract.**

7. Does the general liability insurance requirement and worker's compensation insurance requirement need to be in place before applying for the grant? Can this be an allowed expenditure in the budget of the request for funding proposal or is this at the expense of the organization? Do applicants need to provide an indemnity clause with their application, or only if selected for an award?

**Response: Insurance certificate does not have to be provided to submit a proposal response. It will be required at contract execution. The Offeror has discretion as to whether to itemize this expense or include it in their overall unit pricing. Indemnity clause may be provided with application or after selected for award.**

8. Is there a list of "allowable expenditures" of what can be requested for the proposal? Or a list of things that are "not allowable"? That would be helpful to have if it is available.

**Response: There is not currently a list of "allowable" or "not allowable" expenditures.**

9. For the pilot program, can participants/subjects in the research pilot be paid for their participation for completing surveys, classes, etc. as part of the funding? For example, "each participant who completes the pre- and post surveys and the classes on advocacy will have their name entered into a drawing to win a \$100.00 gift card to \_\_\_\_\_."

**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the Boone County Community Services Board's (BCCSB) Funding Policy.**

10. If a new non-profit has just been certified the state and Jason Kander's office sent a letter stating that their independent audit is not due to the state until August of 2015, is this letter allowable to present in lieu of doing an independent audit prior to submission as required by the grant?

**Response: Yes.**

11. Are there stipulations about minimum wage and paying employees in the pilot program hourly? Or can a stipend be paid to them per 3 month intervals?

**Response: All applicable state and federal labor laws must be followed.**

12. Will we be allowed to ask questions at the conference on Friday, May 23?

**Response: Yes.**

13. Can our organization apply as a lead organization with community collaborations as long as MOU's are in place?



**Response: Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies. The contracting agency must comply with terms for entering into subcontracts with other agencies.**

14. Is there a limit on the number of programs our organizations can apply for contracts?

- a. If the answer is more than one program, does our organization need to submit a separate application for each program or can we submit one set of standard uniform information and then separate sections for each individual program?

**Response: There is no limit on the submission of applications. Please submit a separate application for each proposed service your agency is requesting funding, including the standard uniform information.**

- b. If our organization can apply for multiple service contracts for separate programs, are there funding restrictions for each program? Ceiling on how much the organization can ask for total?

**Response: Parameters around level of funding have not been established at this time.**

15. Will evidence-based program training be funded under both of the RFP's?

**Response: Evidence-based program training may be considered for funding, provided the program training complies with the BCCSB's Funding Policy and the parameters established for funding by the Request For Proposal.**

- a. Are there any restrictions on the % of training costs?

**Response: No restrictions have been established at this time.**

- b. Are there any restrictions on the % of administration costs?

**Response: For the Purchase of Service Contract there is not a restriction on the percentage of administrative costs, however, the administrative costs should be included in the overall unit cost to provide the proposed service.**

19. Can funding be used for rent or the purchase of a physical building (i.e. a community center) in either RFP?

**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy. For Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

20. Can you clarify what specifically you are seeking in the anticipated outcomes, outcomes, indicators, and measurement sections (or how these differ)? Some of this information seems repetitive – is that okay?

Response: **There are excellent resources available on-line that provide detailed explanations of these terms. One resource to find this information is <http://www.cdc.gov/eval/resources/index.htm>.**

21. May we submit letters of support with our proposals?

Response: **Letters of support are not required. Letters of support will be considered as part of the application narrative. Consideration should be given to page limitations outlined in the Request for Proposals.**

22. Are the awarded contracts going to be fee for services (we get reimbursed for the services we provide) or cost-based? If they are fee for service, how are the rates determined?

Response: **Agencies will be reimbursed based on the unit cost provided in the Output section of the Application and detailed in the Budget Narratives.**

23. Attachment B - Our fiscal year runs from July to June. With that in mind, here is how I feel the years should run: Prior Year- July 2012- June 2013, Current Year July 2013-June 2014, and Proposed Year July 2014-June 2015. Is this correct? If so, our July 2013- June 2014 information will be incomplete (missing May and June numbers), should we project those numbers to show 12 months? Our agency wide budget is not completed for the upcoming year (July 2014-June 2015). Should we provide a preliminary budget?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

24. Attachment B - In regards to Attachment B; is this full agency budget or Boone County specific? (we cover 8 counties and our funding isn't designated by County)

Response: **Agencies may use their full agency budget for Attachment B. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

25. Attachment C - Where do we include the funding we are requesting from the Children's Service Funds?

Response: **The amount requested from the Children's Services Fund should not be included on Attachment C.**

26. Attachment C - In the bottom box, what is the difference between "Actual" and "Current"?

**Response: The bottom box should read from left to right, "Prior Actual Year", "Current Year", and "Proposed Year". An amended Attachment C is attached.**

27. Attachment C - I could not find any comments related to administrative or indirect cost. Are such costs allowable costs in the regular services RFP? If so, are there limitations?

**Response: Administrative and indirect costs are allowable, however, for Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

28. Under this funding, can a provider provide contracted services to adult clients if deemed beneficial to their child/ren? For example, when a family starts receiving services from Children's Division if a mental health screening or assessment were completed quickly it may help the child maintain placement in their biological home or return sooner. We often cannot provide services for biological parents of children in care because they lack insurance and funds. We have tried accepting CTS funds but that has not been successful.

**Response: All requests for funds will be considered, provided the request follows statutory guidelines and complies with the BCCSB's Funding Policy. The BCCSB's Funding Policy outlines who the beneficiaries of the fund are and addresses maximization of funding. The BCCSB's Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

29. If a provider submits a proposal that addresses two of the identified needs on page 2 of the RFP, can the applicant combine both identified service needs in one proposal and are two proposals required?

**Response: Separate applications are required for each proposed service your agency is requesting funding. The proposed service may address one or more statutorily eligible service areas as outlined on page 2 of the Purchase of Service Request for Proposal.**

30. Can funding be used toward offsetting the family's cost of obtaining services? For example, if a family has health insurance with a large deductible (\$2500). If they want us to provide services that cost \$1000, the family will still pay the entire fee out of pocket, due to the high deductible, which is a significant barrier to services for many families. Can funding be used to pay for the services we deliver in this case?

**Response: Please review the section titled "Maximization of Funding," in the BCCSB's Funding Policy.**

31. Attachment D, Agency Assurance Sheet: MU has a different governance structure than most nonprofits. Our authorized research signer always signs assurances on behalf of The Curators of the University of Missouri. We plan to have her sign on the CEO line. Should we just draw through the Agency Board chair line since it does not apply?

**Response: Yes.**

32. Attachment B Agency Financial Information: MU is a large institution with hundreds of different funding streams, departments, and programs. Should we fill out this form at the department or program levels?

Response: **For the University of Missouri, Attachment B should be filled out at the Department level and Attachment C should be filled out at the program level.**

33. Do we receive funding up front or reimbursement?

Response: **Agencies will receive funding through reimbursement.**

34. Reporting requirements, how often and include what? Quantitative vs. Qualitative?

Response: **Reporting requirements will be established during contract negotiation. It is anticipated that reporting terms will be at the most on a quarterly basis and at a minimum a biannual basis. Reporting requirements will include both quantitative and qualitative information depending on how agency outcomes and indicators are measured.**

35. We have a federally negotiated indirect rate. How do we account for this in the application?

Response: **Administrative and indirect costs are allowable, however, for Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

36. Can you elaborate on the local match and preferences given to those offerors?

Response: **Further information regarding match funding may be found in the BCCSB's Funding Policy. Offerors that provide the Board with an opportunity to match funds will be given preference.**

37. What is the maximum amount of funds that can be requested for each RFP?

Response: **There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

38. Can funding be used to support services, or supportive services/wrap-around services to children and youth who are currently enrolled in a residential chemical dependency program?

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy.**

39. Should all proposals be for a twelve month period? I see that there is the option for negotiation to renew funded proposals, but in our original design for programming, should we limit programming to twelve months?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. Agencies should define proposed program terms in the application and budget narratives.**

40. What will technically be considered a "Collaborative Program"

Response: **"Collaborative Program" is not a term used in the Requests for Proposals. Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.**

- Will "Collaborative Programs" mentioned be required to provide authentic proof/memorandum of collaborative or partnership agreements with proposal submission.

Response: **Substantive and ongoing collaboration with other agencies must be demonstrated.**

41. Can "match funding" requirements be furthered clarified.

Response: **Further information regarding match funding may be found in the BCCSB's Funding Policy. The BCCSB's Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

- Which funding sources/agencies will be deemed appropriate for fund matching?

Response: **Consideration will be given to all match funding opportunities.**

- Is there a (minimum or maximum) in which match funds will be restricted.

Response: **No.**

42. Define "healthy lifestyles" and what is expected of prevention programs that fall within this effort.

Response: **The Board will evaluate proposals for prevention programs which promote healthy lifestyles based on the information and description of the Offeror. It is expected that agencies provide meaningful services to children, youth and families.**

- What will be considered "Health"?

Response: **The offeror should define what they consider health to be in their proposal.**

- Will preference be given to single-focused/targeted programs (ex. obesity prevention for children)

Response: **No.**

- Will proposals that focus on multi-faceted prevention efforts be considered as viable candidates?

Response: **Yes.**

43. How many times can organizations re-apply? Is it on an Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

44. Section I - Overview:

Must offerors submit proposals providing services throughout Boone County, or may proposals focus on certain geographic areas such as the City of Columbia?

Response: Please reference the "Beneficiaries and Outcomes" section of the BCCSB's Funding Policy.

45. Attachment C Program Budget Worksheet

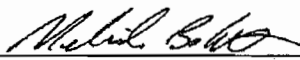
- a. Because Section VII - Term; Termination of Contract Agreement indicates that the initial term of contract will be negotiated, should the offeror assume that the Program Budget Worksheet is to be filled out on a calendar year basis?

Response: As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.

- b. The Worksheet requires Program Revenue and Expenses for Prior (2013), Current (2014), and Proposed Year (2015). Because revenue from certain sources (such as United Way) are contractually committed on calendar year basis, some revenue shown for Current year may not be available for Proposed Year. How should offerors treat this type of revenue on Exhibit C?

Response: See above.

By:

  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

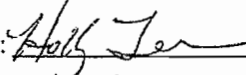
OFFEROR has examined copy of Addendum #1 to Request for Proposal 27-10JUN14 - Purchase of Service Contracts for Boone County Community Children's Services - 2014 Application receipt of which is hereby acknowledged:

Company Name: Burrell, Inc.

Address: 1300 E. Bradford Parkway, Springfield, MO 65804

Phone Number: (417) 761-5026 Fax Number: (417) 761-5011

E-mail: holly.jones@burrellcenter.com

Authorized Representative Signature:  Date: 6/30/2014

Authorized Representative Printed Name: HOLLY JONES



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #2 - Issued May 28, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Change Bid Due Date and Opening Date to the following:

**Response Submission Deadline: July 10, 2014, 1:15 p.m. Central Time**  
**Proposal Opening: July 10, 2014, 1:30 p.m. Central Time**

- II. Attached for informational purpose are the pre-proposal conference sign-in sheets from the conferences that were held on May 23, 2014.
- III. Provided for informational purpose is the evaluation weighted criteria that will be used by the Children’s Services Board to evaluate the proposal responses received.

<b>Agency and Service Information</b>	<b>15%</b>
<b>Evaluation</b>	<b>50%</b>
<b>Budget</b>	<b>35%</b>

- IV. The County has received the following questions and is providing a response:

1. May the 15-page limitation on the application narrative be exceeded (under section V. Application)?

**Response: Every effort should be made to stay within the 15-page limitation. Should Offeror have pertinent information that exceeds 15 pages, additional pages may be submitted.**

2. Do you want the entire regional budget within the entire state budget?

**Response: The budget submitted should be consistent with the agency’s annual independent financial audit.**

3. Section IV. Funding Available, in the RFP, states that indirect costs are not allowed. Addendum #1 states indirect costs are allowed. Which is correct?

**Response: The RFP states *additional* indirect costs will not be allowed. As stated in Addendum #1, administrative and indirect costs are allowable; however, for Purchase of**

**Service proposals, expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

4. Is it acceptable to define outcomes as short-term, intermediate, and long term?

Response: **Yes. Please stay within the format of Attachment A.**

5. How will billing occur?

Response: **It is anticipated agencies will be reimbursed for services provided through contract. The agency will provide the service at a unit cost and invoice Children's Services.**

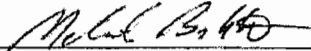
6. Can letters of support be used in lieu of Memorandums of Understanding to demonstrate collaboration with other agencies?

Response: **Yes.**

7. Regarding Attachment B – Agency Financial Information, we do see the “other revenue” line, but we would like for individual lines to be added to this form for private insurance and private pay.

Response: **There will not be additional lines added for private insurance and private pay at this time. Please provide a detailed description of the agency's revenue in the budget narrative.**

By:

  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

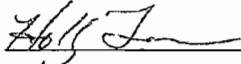
OFFEROR has examined copy of Addendum #2 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: Burrell, Inc.

Address: 1300 E. Bradford Parkway, Springfield, MO 65804

Phone Number: (417) 761-5026 Fax Number: (417) 761-5011

E-mail: holly.jones@burrellcenter.com

Authorized Representative Signature:  Date: 6/27/2014

Authorized Representative Printed Name: Holly Jones, Ph.D.



PRE-PROPOSAL CONFERENCE SIGN IN SHEET

27-10JUN14 – Service Contracts for Boone County Children's Services  
May 23, 2014, 10:00 a.m. central time

28-24JUN14 – Pilot Programs that Provide Innovative Service Friday  
May 23, 2014, 11:00 a.m. central time

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	Kelly Wallis	Children's Services Board	886-7218	
3.	Joanne Nelson	Children's Services Board	886-4298	
4.	Erika Waller	MU Psychological Services Clinic	882-2686	882-7583
5.	J. Arment	BBH	777-8377	
6.	Frances Jones	BBH	777 8338	777 8388
7.	Julia Adams	GC	843-8331	-
8.	Carole Schatz	mupc	424-2287	
9.	Cynthia Johnson	MU		
10.	Walter Smith			
11.	Emmett Rife	Project LAUNCH		
12.	Jessica Wilbey	I		
13.	Jack Jensen	First Chance for Children		
14.	Angie Zink	Great Circle		
15.	Paulo Porciani	Pre-Perennial Family Healthcare		
16.	Wes Tolnu	"		
17.	Sara Muth	"		
	Kelly Treiter	"		

18.	Jan Stock	Rainbow House	474-6600	474-5992
19.	Philip Peters	Cradle to Care	882-8274	
20.	Ryan White	Toth Community Coalition	449 1113	268 4543
21.	Mark Landhouse	Russell	777 8336	
22.	Craig Valente	" " "	777 8451	
23.	Brian Martin	Partners Community Health	317-9100	
24.	Holly Staley	SSM Health Care	314-479-8462	314-402-5913
25.	Ryan White	Leadville Community Health	443 8706	
26.	Nic Douber	Self	356 6307	
27.	Ann Diner	Agent of Insurance (PFA)	(724)443-4600	JIT
28.	Marissa F. Maher	Assessment + Consultation Ch.	573-884-3101	573-884-3379
29.	Steph Hollis	City/County HHS	874-7477	
30.	Dr. T. McInnis	all Community Health	573 268-2746	
31.	Heather Scott	Big Spring	573-874-3677 x.201	
32.	GRANT BRACKEN	UPSTAIRS INITIATIVE	573-999-9166	
33.	BONDI WOOD	THE THOMPSON CENTER FOR AUTISM	573-489-7312	
34.	Chuck Bondain	U. Missouri	573-882-4578	
35.	William Alford	CVMS-CAH	573-353-0574	
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DL

FAX

41.	Emmalyalina	CMCA	443-8706	
42.	Pamela Berry	CMCA	443-8706	
43.	Randy Hill	Lora (NC)	256-7662 ext. 29	256-7665
44.	Janice Carter	CPS	214-3462	214-3402
45.	Megan Carnes	MU ACC	573-844-1085/10	573-844-3399
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

27-10JUN14 – Service Contracts for Boone County Children’s Services  
 May 23, 2014, 10:00 a.m. central time

28-24JUN14 – Pilot Programs that Provide Innovative Service Friday  
 May 23, 2014, 11:00 a.m. central time

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	Kelly Wallis	Children's Services Board	886-7218	
3.	Joanne Nelson	Children's Services Board	886-4298	
4.	Paulette Foerster	Lutheran Family and children's services	815-9955	449-4640
5.	Christine P... ..	"	"	"
6.	Paula Fleming	Great Circle	356-0022	442-8330
7.	Peppy Howard	Great Circle	314-623-6589	314-968-8308
8.	Harper Coloko	Great Circle	314-626-6242	
9.	Misty O'Keefe	Child Care Aware of MD	314-952-9716	314-754-0730
10.	Shelly Lock	Child Care Aware of MD	573-353-1930	314-754-0330
11.	Whitney Jones	YOUTH Empowerment Zone	(785) 841-2115	
12.	Chrissy Mayer	DCCCA/Tallgrass Family Services	(785) 841-4138 Empowerment Zone	785 841-5777
13.	Anita Kesting-Cover	PCHAS	573-289-7590	
14.	Becky Markt	CHA Low Income Services	573-943-2556	
15.	Antonia Topoi	" HCV	" (814) 460	
16.				
17.				



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services**

**ADDENDUM #3 - Issued June 16, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Last date to submit questions is June 27, 2014 at 12:00 p.m.
- II. The County has received the following questions and is providing a response:
  1. Under Section II Funding Goals, would you please define match funding opportunities?

**Response: Information regarding match funding may be found in the BCCSB's Funding Policy. The BCCSB's Funding Policy may be found at <http://www.showm cboone.com/communityservices/policies.asp>.**

2. Is an annual independent audit necessary for our small agency? We have received state grants for our afterschool program for nine years and have never been required to do this because our level of funding has never exceeded \$100,000.

**Response: If the agency is not required or is exempt from conducting an annual independent financial audit, please explain this in your Application Narrative.**

3. We currently have no paid employees under our organization. We are all volunteers. In the past, we have only had five part-time employees. Under our proposal we would request employment for 3 to 5 employees. Would we still be required to carry Worker's Comp. Insurance?

**Response: It would be acceptable to provide evidence of monopolistic state coverage and the County would provide a form for you to complete at time of contract execution.**

4. We carry Comprehensive General Liability Insurance for \$1,000,000. To increase our coverage to \$2,000,000.00, would be an increase in our annual budget. Is this a non-negotiable requirement?

**Response: The Commercial General Liability Insurance requirements have been reduced to \$1,000,000.000. Please replace the Insurance Requirements that were in the original RFP with the attached.**

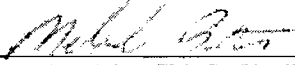
5. We carry Commercial Automobile Liability for \$1,000,000.00. To increase our coverage to \$2,000,000.00 would be an increase to our annual budget. Is this a non-negotiable requirement?

Response: **The Business Automobile Liability Insurance requirements have been reduced to \$1,000,000.00. Please replace the Insurance Requirements that were in the original RFP with the attached.**

6. One of the required attachments is a Certificate of Good Standing from the Missouri Secretary of State's office. May we attach a screen shot of the MO SOS webpage that shows our organization's standing or are you requiring an official Certificate?

Response: **A Certificate of Good Standing is not a required attachment; please do not attach it to your proposal. Attachment D, 2014 Agency Assurance Sheet, states: "I, the undersigned, further certify I have and will make available, upon request, of the following documents...."**

By:

  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

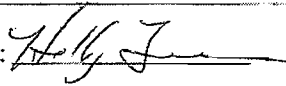
OFFEROR has examined copy of Addendum #3 to Request for Proposal 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services receipt of which is hereby acknowledged:

Company Name: Burrell, Inc.

Address: 1300 E. Bradford Parkway, Springfield, MO 65804

Phone Number: (417) 761-5026 Fax Number: (417) 761-5011

E-mail: holly.jones@burrellcenter.com

Authorized Representative Signature:  Date: 6/27/2014

Authorized Representative Printed Name: Holly Jones, Ph.D.

**Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County, nor shall the Contractor allow any subcontractor to commence work on their subcontract until all similar insurance required of subcontractor has been so obtained and approved. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide. Insurance limits indicated below may be lowered at the discretion of the County.

**Employers Liability and Workers Compensation Insurance -** The Contractor shall take out and maintain during the life of this contract, **Employers Liability and Workers Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Workers Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor. Workers Compensation coverage shall meet Missouri statutory limits or provide evidence of monopolistic state coverage. Employers Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit. In case any class of employees engaged in hazardous work under this Contract at the site of the work is not protected under the Workers Compensation Statute, the Contractor shall provide and shall cause each subcontractor to provide Employers Liability Insurance for the protection of their employees not otherwise protected.

**Commercial General Liability Insurance -** The Contractor shall take out and maintain during the life of this contract, such commercial general liability insurance as shall protect them and any subcontractor performing work covered by this contract, from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or for any subcontractor or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 combined single limit for any one occurrence covering both bodily injury and property damage, including accidental death. If the Contract involves any underground/digging operations, the general liability certificate shall include X, C, and U (Explosion, Collapse, and Underground) coverage. If providing Commercial General Liability Insurance, then the Proof of Coverage of Insurance shall also be included.

Contractor may satisfy the minimum liability limits required for Commercial General Liability or Business Auto Liability under an Umbrella or Excess Liability policy. There is no minimum per occurrence limit of liability under the umbrella or Excess Liability; however, the Annual Aggregate limit shall not be less than the highest "Each Occurrence" limit for either Commercial General Liability or Business Auto Liability. Contractor agrees to endorse the County as an Additional Insured on the umbrella or Excess Liability, unless the Certificate of Insurance state the Umbrella or Excess Liability provides coverage on a "Follow-Form" basis.

**Business Automobile Liability -** The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; non-owned and both on and off the site of work.

**Subcontractors:** Contractor shall cause each Subcontractor to purchase and maintain insurance of the types and amounts specified herein. Limits of such coverage may be reduced only upon written agreement of Owner. Contractor shall provide to Owner copies of certificates evidencing coverage for each Subcontractor. Subcontractors' commercial general liability and business automobile liability insurance shall name Owner as Additional Insured and have the Waiver of Subrogation endorsements added.

**Proof of Carriage of Insurance -** The Contractor shall furnish the County with Certificate(s) of Insurance which name the County as additional insured in an amount as required in this contract, contain

a description of the project or work to be performed and provided for Commercial General Liability, Business Auto Liability, and Umbrella or Excess Liability (not on Workers Compensation). The Certificate of Insurance shall provide that there will be no cancellation or reduction of coverage without 30 days prior written notice to the Owner. In addition, such insurance shall be on occurrence basis and shall remain in effect until such time as the County has made final acceptance of the facility contracted.

**INDEMNITY AGREEMENT:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, officers, agents, and employees from and against all claims, damages, losses and expenses (including but not limited to attorney's fees) arising by reason of any act or failure to act, negligent or otherwise, of Contractor, of any subcontractor (meaning anyone, including but not limited to consultants having a contract with contractor or a subcontract for part of the services), of anyone directly or indirectly employed by contractor or by any subcontractor, or of anyone for whose acts the contractor or its subcontractor may be liable, in connection with providing these services. This provision does not, however, require contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

Failure to maintain the required insurance in force may be cause for contract termination. In the event the Agency/Service fails to maintain and keep in force the required insurance or to obtain coverage from its subcontractors, the County shall have the right to cancel and terminate the contract without notice.





**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #4 - Issued June 16, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Last date to submit questions is June 27, 2014 at 12:00 p.m.
- II. The County has received the following questions and is providing a response:

1. Can you provide more of a definition for what is considered a “prevention” program?

**Response: The Board will evaluate proposals for prevention programs based on the information and description of the Offeror. The offerer should define what they consider “prevention” to be in their proposal. It is expected that agencies provide meaningful services to children, youth, and families.**

2. RFP Section 1. Agency and Service Information, Item C. viii. States, “Please provide a copy of any Memorandums of Understanding you may have with other agencies which are relevant to this proposal.” If contractors are currently operating without any formal agreement (MOU) with other agencies, should they ignore this request or should they formalize any verbal agreements and include them with the proposal?

**Response: Memorandums of Understanding (MOU) between agencies are used as a reference when showing collaboration. Agencies are encouraged to either develop a MOU with collaborating agencies or a letter of support may be used in lieu of the MOU. As stated in the RFP, preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.**

3. We do not propose to use funding for residential treatment services (consistent with the RFP), but we do propose to provide an additional service to youth in residential treatment. Youth in residential treatment are enrolled in Boone County schools for the duration of their care. Does the tax board consider those youth “residents” of the County for the duration of their treatment; or, is residency based on their parents’/guardians’ address?

**Response: In general, the board will follow the statutory guidelines set forth in RSMo §1.020 (14) which defines “Place of residence” as the place where the family of any person permanently resides in this state, and the place where any person having no family generally lodges.**

4. The RFP indicates that the County may check the offeror's references, yet I do not see a place where these are requested. Should the offeror include a references page?

**Response: References are not required to be submitted with the proposal, references may be requested during contract negotiation. Offerer's references will not be checked until the contract negotiation portion of awarding funds.**

5. If agencies are submitting more than one proposal in response to an RFP, does the agency need to submit Attachments D-F with each proposal?

**Response: Yes, please provide Attachments D-F for each program proposal.**

6. We carry Comprehensive General Liability Insurance for \$1,000,000. To increase our coverage to \$2,000,000.00, would be an increase in our annual budget. Is this a non-negotiable requirement?

**Response: The Commercial General Liability Insurance requirements have been reduced to \$1,000,000.00. Please be replace the Insurance Requirements that were in the original RFP with the attached.**

7. We carry Commercial Automobile Liability for \$1,000,000.00. To increase our coverage to \$2,000,000.00 would be an increase to our annual budget. Is this a non-negotiable requirement?

**Response: The Business Automobile Liability Insurance requirements have been reduced to \$1,000,000.00. Please replace the Insurance Requirements that were in the original RFP with the attached.**

8. For the MOUs that we have in place--should they be addressed to our organization or to Kelly Wallis?

**Response: A Memorandum of Understanding (MOU) should be between the agencies that are entering into the MOU. The Purchase of Service RFP requires a copy of any MOU's that may have any relevance to the proposal.**

9. One of the required attachments is a Certificate of Good Standing from the Missouri Secretary of State's office. May we attach a screen shot of the MO SOS webpage that shows our organization's standing or are you requiring an official Certificate?

**Response: A Certificate of Good Standing is not a required attachment; please do not attach it to your proposal. Attachment D, 2014 Agency Assurance Sheet, states: "I, the undersigned, further certify I have and will make available, upon request, of the following documents...."**

10. Our 501 (c) 3 status is for more than one entity in mid Missouri. Is it alright to have a DBA as well as our official nonprofit legal entity?

**Response: Yes**

11. Our A-133 audit is for our entire system – 18 hospitals across four states. Is this alright? Our 990s are independent.

**Response: If an entity has a single audit, then it is likely the entity is getting a financial statement audit as well. The offerer should ensure that their single audit is in conjunction**

**with a full financial statement audit which is a minimum eligibility requirement to receive funding.**

12. On page 3 it states Agencies must refrain from "discrimination" on, among other things, sexual orientation. The Boy Scouts of America serves all youth under the age of 19 without regard to sexual orientation. So there is no discrimination with who we provide services to. However, for our Adult volunteers there is a leadership standard that does not allow avowed homosexuals to serve as Leaders. Do we meet the minimum criteria to be eligible for funding?

**Response: No, agencies must refrain from discrimination on the basis of sexual orientation to meet minimum eligibility requirements.**

13. Do the following count towards the 15 page limit:
- o Copy of Mission Statement (1a- i)
  - o List of Board of Directors (1a-ii)
  - o Brochures (1a-iv)
  - o Copies of the evaluation tools (2d-iv)

**Response: These items do not count towards the 15 page limit.**

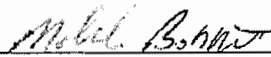
14. Is there a limit of funding you can request?

**Response: There is no limit of funding that may be requested at this time for the Purchase of Service contracts.**

15. Can funding for staff position (ex. 2 Full Time Program FTE and .5 program support position (clerical) be included?

**Response: Purchase of Service proposals expenses will be evaluated by the overall unit cost. The costs for the staff positions should be included in the overall unit cost for the Purchase of Services proposals. The Budget Narrative should provide a detailed explanation of the overall unit cost for service.**

By:

  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

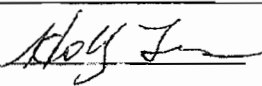
OFFEROR has examined copy of Addendum #4 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: Burrell, Inc.

Address: 1300 E. Bradford Parkway, Springfield, MO 65804

Phone Number: (417) 761-5026 Fax Number: (417) 761-5011

E-mail: holly.jones@burrellcenter.com

Authorized Representative Signature:  Date: 6/27/2014

Authorized Representative Printed Name: Holly Jones, Ph.D.

**Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County,

nor shall the Contractor allow any subcontractor to commence work on their subcontract until all similar insurance required of subcontractor has been so obtained and approved. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide. Insurance limits indicated below may be lowered at the discretion of the County.

**Employers Liability and Workers Compensation Insurance** - The Contractor shall take out and maintain during the life of this contract, **Employers Liability and Workers Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Workers Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor. Workers Compensation coverage shall meet Missouri statutory limits or provide evidence of monopolistic state coverage. Employers Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit. In case any class of employees engaged in hazardous work under this Contract at the site of the work is not protected under the Workers Compensation Statute, the Contractor shall provide and shall cause each subcontractor to provide Employers Liability Insurance for the protection of their employees not otherwise protected.

**Commercial General Liability Insurance** - The Contractor shall take out and maintain during the life of this contract, such commercial general liability insurance as shall protect them and any subcontractor performing work covered by this contract, from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or for any subcontractor or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 combined single limit for any one occurrence covering both bodily injury and property damage, including accidental death. If the Contract involves any underground/digging operations, the general liability certificate shall include X, C, and U (Explosion, Collapse, and Underground) coverage. If providing Commercial General Liability Insurance, then the Proof of Coverage of Insurance shall also be included.

Contractor may satisfy the minimum liability limits required for Commercial General Liability or Business Auto Liability under an Umbrella or Excess Liability policy. There is no minimum per occurrence limit of liability under the umbrella or Excess Liability; however, the Annual Aggregate limit shall not be less than the highest "Each Occurrence" limit for either Commercial General Liability or Business Auto Liability. Contractor agrees to endorse the County as an Additional Insured on the umbrella or Excess Liability, unless the Certificate of Insurance state the Umbrella or Excess Liability provides coverage on a "Follow-Form" basis.

**Business Automobile Liability** - The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; non-owned and both on and off the site of work.

**Subcontractors:** Contractor shall cause each Subcontractor to purchase and maintain insurance of the types and amounts specified herein. Limits of such coverage may be reduced only upon written agreement of Owner. Contractor shall provide to Owner copies of certificates evidencing coverage for each Subcontractor. Subcontractors' commercial general liability and business automobile liability insurance shall name Owner as Additional Insured and have the Waiver of Subrogation endorsements added.

**Proof of Carriage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name the County as additional insured in an amount as required in this contract, contain a description of the project or work to be performed and provided for Commercial General Liability, Business Auto Liability, and Umbrella or Excess Liability (not on Workers Compensation). The

Certificate of Insurance shall provide that there will be no cancellation or reduction of coverage without 30 days prior written notice to the Owner. In addition, such insurance shall be on occurrence basis and shall remain in effect until such time as the County has made final acceptance of the facility contracted.

**INDEMNITY AGREEMENT:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, officers, agents, and employees from and against all claims, damages, losses and expenses (including but not limited to attorney's fees) arising by reason of any act or failure to act, negligent or otherwise, of Contractor, of any subcontractor (meaning anyone, including but not limited to consultants having a contract with contractor or a subcontract for part of the services), of anyone directly or indirectly employed by contractor or by any subcontractor, or of anyone for whose acts the contractor or its subcontractor may be liable, in connection with providing these services. This provision does not, however, require contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

Failure to maintain the required insurance in force may be cause for contract termination. In the event the Agency/Service fails to maintain and keep in force the required insurance or to obtain coverage from its subcontractors, the County shall have the right to cancel and terminate the contract without notice.



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #5 - Issued June 24, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. The County has received the following questions and is providing a response:

1. Attachments B and C ask for information on our funding sources (agency wide) and our revenues spent on programs respectively, but I see no options for submitting a budget breakdown for the project we are proposing. In # 3 BUDGET, I see request for information about proposed salaries related to the proposed project. I do not see an option to submit a detailed budget for the project -- is this correct?

**Response: Attachment C should include information on the budget for the project. Please provide detailed information in the Budget Narrative that explains the Budget Worksheet (Attachment C).**

2. Am I correct in understanding staffing for the proposed project may not exceed 15 % of the total project request? For example, if the total project were \$1000, \$150 would be the maximum allowable for personnel.

**Response: The Purchase of Service RFP will be evaluated by unit cost. Personnel cost should be figured into the Unit Cost.**

3. The question is in regards to measurement in both RFP’s. “Include copies of any evaluation tools you will be using”. Some of the materials we will be proposing have not been purchased, some are quite lengthy and several use multiple methods. How should we approach these issues? We can easily include why we are using these tools as opposed to others and if it would be satisfactory I would be happy to put together a description of any evaluation tool we have not purchased or is overwhelming in length. And just to verify these evaluation tools do NOT count towards are page limit, correct?

**Response: Copies of the evaluation tools do not count towards the page limit. If there are no examples of the evaluation tools, please just provide a description of the evaluation tool and why it will be utilized.**

4. In a fee for service contract, payment is reimbursed based upon the bid price for a unit of service. How will start-up costs be reimbursed? Do we need to build start-up costs into

the unit price and explain any costs in the budget narrative? Will we be unable to be paid until we have completed our first unit of service?

**Response: Start up costs should be built into the Unit Cost with a detailed description included in the Budget Narrative. Invoicing will be determined during contract negotiation.**

5. We were planning to submit a 3 year budget. The first year our unit rate would be more because of the startup costs. Year 2 is where you truly see things fully operational and “cheaper” because you don’t have the startup costs. How should we show this on the budget sheets?

**Response: The budget worksheets should only reflect the proposed Year One unit cost. Please provide detailed information on the Year One unit cost and then provide information on the Year 2 and Year 3 unit cost in the Budget Narrative.**

6. In both of the above referenced RFPs there is a statement “Revenues collected and deposited in the children’s services fund **may not be expended** . . . or, for transportation services”.

While we do not intend to propose a transportation service per se in serving youth in the County’s bedroom communities there will be expenses incurred in staff reaching out to them and transporting participants to proposed services and activities. Are these costs in anyway allowable? Can expenses incurred while using existing vehicles for gas, insurance and maintenance be included in the unit cost? How about mileage reimbursement for proposed staff?

**Response: All expenses incurred by staff in providing services are allowed and should be included in the unit cost. However, the costs of transporting participants cannot be reimbursed through the Children’s Services Fund.**

7. Will the 15% administration percentage be based on the “Personnel Costs” line on the budget or strictly just the salary portion of that line?

**Response: The 15% administration percentage does not apply to the Purchase of Service RFP.**

8. What is included in Personnel expenses? Wages, payroll taxes, health insurance, and retirement are included but how about unemployment, work comp, and staff training?

**Response: Personnel expenses should include wages, payroll taxes, health insurance, retirement, unemployment, worker’s comp and staff training when figuring out the unit cost. Please provide a detailed explanation in the Budget Narrative.**

9. On 1cV of the RFP do the anticipated outcomes of the “service to be delivered” need to be measurable or are they overarching long term outcomes?

**Response: The Service Need section (1.c.) of the RFP should be a narrative description of what will be offered and the overarching long term outcomes, if appropriate. In the Outcomes section (2.b.), the outcomes need to be measurable and time specific.**

By: Melinda Bobbitt  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #5 to Request for Proposal 27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application receipt of which is hereby acknowledged:

Company Name: Burrell, Inc.

Address: 1300 Bradford Parkway, Springfield, MO 65804

Phone Number: (417) 761-5026 Fax Number: (417) 761-5011

E-mail: holly.jones@burrellcenter.com

Authorized Representative Signature: Holly Jones Date: 6/27/2014

Authorized Representative Printed Name: Holly Jones, Ph.D.





**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #6 - Issued June 27, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. The County has received the following questions and is providing a response:

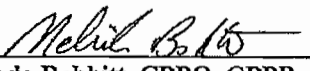
1. We have not found within the BCCSB Funding Policy a specific reference to income eligibility. Are there income guidelines regarding the provision of service to individuals or families? Are the dollars intended to support services specifically for low-income children/youth?

**Response: The Maximization of Funding in the BCCSB Funding Policy encourages agencies, to the greatest extent possible, to maximize funding from all sources before utilizing the Children’s Services Fund. This may include, but is not limited to private insurance, Medicaid, and all other funders listed in the Maximization of Funding section. The BCCSB Funding Policy states that, “funding decisions for children, youth and families are made in a fair and equitable way,” and “to provide meaningful services to children, youth and families.” Support services may be provided to all Boone County eligible children, youth and families.**

2. Can “sample” mou’s with partnering agencies be included in the proposal rather than actual signed MOU’s? It speaks to what the partner plans to contribute to the project without binding them legally. I have done that in the past on State grants. It just prevents having a signed MOU for something that is unfunded. It also allows more time to hammer out each organization’s legal requirements.

**Response: Letters of Support/Agreement may be used in place of a formal MOU. This letter can then show support for the project and how the agencies plan to collaborate.**

By:

  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

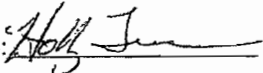
OFFEROR has examined copy of Addendum #6 to Request for Proposal *27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: Burrell, Inc.

Address: 1300 E. Bradford Parkway, Springfield, MO 65804

Phone Number: (417) 761-5026 Fax Number: (417) 761-5011

E-mail: holly.jones@burrellcenter.com

Authorized Representative Signature:  Date: 6/27/2014

Authorized Representative Printed Name: Holly Jones, Ph.D.



**Community Clinics**

**Boonville Clinic**  
526 Ryan - Suite W  
Boonville, Missouri 65233  
650.860.7573 Fax: 650.860.2433  
[www.burrellbehavioralhealth.com](http://www.burrellbehavioralhealth.com)

**Carrollton Clinic**  
390 North Mason  
Carrollton, Missouri 64633  
650.840.1403 Fax: 650.840.8141  
[www.burrellbehavioralhealth.com](http://www.burrellbehavioralhealth.com)

**Marshall Clinic**  
33 East Oak & Elm Street  
Marshall, Missouri 65340  
650.898.8060 Fax: 650.858.2051  
[www.burrellbehavioralhealth.com](http://www.burrellbehavioralhealth.com)

**Moberly Clinic**  
216 North William Street  
Moberly, Missouri 65270  
650.766.4751 Fax: 650.697.7526  
[www.burrellbehavioralhealth.com](http://www.burrellbehavioralhealth.com)

**Sedalia Clinic**  
501 West Third  
Sedalia, Missouri 65301  
650.877.5243 Fax: 650.871.1661  
[www.burrellbehavioralhealth.com](http://www.burrellbehavioralhealth.com)

**Versailles Clinic**  
117 North State Highway 6  
Versailles, Missouri 65084  
650.378.0123 Fax: 650.378.0133  
[www.burrellbehavioralhealth.com](http://www.burrellbehavioralhealth.com)

**Columbia Area Locations**

**Outpatient Services**  
Berkwood Medical Arts Building  
3401 Berkwood Drive, Suite 703  
Columbia, Mo 65201  
573.777.6300 Fax: 573.777.6390

**Specialized Adult Services**  
Stephens Lake  
1200 East Walnut  
Columbia, MO 65201  
573.777.7500 Fax: 573.777.2877

**Specialized Child & Adolescent Services**  
Berkwood Medical Arts Building  
3401 Berkwood Drive, Suite 703  
Columbia, MO 65201  
573.777.8330 Fax: 573.777.8380

**Central Region Administrative Office**  
Berkwood Medical Arts Building  
3401 Berkwood Drive, Suite 704  
Columbia, MO 65201  
573.777.8360 Fax: 573.777.8360

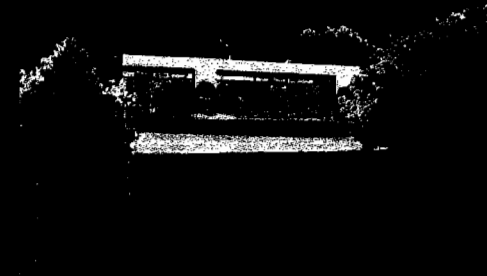
**Burrell Behavioral Health Main Center**  
1500 East Duane Parkway  
Berkeley, Missouri 65811  
800.799.1331

**Emergency Services**  
1-800-831-0130. Most emergency services and  
staff are available 24 hours a day, 7 days a week.

**Burrell Behavioral Health**



Central Region



Bring community resources (NAMI, Buried Alive, and Family Mental Health) substance abuse and alcohol treatment services to children, adolescents, adults, and families. Case management, case planning and treatment services, including individual and group therapy, are available.

Our quality program is full range of the highest quality, evidence-based care, is specifically tailored to meet each individual's unique needs. Our staff includes psychiatrists, psychologists, psycho-social workers, psychiatric nurses, clinical social workers, and family therapists. Services, medications, and case management are provided inpatient and out-patient mental health professionals.

### Outpatient Services:

Outpatient services are designed to help children, youth, families and adults cope with and deal with many behavioral health issues such as depression, stress, drug and alcohol problems, ADHD, marital and parenting issues. These services are geared toward each individual's unique treatment needs and include:

- Individual Counseling
- Art and Therapy
- Family Therapy
- Psychological Assessment Services
- Psychological Testing and Evaluations
- Parent/Child Interaction Therapy
- Relapse Management Training
- Program Consultation

### Specialized Child and Youth Services

For children and youth ages 3 to 21, we have specialized programs designed to offer services consistent with each child's and family's need. Services include:

- Healthy Lifestyle Changes and preventive care efforts, including helping develop wellness related treatment plan goals
- Socialization Skills
- Family Conflict Resolution
- Coordination of services with other agencies
- Psychiatric Services/Medication Management

### Specialized Adult Services

Burdick's Specialized Adult Services offer a variety of treatment options for adults 18 and older, specifically tailored to meet their needs. Our Psychiatric Rehabilitation Program is designed for adults with serious and persistent mental illnesses and targets:

- Secondary programming for chronic adults that includes mental evaluations, coordination of home health, and case of management
- Managing a variety of physical health needs, in addition to behavioral health care needs, and providing family, community, vocational and educational, case management and family sensitive individualized mental health care Home Services.

### Frequently Asked Questions

#### How do I make an appointment?

Call the office nearest to you. Our outpatient locations are provided on the back of this brochure – other locations can be found on our website at [burdickcenter.com](http://burdickcenter.com).

#### How much will it cost?

Most insurance companies, including Medicare and Medicaid, cover your services with your standard deductible and co-pay. They may vary by type of service being provided. You will be fully advised of all associated costs in advance of your appointment. Limited state assistance may also be available for qualified individuals.

#### Are my records confidential?

Yes, absent a court order, your records can never be released without your consent.

#### What if I have a complaint?

Our Quality Assurance Office is available to address any concerns and can be contacted by calling 417.761.5904.



Comments from Past Participants  
Regarding Burrell's Depression and  
CBT Classes:

"This class has helped me break a terrible cycle. I didn't have the energy or drive to accomplish things anymore, and the less I got done, the worse I felt about myself. The worse I felt about myself, the less energy I had - I was just exhausted! This class taught me how to break larger projects into smaller chores, and to be okay with that. Instead of cleaning the whole house, I focused on just cleaning the kitchen. It's amazing how much easier it was to become motivated! Just this simple little trick has helped me regain some control and break that horrible cycle."

"It was great to meet others who understood what I was going through. For those who don't know what this is like, it's hard explaining why you can't 'just snap out of it.' It takes a lot of work to get well again, but it's worth it!"

Depression and Cognitive  
Behavioral Therapy (CBT)

1300 Bradford Parkway  
Springfield MO 65804  
417.761.5000

**Burrell**  
Behavioral Health



Burrell -  
In All Things There is Opportunity

[burrellcenter.com](http://burrellcenter.com)

Depression and Cognitive  
Behavioral Therapy (CBT)

# **Burrell** Behavioral Health

Serving the community's needs since 1977, Burrell offers confidential mental health, substance abuse and autism treatment services to children, adolescents, adults and families. Crisis, residential, home-based and outpatient services, including individual and group therapy, are available. Burrell is also recognized for their quality education, consultation and research services.

## Depression and CBT (Cognitive Behavioral Therapy)

Depressive disorders can make you feel exhausted, worthless, helpless, and hopeless. When you're depressed, it can feel like you'll never get out from under the shadow. But even the most severe depression is manageable. It is important to understand that you are not alone.

Each year over 17 million American adults experience a period of clinical depression. With the right help and support, you can and will feel better.

Burrell offers a cognitive behavioral therapy (CBT) class that can help you gain control over your depression.

Meeting in a group setting allows you the opportunity to learn from the experiences of others and to gain additional support from individuals who are experiencing many of the same things you do. Classes focus on practical strategies and everyday techniques that you can immediately use to begin feeling better.

Sessions are held weekly on Thursdays from 1:30 to 3:00 pm. For more information or to enroll, please call the number located on the back of this brochure.

Group sessions are covered by Medicaid and most insurance products. Easy weekly payment plans are also available.



# Burrell

Behavioral Health

Serving community needs since 1977, Burrell offers confidential mental health, substance abuse and autism treatment services to children, adolescents, adults and families. Crisis, residential, home-based and outpatient services, including individual and group therapy, are available.

Burrell's Child and Youth Community Support Services program is one of a comprehensive range of adult, child and adolescent outpatient and consultation programs available at Burrell in locations across 17 counties in Missouri.

## Child and Youth Community Support Services

Children who are experiencing a serious mental illness often need additional support to help them on the path toward successful adulthood. Our children's community support team is committed to your family -- and to your child's success.

Child and Youth Community Support Services is a Medicaid-Funded, in-home program designed for families with children ages 3 to 18 who are experiencing a severe emotional disturbance. A Community Support Specialist will visit your home weekly to assist your family with various aspects of treatment, including, but not limited to:

- Communication skills training
- Family conflict resolution
- Anger management
- Stress management
- Socialization skill building
- Accessing and coordinating other needed services
- Monitoring behavioral progress both in the classroom and at home
- Consultation with schools
- Parenting skills training
- Re-establishing family roles
- Liaison with other agencies providing services to your child

Every child has exceptional individual strengths – our goal is to help identify and build upon those resources.

## How Can My Family Become Involved in Youth Community Support Services?

Community Support Services begin with a simple screening interview with one of our professional staff members to determine if your child meets the criteria for this program and will benefit from community support services. Call us today at one of the convenient locations listed on back to schedule a time most suitable for your schedule.

## Will My Insurance Cover Community Support Services?

Child and Youth Community Support Services is a Medicaid-funded program. If your child is covered by Missouri Medicaid, they are eligible to participate. Typically, commercial insurance does not cover Community Support Services. Please contact your insurance provider in advance of scheduling a screening interview to determine if these services may be covered by your policy/plan.

# Burrell

Community Support Services  
Child and Youth

Behavioral Health

What other families are saying about Child and Youth Community Support Services:

"I struggled with my AD/ID diagnosed child - we had problems in school and when we were together in public. Our community support worker not only helped him in the classroom, but we have learned so much about how to redirect behavior! I'm no longer so exhausted after a trip to the store or going out to eat."

"My son is doing so much better in school and even had advanced scores on the standardized achievement tests! It was not only thriving for us, but his teachers were also very pleasantly surprised!"

"My daughter had no 'real' friends - sleepovers or birthday party invitations were non-existent. Sometimes it seemed like the more she tried, the more she alienated children her age. It hurt to watch her struggle. I can't tell you what a difference your services have made in our lives. Not only is she receiving invitations to social events, but I'm now having to read her text messages from friends! Thank you!"

Burrell -- Where Great Kids Grow and All Kids Are Great!

## Southwest Locations

Springdale  
Cultural Center  
1530 Boyford Parkway  
Springfield, MO 65804

417-361-5349  
fax: 417-361-5341

Brainerd  
155 Corporate Plaza  
Bryan, MO 67816

417-334-7375  
fax: 417-336-2103

Belton  
2177 Walnut St. C  
Berne, MO 65483

417-777-6717  
fax: 417-777-6743

Marshfield  
1380 Spur D' Site 200  
Marshfield, MO 65706

417-969-2891  
fax: 417-934-2645

## Central Locations

Boonville  
530 Ryan Street Ste. 77  
Boonville, MO 65033

660-859-7373  
fax: 660-887-2433

Carrollton  
336 North Main  
Carrollton, MO 65833

660-342-1403  
fax: 660-343-3141

Colton  
3201 Highway 24  
Colton, MO 65017

573-777-8330  
fax: 573-777-8334

Hampton  
11417 Highway 1  
Hampton, MO 65682

417-733-3333  
fax: 417-733-3333

Marion  
1000 West Main  
Marion, MO 64659

417-934-3333  
fax: 417-934-3333

Seneca  
201 West Piedmont  
Seneca, MO 64684

660-837-2494  
fax: 660-837-1066

Versailles  
117 North State Highway 5  
Versailles, MO 65754

573-679-8222  
fax: 573-679-2143

## Southwest Missouri

[Burrellcenter.com](http://Burrellcenter.com)

**Burrell**  
Behavioral Health

Community Support Services  
Child and Youth





What other patients have said about  
Burrell's Parent Management Training:

Wendy Jones said:  
"I was nervous about the training, but now I feel confident in my ability to handle my child's behavior. I knew I would pass, and I did. I passed quickly and it was so enjoyable -- and the results are amazing!"

"I dreaded walking into a public place with my daughter. Inevitably, something wouldn't go right and there would be a tantrum in the store, in the restaurant -- even at church. Thanks to your help, I'm back in control -- my daughter's back in control -- and we both enjoy our outings together."

**Burrell -- Where Great  
Kids Grow and all  
Kids are Great!**

Parent Management Training is available at the following  
Burrell locations:

**Burrell Children's Center**  
417.761.5000  
1300 E Bradford Parkway  
Springfield, Missouri 65804

**Outpatient Clinic**  
573.777.8300  
3401 Berrywood Dr. Ste 300  
Columbia, Missouri 65201

**Marshfield Office**  
417.761.5800  
1350 Spur Dr., Suite 220 • 230  
Marshfield, MO 65616

In the event of an emergency,  
Burrell's 24 hour crisis line is available:

In Southwest Missouri: 417.761.5555 or 800.494.7355

In Central Missouri: 800.385.2132

**Burrellcenter.com**

**Burrell**  
Behavioral Health

# Parent Management Training



**Burrell**  
Behavioral Health

# Parent Management Training



## **Burrell** Behavioral Health

Serving the community's needs since 1977, Burrell offers comprehensive mental substance abuse and family treatment services. Our services include individual, couples, child, and family therapy, home-based and group therapy. Call today to schedule a free consultation. We are available to individuals with any level of education, including those with limited literacy skills. We are committed to their quality of life.

Children do not come with an owner's manual, even though parenting is the most demanding, high-stressed, time-consuming and important job in the world.

Would you like to have a proven way to stop the fighting and bickering between your children? Or, how about getting your children to do what you ask the first time (without having to raise your voice)? How would you feel about increasing your child's school performance or attendance? Does the idea of never having to endure another temper tantrum appeal to you?

If so, Parent Management Training is a proven effective method to bring order, discipline and peace to your family without yelling or threats.

You'll see immediate results as you begin to use the techniques your therapist will teach you – skills that are guaranteed to change negative behaviors and encourage your child.

Parent Management Training provides parents with the skills needed to help children who are struggling with misbehavior and/or poor impulse control. A therapist works with your family individually, typically meeting with you once per week for 10-15 weeks, at a time most convenient for you.

It works – it's not yelling, it's not giving up, and it's not feeling like you are at the end of your rope. But it does take skill building and we can help. Call us today at the number on the back for more information on Parent Management Training.



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children’s Services**

**ADDENDUM #4 - Issued June 24, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. The County has received the following questions and is providing a response:

1. Where it references "require annual background checks, including child abuse and neglect screenings on all employees and volunteers", we wondered if that pertained to all employees of our organization (Central Missouri Community Action) or only to those who work directly with children and families. Some of our staff, including those from our finance/IT departments, who don't interact directly with our clientele, are at this time not required to undergo annual child abuse/background screenings. In order to be eligible for funding associated with this RFP, are we required to conduct those screens on non-project related employees and volunteers?

**Response: Any position funded by the Children’s Services Fund in whole or in part, must complete an annual background check. Any volunteers associated with any programs funded by the Children’s Services Fund must also complete an annual background check.**

2. The question is in regards to measurement in both RFP’s. “Include copies of any evaluation tools you will be using”. Some of the materials we will be proposing have not been purchased, some are quite lengthy and several use multiple methods. How should we approach these issues? We can easily include why we are using these tools as opposed to others and if it would be satisfactory I would be happy to put together a description of any evaluation tool we have not purchased or is overwhelming in length. And just to verify these evaluation tools do NOT count towards are page limit, correct?

**Response: Copies of the evaluation tools do not count towards the page limit. If there are no examples of the evaluation tools, please provide a description of the evaluation tool and why it will be utilized.**

3. Regarding the Financial Information Attachment sheets. If our agency runs only one program, wouldn't the information be exactly the same for both sheets? If so, do we fill them both out?

Response: **If the agency and program budget are the same, please fill out only one worksheet and provide detailed information in the Budget Narrative.**

4. When looking at the timeline of implementation, what is the approximate date for funding? If we are looking to implement our pilot project in a school year, I am not sure if we should say our implementation would begin this fall (2014 - 15 school year) or the next school year?

Response: **The timeline will be determined during contract negotiations. For prudent planning, agencies could plan on the next school year (2015-2016) but there may be an opportunity to receive funding prior to the next school year.**

5. In both of the above referenced RFPs there is a statement "Revenues collected and deposited in the children's services fund **may not be expended** . . . or, for transportation services".

While we do not intend to propose a transportation service per se in serving youth in the County's bedroom communities there will be expenses incurred in staff reaching out to them and transporting participants to proposed services and activities. Are these costs in anyway allowable? Can expenses incurred while using existing vehicles for gas, insurance and maintenance be included in the unit cost? How about mileage reimbursement for proposed staff?

Response: **All expenses incurred by staff in providing services are allowed and should be included in the unit cost. However, the costs of transporting participants cannot be reimbursed through the Children's Services Fund.**

6. Am I correct in understanding staffing for the proposed project may not exceed 15 % of the total project request? For example, if the total project were \$1000, \$150 would be the maximum allowable for personnel.

Response: **For the Pilot Programs for Innovative Services RFP, the 15% of salary expenses is referring strictly to indirect expenses. Salary expenses include wages, payroll taxes, unemployment, and worker's comp. Indirect expenses include general organizational expenses such as executive management time, finance, human resources or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc.**

7. Will the 15% administration percentage be based on the "Personnel Costs" line on the budget or strictly just the salary portion of that line?

Response: **The 15% administrative percentage or indirect expenses are based on the salary expenses (salary expenses does not include benefits) only.**

8. What is included in Personnel expenses? Wages, payroll taxes, health insurance, and retirement are included but how about unemployment, work comp, and staff training?

Response: **Personnel expenses should include wages, payroll taxes, health insurance, retirement, unemployment, worker's comp and staff training. Please provide a detailed explanation in the Budget Narrative.**

By: Melinda Bobbitt  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #4 to Request for Proposal **28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children’s Services** receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services**

**ADDENDUM #3 - Issued June 16, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Last date to submit questions is June 27, 2014 at 12:00 p.m.
- II. The County has received the following questions and is providing a response:
  1. Under Section II Funding Goals, would you please define match funding opportunities?

**Response: Information regarding match funding may be found in the BCCSB's Funding Policy. The BCCSB's Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

2. Is an annual independent audit necessary for our small agency? We have received state grants for our afterschool program for nine years and have never been required to do this because our level of funding has never exceeded \$100,000.

**Response: If the agency is not required or is exempt from conducting an annual independent financial audit, please explain this in your Application Narrative.**

3. We currently have no paid employees under our organization. We are all volunteers. In the past, we have only had five part-time employees. Under our proposal we would request employment for 3 to 5 employees. Would we still be required to carry Worker's Comp. Insurance?

**Response: It would be acceptable to provide evidence of monopolistic state coverage and the County would provide a form for you to complete at time of contract execution.**

4. We carry Comprehensive General Liability Insurance for \$1,000,000. To increase our coverage to \$2,000,000.00, would be an increase in our annual budget. Is this a non-negotiable requirement?

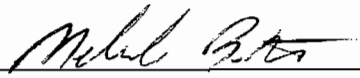
**Response: The Commercial General Liability Insurance requirements have been reduced to \$1,000,000.000. Please replace the Insurance Requirements that were in the original RFP with the attached.**

5. We carry Commercial Automobile Liability for \$1,000,000.00. To increase our coverage to \$2,000,000.00 would be an increase to our annual budget. Is this a non-negotiable requirement?

Response: **The Business Automobile Liability Insurance requirements have been reduced to \$1,000,000.00. Please replace the Insurance Requirements that were in the original RFP with the attached.**

6. One of the required attachments is a Certificate of Good Standing from the Missouri Secretary of State's office. May we attach a screen shot of the MO SOS webpage that shows our organization's standing or are you requiring an official Certificate?

Response: **A Certificate of Good Standing is not a required attachment; please do not attach it to your proposal. Attachment D, 2014 Agency Assurance Sheet, states: "I, the undersigned, further certify I have and will make available, upon request, of the following documents..."**

By:   
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #3 to Request for Proposal *28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_

**Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County, nor shall the Contractor allow any subcontractor to commence work on their subcontract until all similar insurance required of subcontractor has been so obtained and approved. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide. Insurance limits indicated below may be lowered at the discretion of the County.

**Employers Liability and Workers Compensation Insurance -** The Contractor shall take out and maintain during the life of this contract, **Employers Liability and Workers Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Workers Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor. Workers Compensation coverage shall meet Missouri statutory limits or provide evidence of monopolistic state coverage. Employers Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit. In case any class of employees engaged in hazardous work under this Contract at the site of the work is not protected under the Workers Compensation Statute, the Contractor shall provide and shall cause each subcontractor to provide Employers Liability Insurance for the protection of their employees not otherwise protected.

**Commercial General Liability Insurance -** The Contractor shall take out and maintain during the life of this contract, such commercial general liability insurance as shall protect them and any subcontractor performing work covered by this contract, from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or for any subcontractor or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 combined single limit for any one occurrence covering both bodily injury and property damage, including accidental death. If the Contract involves any underground/digging operations, the general liability certificate shall include X, C, and U (Explosion, Collapse, and Underground) coverage. If providing Commercial General Liability Insurance, then the Proof of Coverage of Insurance shall also be included.

Contractor may satisfy the minimum liability limits required for Commercial General Liability or Business Auto Liability under an Umbrella or Excess Liability policy. There is no minimum per occurrence limit of liability under the umbrella or Excess Liability; however, the Annual Aggregate limit shall not be less than the highest "Each Occurrence" limit for either Commercial General Liability or Business Auto Liability. Contractor agrees to endorse the County as an Additional Insured on the umbrella or Excess Liability, unless the Certificate of Insurance state the Umbrella or Excess Liability provides coverage on a "Follow-Form" basis.

**Business Automobile Liability –** The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; non-owned and both on and off the site of work.

**Subcontractors:** Contractor shall cause each Subcontractor to purchase and maintain insurance of the types and amounts specified herein. Limits of such coverage may be reduced only upon written agreement of Owner. Contractor shall provide to Owner copies of certificates evidencing coverage for each Subcontractor. Subcontractors' commercial general liability and business automobile liability insurance shall name Owner as Additional Insured and have the Waiver of Subrogation endorsements added.

**Proof of Carriage of Insurance -** The Contractor shall furnish the County with Certificate(s) of Insurance which name the County as additional insured in an amount as required in this contract, contain



a description of the project or work to be performed and provided for Commercial General Liability, Business Auto Liability, and Umbrella or Excess Liability (not on Workers Compensation). The Certificate of Insurance shall provide that there will be no cancellation or reduction of coverage without 30 days prior written notice to the Owner. In addition, such insurance shall be on occurrence basis and shall remain in effect until such time as the County has made final acceptance of the facility contracted.

**INDEMNITY AGREEMENT:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, officers, agents, and employees from and against all claims, damages, losses and expenses (including but not limited to attorney's fees) arising by reason of any act or failure to act, negligent or otherwise, of Contractor, of any subcontractor (meaning anyone, including but not limited to consultants having a contract with contractor or a subcontract for part of the services), of anyone directly or indirectly employed by contractor or by any subcontractor, or of anyone for whose acts the contractor or its subcontractor may be liable, in connection with providing these services. This provision does not, however, require contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

Failure to maintain the required insurance in force may be cause for contract termination. In the event the Agency/Service fails to maintain and keep in force the required insurance or to obtain coverage from its subcontractors, the County shall have the right to cancel and terminate the contract without notice.



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children’s Services**

**ADDENDUM #2 - Issued May 28, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. Change Bid Due Date and Opening Date to the following:

**Response Submission Deadline: July 10, 2014, 1:15 p.m. Central Time**  
**Proposal Opening: July 10, 2014, 1:30 p.m. Central Time**

II. Attached for informational purpose are the pre-proposal conference sign-in sheets from the conferences that were held on May 23, 2014.

III. Provided for informational purpose is the evaluation weighted criteria that will be used by the Children’s Services Board to evaluate the proposal responses received.

<b>Agency and Service Information</b>	<b>15%</b>
<b>Evaluation</b>	<b>50%</b>
<b>Budget</b>	<b>35%</b>

IV. The County has received the following questions and is providing a response:

1. Can the “Board of Directors” be submitted as an attachment to our RFP response?

Response: **Yes. Any time you see the word “attached,” you may submit that requirement as an attachment.**

2. If our agency does not have a Board of Directors, is an advisory board acceptable?

Response: **Yes, please explain your agency’s organizational structure in your application narrative.**

3. The Thompson Center is affiliated with the University of Missouri. The Federal 990 is hundreds of pages. Can we submit a URL where that can be viewed rather than attach those pages?

Response: **The 990 should not be attached, it is, however, required to be available upon request.**

4. Will the Board consider proposals for programs that will not work directly with Boone County children, youth, and families, but instead will work with agencies that directly provide statutorily

defined services, such as home-based and community-based family intervention programs and psychological evaluations and mental health screening? The pilot program will facilitate the formation of collaborative action networks and will then mentor the networks and the participating agencies in the use of local data, agency outcomes data, and national research to identify practices that are especially effective and, through their use, confer larger and more meaningful benefits to Boone County children, youth and families.

Response: **The offeror should thoroughly explain how the organization's proposed pilot program falls under a statutorily eligible service area in order for the BCCSB to make an informed decision. Please also see the "Examples of Types of Funding Classifications Envisioned" section of the Boone County Children's Services Board (BCCSB) Funding Policy which may be found at <http://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>**

5. Should in-kind services supplied by a partner be included on Attachment C as revenue and expenses and, if so, would you like them to be identified as such?

Response: **No, do not include in-kind services on Attachment C. You should explain partner collaborations in the application narrative where appropriate.**

6. With respect to Measurement, could you further explain the difference between 2.d.iv. "Describe the approach that will be used to evaluate the pilot program" and 2.d.v. "Describe the approach that will be used to evaluate the effectiveness of the program"? Is iv about evaluating the process and v about evaluating the outcomes?

Response: **2.d.iv. is seeking information regarding the pilot program itself in regard to the principles expressed in the BCCSB Funding Policy, please see "Examples of Types of Funding Classifications Envisioned" section. 2.d.v. is seeking information regarding how the outcomes proposed will be measured.**

By: Melinda Bobbitt  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #2 to Request for Proposal 28-24JUN14 – *Pilot Programs that Provide Innovative Service - Boone County Community Children's Services* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

27-10JUN14 – Service Contracts for Boone County Children’s Services  
 May 23, 2014, 10:00 a.m. central time

28-24JUN14 – Pilot Programs that Provide Innovative Service Friday  
 May 23, 2014, 11:00 a.m. central time

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	Kelly Wallis	Children’s Services Board	886-7218	
3.	Joanne Nelson	Children’s Services Board	886-4298	
4.	Erika Waller	MU Psychological Services Clinic	882-2686	882-7503
5.	J. Arment	BBH	777-8397	
6.	Pranee Jones	BBH	777 8330	777 8300
7.	Julia Adani	GC	443-8331	-
8.	Carole Schatz	MUPC	424-2287	
9.	Cynthia Jobe	MU		
10.	Vicki Dewitt	T		
11.	Isabel Rife	Project LAUNCH		
12.	Jessica Wilkay	I		
13.	Jack Jensen	First Chance for Children		
14.	Theresa Zilak	Great Circle		
15.	Paule Borawm	Preferred Family Health		
16.	Wostoinu	"		
17.	Sara Moulk	"		

Kelly Trellor "

18.	Jan Stock	Rainbow House	474-6600	474-5992
19.	Philip Peters	Cradle to Career	882-8274	
20.	Ryan Worley	Tech Community Coalition	449-1993	265 0848
21.	Marlene House	Bussell	777 8336	
22.	Craig Valone	" "	777 8451	
23.	Brian Martin	Partners Community Health	317-9100	
24.	Holly Staley	SSM Health Care	314-979-8462	314-402-5925
25.	Bryan White	Central Mo Community Action	443 8706	
26.	Ric Doubet	Self	356-6397	
27.	Anna Drake	Heart of Missouri CASA	(573) 442-4670	NA
28.	Marissa E. Maher	Assessment + Consultation Clinic	573-884-3101	573-884-3377
29.	Stae Hollis	City/County HHS	874-7722	
30.	Local Meetings	All Parents	573-268-2746	
31.	Heather Swift	Big Brothers Big Sisters	573-874-3627	x.201
32.	GRANT BRACKEN	UPSTANDER INITIATIVE	573-999-9166	
33.	BONDI WOOD	THE THOMPSON CENTER FOR AUTISM	573-489-7312	
34.	Chuck Bordin	U. Missouri	573-882-4578	
35.	Nellma Alms	CMT-CAP	573-353-0574	
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40.				

DL

FAX

41.	Erandy Talara	CMAA	443-8706	
42.	Pamela Berry	CMAA	443-8706	
43.	Randy Hill	Love INC	256-7662 ext. 29	256-7665
44.	Johnnie Torres	CPS	214-3467	214-3402
45.	Megan Cairney	MUACC	573-884-6856	573-884-3399
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

27-10JUN14 – Service Contracts for Boone County Children’s Services  
 May 23, 2014, 10:00 a.m. central time

28-24JUN14 – Pilot Programs that Provide Innovative Service Friday  
 May 23, 2014, 11:00 a.m. central time

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	Kelly Wallis	Children’s Services Board	886-7218	
3.	Joanne Nelson	Children’s Services Board	886-4298	
4.	Paulette Foerster	Lutheran Family and children’s services	815-9955	449-4640
5.	Christine Conroy	“	“	“
6.	Paula Fleming	Great Circle	356-0022	442-8330
7.	Peppy Howard	Great Circle	314-623-6589	314-968-8308
8.	Harper Zidoka	Great Circle	314-606-6242	
9.	Misty O’Keefe	Child Care Aware of Missouri	314-952-9716	314-754-0330
10.	Shelly Lock	Child Care Aware of MO	573-353-1930	314-754-0330
11.	Wendy Jones	Youth Empowerment ZWR	(773) 677-205	
12.	Chrissy Mayer	DCCCA   Tallgrass Family Services	(785) 841-4138 cmayer@dccca.org	785-841-5777
13.	Anita Kiestling-Covee	PCHAS	573-289-7590	
14.	Becky Markt	CHA Low Income Services	573-943-2556	
15.	Andrea Toprai	“ HCV	“ ext 1400	
16.				
17.				



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services**

**ADDENDUM #1 - Issued May 23, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. If any Offeror is interested in obtaining a copy of the RFP in Word format and the Budget Worksheets in Excel, please e-mail request to [mbobbitt@boonecountymmo.org](mailto:mbobbitt@boonecountymmo.org).

II. The County has received the following questions and is providing a response:

1. Can our organization apply as a lead organization with community collaborations as long as MOU's are in place?

Response: **Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies. The contracting agency must comply with terms for entering into subcontracts with other agencies.**

2. Is there a length of service established for both RFP's?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

3. Are there parameters around levels of funding? How much is available for each RFP? Funding ceiling or floor?

Response: **Parameters around levels of funding have not been established at this time.**

4. How are Innovative Pilot Services defined?

Response: **Further information regarding Pilot Programs may be found in the Boone County Community Service Board's (BCCSB) Funding Policy.**

a. Would an evidence-based program already in place in another location, qualify for this RFP if we are adapting and implementing the program for the first time in Boone County?



**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy.**

5. Will evidence-based program training be funded under both of the RFP's?

**Response: Evidence-based program training may be considered for funding, provided the program training complies with the BCCSB's Funding Policy and the parameters established for funding by the Request For Proposal.**

- a. Are there any restrictions on the % of training costs?

**Response: No restrictions have been established at this time.**

- b. Are there any restrictions on the % of administration costs?

**Response: Administration costs/indirect expenses will be considered up to a maximum of 15% of salary expense only.**

7. Can funding be used for rent or the purchase of a physical building (i.e. a community center) in either RFP?

**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy. For Pilot Program proposals these expenses fall under indirect expenses. See above answer regarding allowance of indirect expenses.**

8. Can you explain the indirect cost 15% of salary expense that is allowable on pilot programs?

**Response: Agencies may be funded for indirect expenses up to 15% of the total salary expenses for direct staff positions for the project.**

9. Does the general liability insurance requirement and worker's compensation insurance requirement need to be in place before applying for the grant? Can this be an allowed expenditure in the budget of the request for funding proposal or is this at the expense of the organization? Do applicants need to provide an indemnity clause with their application, or only if selected for an award?

**Response: Insurance certificate does not have to be provided to submit a proposal response. It will be required at contract execution. The Offeror has discretion as to whether to itemize this expense or include it in their overall unit pricing. Indemnity clause may be provided with application or after selected for award.**

10. Can you clarify what specifically you are seeking in the anticipated outcomes, outcomes, indicators, and measurement sections (or how these differ)? Some of this information seems repetitive – is that okay?

Response: **There are excellent resources available on-line that provide detailed explanations of these terms. One resource to find this information is <http://www.cdc.gov/evaL/resources/index.htm>.**

11. May we submit letters of support with our proposals?

Response: **Letters of support are not required. Letters of support will be considered as part of the Application Narrative. Consideration should be given to page limitations outlined in the Request for Proposals.**

12. Are the awarded contracts going to be fee for services (we get reimbursed for the services we provide) or cost-based? If they are fee for service, how are the rates determined?

Response: **For pilot program proposals, funding terms will be established during contract negotiation.**

13. Attachment B - Our fiscal year runs from July to June. With that in mind, here is how I feel the years should run: Prior Year- July 2012- June 2013, Current Year July 2013-June 2014, and Proposed Year July 2014-June 2015. Is this correct? If so, our July 2013- June 2014 information will be incomplete (missing May and June numbers), should we project those numbers to show 12 months? Our agency wide budget is not completed for the upcoming year (July 2014-June 2015). Should we provide a preliminary budget?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

14. Attachment C - Where do we include the funding we are requesting from the Children's Service Funds?

Response: **The amount requested from the Children's Services Fund should not be included on Attachment C.**

15. Attachment C - In the bottom box, what is the difference between "Actual" and "Current"?

Response: **The bottom box should read from left to right, "Prior Actual Year", "Current Year", and "Proposed Year". An amended Attachment C is attached.**

16. What is the maximum amount of funds that can be requested for each RFP? Is there a range of funding for each project/RFP that the evaluation/reviewers desire?

Response: **There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

17. Can funding be used to support services, or supportive services/wrap-around services to children and youth who are currently enrolled in a residential chemical dependency program?

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy.**

18. Should all proposals be for a twelve month period? I see that there is the option for negotiation to renew funded proposals, but in our original design for programming, should we limit programming to twelve months?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. Agencies should define proposed program terms in the application and budget narratives.**

19. How many times can organizations re-apply? Is it on an Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

20. When is the start date and end date of the funding?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

21. If a new non-profit organization has applied for their 501(3)(c) designation but it is still pending by the deadline date of the grant, will some consideration be given to the non-profits as long as they can document their application for 501(3)(c)?

Response: **Consideration may be given to a non-profit organization that has not yet obtained a 501(c)(3) designations; however, an organization must have obtained the 501(c)(3) designations prior to entering into a contract.**

22. Can an organization submit more than one pilot program?

Response: **Yes**

23. Can an organization apply for the pilot program and the purchase for services contracts?

Response: **Organizations may apply for both the pilot program and purchase of services contracts.**

24. What is the funding cap request per proposal for the pilot program? Is it a set amount or is it variable?

Response: **There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

25. Is there a list of “allowable expenditures” of what can be requested for the proposal? Or a list of things that are “not allowable”? That would be helpful to have if it is available.

Response: **There is not currently a list of “allowable” or “not allowable” expenditures.**

26. For the pilot program, can participants/subjects in the research pilot be paid for their participation for completing surveys, classes, etc. as part of the funding? For example, “each participant who completes the pre- and post surveys and the classes on advocacy will have their name entered into a drawing to win a \$100.00 gift card to \_\_\_\_\_.”

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB’s’s Funding Policy.**

27. If a new non-profit has just been certified the state and Jason Kander’s office sent a letter stating that their independent audit is not due to the state until August of 2015, is this letter allowable to present in lieu of doing an independent audit prior to submission as required by the grant?

Response: **Yes.**

28. Section I - Overview:

Must offerors submit proposals providing services throughout Boone County, or may proposals focus on certain geographic areas such as the City of Columbia?

Response: **Please reference the “Beneficiaries and Outcomes” section of the BCCSB’s Funding Policy.**

29. Attachment C Program Budget Worksheet

- a. Because Section VII - Term; Termination of Contract Agreement indicates that the initial term of contract will be negotiated, should the offeror assume that the Program Budget Worksheet is to be filled out on a calendar year basis?

Response: **As the contract term has not yet been established, agencies may use the agency’s fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

- b. The Worksheet requires Program Revenue and Expenses for Prior (2013), Current (2014), and Proposed Year (2015). Because revenue from certain sources (such as United Way) are contractually committed on calendar year basis, some revenue shown for Current year may not be available for Proposed Year. How should offerors treat this type of revenue on Exhibit C?

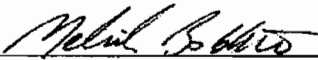
Response: **See above.**

30. My question is about the kinds of services that are eligible for funding. We would like to know whether funds could be awarded to a program that identifies key community-level student outcomes (such as kindergarten readiness and psycho-social well-being at the transition out of middle school), identifies local data with which to measure progress on those outcomes, and

assembles collaborative action networks of public and private entities to improve those community outcomes. We would apply under the RFP for pilot projects as a collaborative effort that will make a meaningful impact on children by fostering revision of existing services that target and building the capacity of local providers to use data in their decision-making. To you more detail, the collaborative action networks will collect, share, and analyze data on local newborn, child, and youth outcomes in order to identify local root causes, promising leverage points for improving youth outcomes, and strategies that are especially effective locally. The networks will create action plans based on that data and will measure the impact of their plans on student success to determine whether those strategies should be expanded, refined or replaced.

Our question is whether the organization that convenes these networks, provides the data assistance needed for the networks to do data-based decision-making, and publishes annual community report cards is eligible for partial funding, assuming that the proposal is otherwise meritorious?

Response: **The offeror should thoroughly explain how the organization's proposed pilot program falls under a statutorily eligible service area in order for the BCCSB to make an informed decision.**

By:   
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #1 to Request for Proposal *28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



# COUNTY OF BOONE - MISSOURI

## REQUEST FOR PROPOSAL (RFP) #: 28-24JUN14

### Pilot Programs that Provide Innovative Services

### Boone County Children's Services Fund

### 2014 Application

#### **BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:**

*To improve the lives of children, youth and families in Boone County  
by strategically investing in the creation and maintenance of integrated systems  
that deliver effective and quality services for children and families in need.*

#### **RFP TIMELINE:**

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	May 9, 2014
Written Questions Due By	<a href="mailto:mbobbitt@boonecountymo.org">mbobbitt@boonecountymo.org</a>	May 21, 2014 12:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	May 23, 2014 11:00 a.m. Central Time
Response Submission Deadline	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	June 24, 2014 9:15 a.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	June 24, 2014 9:30 a.m. Central Time

#### **CONTACT INFORMATION:**

Boone County Purchasing  
Boone County Annex  
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
Phone: (573) 886-4391 Fax: (573) 886-4390  
Email: [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

## I. Overview

On November 6, 2012, the citizens of Boone County passed County of Boone Proposition 1, which created a Children's Services Fund for children and youth nineteen years of age or less in Boone County. The Boone County Children's Services Board (BCCSB) has been appointed by the County Commission and entrusted to oversee this Fund. The Fund is created pursuant to RSMo §67.1775, RSMo §210.861, and the ballot language presented to the voters on November 6, 2012. RSMo §210.861 specifies the types of services that may be funded by the BCCSB. By statute, funds may be invested to address the following needs:

- up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
- respite care services
- unmarried parent services
- outpatient chemical dependency and psychiatric treatment programs
- counseling and related services as a part of transitional living programs
- home-based and community-based family intervention programs
- prevention programs which promote healthy lifestyles among children and youth and strengthen families
- crisis intervention services, inclusive of telephone hotlines
- individual, group, or family professional counseling and therapy services
- psychological evaluations
- mental health screenings.

Revenues collected and deposited in the community children's services fund **may not** be expended for inpatient medical, psychiatric, and chemical dependency services, or for transportation services.

## II. Funding Goals

The Board believes that it should invest in meaningful services to children, youth and families in a way that utilizes multiple effective strategies. To that end, the Board intends to invest its funding *appropriated for services* in the following general categories:

- Pilot programs that provide innovative services
- Purchase of service programs
- Match funding opportunities
- Strategic opportunities
- Contingency reserve to support other programs with circumstances requiring immediate attention

This RFP seeks applications for pilot programs that provide innovative services. Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth and families in need in Boone County. Preference will also be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.

### **III. Minimum Eligibility Criteria**

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit agency or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services
- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri

### **IV. Funding Available**

Applications for funding will be accepted to fund pilot programs that provide innovative services to children and youth nineteen years of age or less and their families in all service areas fundable pursuant to statute.

The proposed pilot programs may involve the creation of definitions for a class of children, youth and families, the creation of definitions for evidence-based services, and the creation of techniques to evaluate effectiveness. This may be a collaborative effort with other stakeholders to provide services that can make a meaningful impact on children that are not currently being provided. These programs could include funding to build capacity among appropriate service providers to provide these new, evidence-based practices.

For pilot programs the Board will consider indirect expenses up to a maximum of 15% of salary expense only (salary expense does not include benefits). Indirect expenses include general organizational expenses such as executive management time, finance, human resources or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc.



## V. Application

The Application Narrative cannot exceed 20 double-spaced pages, on standard white paper, with at least 12-point font and one-inch margins, excluding required attachments.

Please submit two original copies to:

Boone County Purchasing Department  
Attn: Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
Boone County Annex  
613 E. Ash, Rm. 110  
Columbia, MO 65201

Paper copies must be sealed in an envelope with RFP # and name of Offeror on the outside of the envelope. Proposals MUST be delivered no later than 9:15 a.m. central time, June 24, 2014. Proposals will not be accepted after this date and time and the County will return such late proposals to the Offeror.

Please submit an electronic copy after 9:30 a.m. central time June 24, 2014 and before 11:30 p.m. June 24 in Microsoft Word or PDF format to: [mbobbitt@boonecountymmo.org](mailto:mbobbitt@boonecountymmo.org). Please do not submit the electronic copy prior to 9:30 a.m. central time, June 24, 2014.

## VI. Contracting Agency Requirements

**Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

- **Compensation Insurance:** The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.
- Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$1,000,000.00 each employee, \$1,000,000.00 each accident, and \$1,000,000.00 policy limit.
- **Comprehensive General Liability Insurance:** The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether

such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$2,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

- The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$2,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.
- The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$2,000,000.00 and naming Boone County as additional insured.
- **Commercial Automobile Liability:** The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$2,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

**Indemnity Agreement:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

**Subcontracts :** The Contractor may enter into subcontracts for components of the consulting service as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.

In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

## **VII. Instructions and General Conditions**

**Delivery of Proposals:** Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received at the Boone County Purchasing office until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- If you have obtained this proposal document from our Web Page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addenda if we do not have you on our Vendor list for this proposal.
- The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- No negotiations, decisions, or actions shall be initiated by any agency as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

### **Ambiguity, Conflict, or Other Errors in the RFP:**

- If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the Request for Proposal, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the Request for Proposals prior to submitting the proposal or it shall be waived.
- Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

**Rejection of Proposals:** The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply

information in connection with respect to responsibility may be grounds for a determination of non-responsibility.

**Acceptance of Proposals:** The County will accept for evaluation all proposals that are submitted properly. However, the County reserves the right to request clarifications or corrections to proposals.

**Requests for Clarification of Proposals:** Requests by the Purchasing Department for clarification of proposals shall be in writing.

**Validity of Proposals:** Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

**Receipt and Opening of Advertised, Sealed Proposals:** The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful firm's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, Tuesday, June 24, 2014 at 9:30 a.m. Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at [www.showmeboone.com](http://www.showmeboone.com). Select "Purchasing", then "2014 Bid Tabulations".
- Proposal responses are due by Tuesday, June 24, 2014 at 9:15 p.m. No late proposals will be accepted.

**Withdrawal of Proposals:** Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

**Guidelines for Written Questions:** All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than 12:00 p.m., May 21, 2014. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, and Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet.

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
613 E. Ash Street, Room 110  
Columbia, Missouri 65201  
Phone: (573) 886-4391 Fax: (573) 886-4390  
E-mail: [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

**Pre-Proposal Conference:** To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for May 23, 2014 at 11:00 a.m. Central Time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri 65201.

- All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.

**Term; Termination of Contract Agreement:**

- The initial term of the resulting contract agreement from this Pilot Programs that Provide Innovative Services Request for Proposal will be negotiated. The negotiated contract may have an option for renewal.
- The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 60 days prior written notice to the Contractor.

**Competitive Negotiation of Proposals:** The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or

to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

- Negotiations may be conducted in person, in writing, or by telephone.
- Negotiations will only be conducted with potentially acceptable proposals. The County reserves the right to limit negotiations to those proposals, which received the highest rankings during the initial evaluation phase.
- Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.
- The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- The County reserves the right to contact any and all references to obtain without limitation, information regarding the Offeror's performance on previous projects. A uniform sample of references may be checked for each short-listed Offeror.

**BOONE COUNTY CHILDREN'S SERVICES FUND  
2014 APPLICATION NARRATIVE FOR FUNDING:  
PILOT PROGRAMS THAT PROVIDE INNOVATIVE SERVICES**

**Agency Name:**

**Agency Address:**

**Agency Phone Number:**

**Primary Agency Contact (include title):**

**Email Address:**

**Contact Phone Number:**

**Amount Requested:**

**Federal Tax ID (or Social Security #):**

**Signature:**

**Date:**

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**1. AGENCY AND PROGRAM INFORMATION**

**a. Background Information:**

- i. Provide a summary of your agency, including your agency's mission statement.
- ii. Attach a list of your agency's Board of Directors.
- iii. Describe why your agency is interested in implementing a pilot program to provide innovative services to children, youth and families in Boone County.

**b. Target Population:**

- i. Describe the pilot program's target population.
- ii. Discuss the rationale for selection of this target population for a pilot program.
- iii. Please state the statutorily eligible service area (see page 2) the target population falls within.

**c. Innovative Service Idea:**

- i. Discuss the issue or problem the pilot program seeks to address.
- ii. Provide a detailed description of the idea for innovative services to be developed or that has been developed into a pilot program.

- iii. Discuss what other agencies you have collaborated with in the development of the idea for the innovative service(s).

**d. Implementation:**

- i. Describe how and with what agencies you will collaborate with to implement the pilot program.
- ii. Discuss the plan for the implementation of the pilot program including how the requested funds will be used for the program in the implementation process.
- iii. Outline the timeline for key steps in the implementation process.

**2. EVALUATION**

**a. Performance Information:**

- i. Attach a Program Performance Measures Worksheet (see Attachment A).

**b. Outcomes:**

- i. Describe the outcomes of the pilot program (outcomes need to be measurable and time specific).

**c. Indicators:**

- i. Identify and describe the indicators which will measure the pilot program outcomes.
- ii. Identify your agency's performance target of these indicators.

**d. Measurement:**

- i. Discuss who will be responsible for the accomplishment of each of the outcome goals.
- ii. Discuss how the data will be collected.
- iii. Identify your agency's timeline for each outcome.
- iv. Describe the approach that will be used to evaluate the pilot program.
- v. Describe the approach that will be used to evaluate the effectiveness of the program.
- vi. Include copies of any evaluation tools you will be using and provide a description of why you are using these tools compared to other tools.

**e. Input**

**i. Clinical Expertise:**

- 1. Discuss the capacity of your agency to execute the proposed program.
- 2. Provide a list of key staff responsible for implementing the program.

**ii. Program Activity:**

- 1. Describe the innovative interventions and/or activities that will be implemented through the pilot program.
- 2. Identify and discuss the evidence-based practices that will be used and relevant research supporting the efficacy of the proposed interventions and/or activities.



3. If there is no research to support the efficacy of the proposed interventions and/or activities, please explain the rationale for utilizing the interventions and/or activities.

**f. Output:**

- i. Service to be provided.
- ii. Unit measurement, if applicable.
- iii. Unit cost, if applicable.
- iv. Amount requested.
- v. Number of individuals to be served.

**3. BUDGET**

**a. Budget Worksheets to be Attached:**

- i. Agency Financial Worksheet (see Attachment B).
- ii. Program Budget Worksheet (see Attachment C).

**b. Budget Narrative**

- i. Please explain each line of the budget worksheets from Attachments B and C.

**c. Staff Positions:**

- i. Provide a list of staff positions for the project, including direct and indirect.
- ii. State the role of each position and their qualifications.
- iii. State the proposed salary for each position.

**4. AGENCY ASSURANCE, CERTIFICATION, AND WORK AUTHORIZATION SHEETS**

Please review, sign, and return the Agency Assurance Sheet (see Attachment D), the Certification Sheet (See Attachment E), and the Work Authorization Sheet (see Attachment F) with the proposal. The sheets outline the expectations and requirements for any agencies requesting and/or receiving funds through the Boone County Children's Services Fund.

## ATTACHMENT A

### Program Performance Measures Information Worksheet

The following synonyms, definitions, and examples may help you completing the required program performance measures information:

	<b>Activity</b>	<b>Output</b>	<b>Outcome</b>	<b>Indicator</b>	<b>Method of Measurement</b>
<b>Synonyms</b>	<i>Activity = Service</i>	<i>Output = Product</i>	<i>Outcome = Change</i>	<i>Indicator = Measure</i>	<i>Method of Measurement = Information gathering instrument or technique</i>
<b>Definitions</b>	An <i>Activity</i> is the program service or sub service being provided	An <i>Output</i> is expressed as the NUMBER of things produced by an activity and the number people for whom it is provided	An <i>Outcome</i> describes a beneficial CHANGE in people	An <i>Indicator</i> is the specific item of information by which a program's LEVEL OF SUCCESS is measured	A <i>Method Of Measurement</i> is the instrument or technique used to gather the information needed to measure the program's success.
<b>Example</b>	Activity= Before/after school youth enrichment programming  Sub-Activity=Tutoring	150 hours of tutoring sessions for 30 children	Child's academic performance improves	Number and percent of participants who receive better grades following participation in program as compared to period prior to participation	Utilize school report card data pre and post participation in the program.

Activity	Output(s)	Outcome(s)	Indicator(s)	Method of Measurement

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**ATTACHMENT B**  
**AGENCY FINANCIAL INFORMATION**

AGENCY NAME:

AGENCY REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way					
B. Other United Ways					
C. Capital Campaigns					
D. Grants (non-governmental)					
E. Fund Raising & Other Direct Support					
TOTAL DIRECT SUPPORT (sub-totals)					
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding					
B. Boone County - Other					
C. Other Counties					
D. City of Columbia - Social Service Funding					
E. City of Columbia - Other					
F. Other Cities					
G. Federal (Medicaid, Title III, etc.)					
H. State (Purchase of Services, Grants, etc.)					
I. Other (Schools, Courts, etc.)					
TOTAL GOV'T CONTRACTS/SUPPORT (sub-totals)					
3. Program Service Fees					
4. Investment Income (realized & unrealized)					
5. Other Revenue Items					
<b>TOTAL AGENCY REVENUE</b>					
AGENCY EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
Expenses for Program Services					
Expenses for Management and General					
Expenses for Fundraising					
<b>TOTAL AGENCY EXPENSES</b>					
% of Management and Fundraising Expenses					
NET ASSETS	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% CHANGE CURRENT TO PROPOSED	
Net Assets, End of Year					
CASH FLOWS	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% CHANGE CURRENT TO PROPOSED	
Cash, End of Year					

## ATTACHMENT C

### PROGRAM BUDGET WORKSHEET

**PROGRAM NAME:**

TOTAL PROGRAM REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way					
B. Other United Ways					
C. Capital Campaigns					
D. Grants (non-governmental)					
E. Fund Raising & Other Direct Support					
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding					
B. Boone County - Other					
C. Other Counties					
D. City of Columbia - Social Service Funding					
E. City of Columbia - Other					
F. Other Cities					
G. Federal (Medicaid, Title III, etc.)					
H. State (Purchase of Services, Grants, etc.)					
I. Other (Schools, Courts, etc.)					
3. Program Service Fees					
4. Investment Income (realized & unrealized)					
5. Other Revenue Items					
<b>TOTAL PROGRAM REVENUE</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		

PROGRAM EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
1. Personnel					
2. Non-Personnel					
<b>TOTAL PROGRAM EXPENSES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		

NUMBER OF DIRECT PROGRAM STAFF (FTE)	ACTUAL	CURRENT	PROPOSED
<i>FTE = number of direct program service hours worked by employee per year/2080 (e.g. 1040/2080= .5 FTE)</i>			

## ATTACHMENT D

### **2014 AGENCY ASSURANCE SHEET** **(Please complete and return with Proposal Response)**

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Proof of 501(c)(3)
- Certificate of Corporate Good Standing
- Most Recent 990 Federal Form
- Agency Strategic Plan
- Copies of Agency Accreditations
- Most Recent Agency Independent Audit
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality
- Memorandums of Understanding (not currently needed for Contingency Funds Request)

\_\_\_\_\_  
Printed Name - Agency Executive Director/President/CEO

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Agency Executive Director/President/CEO

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name - Agency Board Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Agency Board Chair

\_\_\_\_\_  
Date

## **ATTACHMENT E**

**(Please complete and return with Proposal Response)**

Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR  
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, 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.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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Name and Title of Authorized Representative

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Signature

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Date



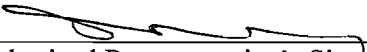


**AFFIDAVIT OF WORK AUTHORIZATION ANNUAL RENEWAL DOCUMENT**

The contractor who meets the section 285.525, RSMo, definition of a business entity must complete and return the following Affidavit of Work Authorization Annual Renewal Document.

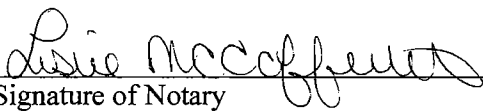
Comes now Todd Schaible, Ph.D. (Name of Business Entity Authorized Representative) as President & CEO (Position/Title) first being duly sworn on my oath, affirm Burrell, Inc. (Business Entity Name) is enrolled and will continue to participate in the E-Verify federal work authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri for the duration of the contract(s), if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that Burrell, Inc. (Business Entity Name) does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services provided under the contract(s) for the duration of the contract(s), if awarded.

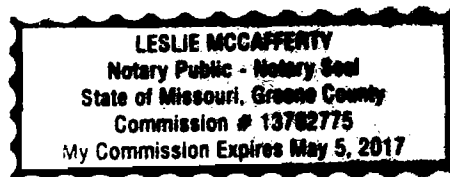
*In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)*

 Todd Schaible, Ph.D.  
Authorized Representative's Signature  
President & CEO 11/4/2014

Todd.Schaible @burrellcenter.com 406415  
E-Mail Address E-Verify Company ID Number

Subscribed and sworn to before me this 5<sup>th</sup> of November 15. I am  
(DAY) (MONTH, YEAR)  
commissioned as a notary public within the County of Greene, State of  
(NAME OF COUNTY)  
Missouri, and my commission expires on 5-5-2017.  
(NAME OF STATE) (DATE)

 11-5-2014  
Signature of Notary Date





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/14/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Nixon & Lindstrom Insurance 901 E. Battlefield Road  Springfield MO 65807-4811	CONTACT NAME: Cezanne Amos, CIC	
	PHONE (A/C No. Ext): (417) 881-6623 FAX (A/C No.): (417) 881-8269 E-MAIL ADDRESS: camos@nixonins.com	
INSURED Burrell Inc, DBA: Burrell Behavioral Health 1300 E. Bradford Parkway  Springfield MO 65804	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Philadelphia Insurance Co	23850
	INSURER B: MO Employers Mutual Ins. Co.	10191
	INSURER C:	
	INSURER D:	
	INSURER E:	

**COVERAGES** CERTIFICATE NUMBER: 14/15 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Including Professional for Psychiatrists	X		PHPK1210310	8/1/2014	8/1/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS			PHPK1210310	8/1/2014	8/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist combined \$
	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			PHUB468800	8/1/2014	8/1/2015	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		1023718	8/1/2014	8/1/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Boone County is Additional Insured as respects General Liability for outpatient therapy services provided for Boone County Children Services.

<b>CERTIFICATE HOLDER</b>  Boone County c/o Director of Children Services 613 E Ash St, Rm 110 Columbia, MO 65201	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  D Endacott, CIC, AAI/



**AGREEMENT FOR PILOT PROGRAMS**  
**Early Assessment and Intervention Services for Outcomes Now (EAI'S ON)**

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**THIS AGREEMENT** dated the 11<sup>th</sup> day of December, 2014 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "BCCSB" and **Great Circle**, a tax-exempt, not organized for profit agency or governmental entity, hereinafter referred to as "**GC**".

**WHEREAS**, the BCCSB, under the provisions of 67.1775 and 210.861 of the Revised Statutes of Missouri, has the right to expend monies from the Children's Services Fund (CSF) for the purposes of funding services to children and youth 19 years of age and younger, and their families residing in Boone County; and

**WHEREAS**, the GC has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided along with the expected cost to GC thereof; and

**WHEREAS**, the BCCSB has approved the Request for Funding Proposal in whole or in part as hereinafter set forth,

**IN CONSIDERATION** of the parties performance of the respective obligations contained herein, the parties agree as follows:

**FUNDING ALLOCATION FOR SERVICES RENDERED BY GC**

GC is expected to the greatest extent possible to maximize funding from all other sources. GC shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. GC shall only request reimbursement for services not reimbursable by any other source. GC shall provide documentation and assurance to the BCCSB that requests for reimbursement from the CSF is not a duplication of reimbursement from any other source of funding.

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract. GC will perform the services and carry out the activities as set forth in the Request for Funding Proposal Application. GC agrees to, and understands that services performed under this agreement are limited to the Request for Funding Proposal Application.

2. **Contract Documents.** This agreement shall consist of the Request for Proposal #28-24JUN14 (Pilot Programs that Provide Innovative Services) and GC's response to the County of Boone's Request for Proposal, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over the GC's Proposal, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The BCCSB agrees to purchase from the GC and the GC agrees to furnish **Early Assessment and Intervention Services for Outcomes Now (EAI's-ON)** for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in the GC's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$235,325** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of contract execution and **extend through December 31, 2015** subject to the provisions for termination specified below. This contract may at the sole discretion of the BCCSB and with the agreement of GC be **renewed for an additional two (2) one-year periods**. GC agrees and understands that the BCCSB may require supplemental information to be submitted by GC prior to any renewal of this agreement.

5. **Billing and Payment.** For the Pilot Programs that Provide Innovative Services (PILOT) Contract, the payments for **provide Motivational Interviewing (MI) and Family-Group Decision Making (FGDM) programming to prevent and/or eliminate child abuse and neglect, along with reducing the effects of childhood trauma** will be made in three (3) installments, 34% of the contracted amount, within 30 days of the execution of the contract, 33% of the contracted amount within 30 days of the completion and approval of the 2015 mid-year report, and 33% of the amount within 30 days of the completion and approval of the 2015 year-end report. An accounting of prior funding received from the CSF shall be required before receiving subsequent contractual installment payments. Installment payments may vary based on the adjusted totals provided to BCCSB. In the event of a billing dispute, the BCCSB reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of the GC, the BCCSB agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

6. **Availability of Funds.** Payments under this contract are dependent upon the availability of funds or as otherwise determined by the BCCSB. This contract can be terminated

if funding becomes unavailable in whole or in part for cause shown, and the BCCSB shall have no obligation to continue payment.

## **REPORTING, MONITORING, AND MODIFICATION**

7. **Reporting.** The BCCSB shall utilize the Request for Funding Proposal Application and the Responses to Requests for Additional Information, as submitted by GC to monitor service delivery and program expenditures. GC agrees to submit to the BCCSB a mid-year service report by July 30, 2015 for the period beginning with the date of contract execution to June 30, 2015 and an annual service report by January 29, 2016, for the period of July 1, 2015 to December 31, 2015. Variations on this date may be requested by GC and, if so stipulated, are noted on this contract document. Payments may be withheld from GC if reports designated here are not submitted on time, until such time as the reports are filed. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. GC agrees to submit its reports through an on-line reporting system if requested.

8. **Audits.** GC also agrees to make available to the BCCSB a copy of its annual audit within four months after the close of GC's fiscal year. The audit must be performed by an independent individual or firm licensed by the Missouri State Board of Accountancy. The audit is to include a complete accounting for funds covered by this agreement in accordance with generally accepted accounting principles. In addition, the BCCSB requires that the management report of any audit as it relates to BCCSB program activities be made available to BCCSB as part of the required audit. Payment may be withheld from GC, if reports designated here are not made available upon request.

9. **Monitoring.** GC agrees to permit the BCCSB, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the BCCSB to monitor, survey and inspect GC's services, activities, programs and client records, to determine compliance and performance with this contract, except as prohibited by laws protecting client confidentiality. In addition, GC hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the BCCSB or its designee(s) all records, facilities and personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

10. **Modification or Amendment.** In the event GC requests to make any change, modification, or an amendment to funded services, one-time items, activities and/or programs covered by this contract, a request of the proposed modification or amendment must be submitted in writing to the Director of Community Services to share with the BCCSB for approval. A board resolution from GC must be included with the request. Requests to the BCCSB must be submitted in writing at least two weeks prior to the BCCSB meeting.

## OTHER TERMS OF THIS CONTRACT

11. **Violation of Client Rights.** Any alleged case of a violation of a client's rights in a program funded by the Commission/BCCSB shall be investigated in accordance with GC's policies and procedures and in accordance with any local/state/federal regulations. GC agrees to notify the BCCSB through the Director of Community Services of any such incidents that have been reported to the appropriate governmental body and must also authorize the governmental body to notify the BCCSB of any substantiated allegations. GC must comply with Missouri law regarding confidentiality of client records.

12. **Discrimination.** GC will refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with applicable provisions of federal and state laws, county or municipal statutes or ordinances, which prohibit discrimination in employment and the delivery of services.

13. **CSF to be used for Services Provided.** GC agrees that the CSF funds shall be used exclusively for the services provided to children and youth 19 years of age or less and their families and for administrative costs directly related to GC's provision of such services.

14. **Accreditation/Licensure/Certifications.** All agencies must comply with all state/federal certification and licensing requirements and all applicable federal, state, and local laws and must remain in "good standing".

15. **Conflict of Interest.** GC agrees that no member of its Board of Directors or its employees now has, or will in the future, have any conflict of interest between himself/herself and GC, and this shall include any transaction in which GC is a party, including the subject matter of this contract. Missouri law, as this term is used herein, shall define "Conflict of Interest".

16. **Subcontracts.** GC may enter into subcontracts for components of the contracted service as GC deems necessary within the terms of the contract. All such subcontracts require the written approval of the BCCSB or their designated representative. In performing all services under the resulting contract agreement, the GC shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

17. **Employment of Unauthorized Aliens Prohibited.** GC agrees to comply with Missouri State Statute section 285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. GC shall require each subcontractor to affirmatively state in its Agreement with the GC that the subcontractor shall not knowingly employ, hire for employment or continue to employ an

unauthorized alien to perform work within the state of Missouri. Provider shall also require each subcontractor to provide GC a sworn affidavit under the penalty of perjury attesting to the fact that the subcontractor's employees are lawfully present in the United States.

18. **Litigation.** GC agrees that there is no litigation, claim, consent order, settlement agreement, investigation, challenge or other proceeding pending or threatened against GC or any individual acting on the GC's behalf, including subcontractors, which seek to enjoin or prohibit GC from entering into this contract agreement of performing its obligations under this agreement.

19. **Board Ownership.** If GC ceases to be funded by the BCCSB or ceases to provide programs and services for Boone County children, youth and their families, all capital equipment, materials, and buildings purchased with CSF funds shall be returned to Boone County unless so otherwise approved by a majority vote of the BCCSB. In addition, if GC no longer used capital equipment, materials, and building purchased with CSF funds for its original intent, GC will need BCCSB approval to re-direct.

20. **Failure to Perform/Default.** In the event GC, at anytime, fails or refuses to perform according to the terms of this contract, as determined by the BCCSB, such failure or refusal shall constitute a default hereunder, and the BCCSB will be relieved of any further obligation to make payments to GC as set out herein. This contract will be terminated at the option of the BCCSB.

21. **Termination.** This agreement may be terminated by the BCCSB upon 15 days advance written notice for any of the following reasons or under any of the following circumstances:

a. BCCSB may terminate this agreement due to material breach of any term or condition of this agreement, or

b. BCCSB may terminate this agreement if key personnel providing services are changed such that in the opinion of the BCCSB delivery of services are or will be delayed or impaired, or if services are otherwise not in conformity with proposal specification, or if services are deficient in quality in the sole judgment of BCCSB, or

c. BCCSB may terminate this agreement with 15 days of prior written notice should the GC fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

d. BCCSB may terminate this agreement at will by giving at least 30 days prior written notice to the GC, or

e. If appropriations are not made available and budgeted for any calendar year to fund this agreement.

22. **Indemnification.** To the extent permitted under Missouri law, GC agrees to hold harmless, defend and indemnify the BCCSB, the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of **Great Circle**, (meaning anyone, including but not limited to consultants having a contract with the GC or subcontractor for part of the services), or anyone directly or indirectly employed by GC, or of anyone for whose acts GC may be liable in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its negligence.

23. **Publicity by the Agency.** GC shall notify the BCCSB of contact with the media regarding CSF funded programs or profiles of participants in CSF funded programs. GC will acknowledge the BCCSB as a funding source whenever publicizing CSF funded programs. GC will collaborate with the BCCSB to inform the community about the ways its tax dollars are being invested in services and supports. GC agrees to acknowledge the Children's Services Fund as a funding source on all written and electronic publications including brochures, letterhead, annual reports and newsletters.

24. **Independence.** This contract does not create a partnership, joint venture or any other form of joint relationship between the BCCSB and GC. The BCCSB does not recognize any of the GC's employees, agents or volunteers as those of the BCCSB.

25. **Binding Effect.** This agreement shall be binding upon the parties hereto and their successors and assigns for so long as this agreement remains in full force and effect.

26. **Entire Agreement.** This agreement constitutes the entire agreement between the parties and supersedes any prior negotiations, written or verbal, and other proposal or contractual agreement. This agreement may only be amended by a signed writing executed with the same formality as this agreement.

27. **Record Retention Clause.** GC shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of the this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.

28. **Notice.** Any written notice or communication to the BCCSB shall be mailed or delivered to:

Boone County Community Services  
605 E. Walnut, Ste. A  
Columbia, MO 65201

Any written notice or communication to the GC shall be mailed or delivered to:



Great Circle  
Paula R. Fleming, Chief Operating Officer  
330 North Gore Ave.  
St. Louis, MO 63119

**IN WITNESS WHEREOF** the parties through their duly authorize representatives have executed this agreement on the day and year first above written.

**Great Circle**

**Boone County, Missouri**

By: Paula R Fleming  
Signature

By: Boone County Commission  
Daniel K. Atwill  
Daniel K. Atwill, Presiding Commissioner

By: Paula R Fleming  
Printed Name/ Title  
Chief Operating Officer

By: Boone County Children's Services Board  
Les Wagner  
Les Wagner, Board Chair

APPROVED AS TO FORM:

J. Blaine  
County Counselor

ATTEST:

Wendy S. Noren  
Wendy S. Noren, County Clerk

AUDITOR CERTIFICATION: In accordance with RSMo §50.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note: Certification of this contract is not required if the terms of this contract do not create a measurable county obligation at this time.)

June Patchford by jj 12/02/14  
Signature Date

2161 / 71106 / \$235,325

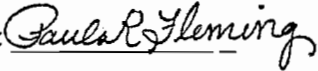
Appropriation Account

**REQUEST FOR ADDITIONAL INFORMATION FORM #1**

**PROPOSAL: 28-24JUN14 - Pilot Programs that Provide Innovative Service - Boone County Community Children's Services**

This Request for Additional Information #1 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted on or before **9:00 a.m. Tuesday, October 14, 2014.**

Company Name: Great Circle  
Address: 409 Vandiver West, Bldg., #6, Suite 203, Columbia MO 65202  
Telephone: 573.442.8331  
Federal Tax ID (or Social Security#): 43-0681471  
Print Name: Paula Fleming Title: Chief Operating Officer

Signature:  Date: 11/5/14

E-mail: [paula.fleming@greatcircle.org](mailto:paula.fleming@greatcircle.org)

**(EAI's ON Program):**

- a. Please provide a copy of Attachment A.

See Attached

- b. Please provide more of an explanation regarding the collaboration with Preferred Family Health Care. What type of funding will PFH receive for this work?

Great Circle and Preferred Family Healthcare (PFH) have been collaborative partners throughout the State, and will bring a strong level of cohesive partnership to the EAI's ON program. Preferred Family has a long history of providing exceptional substance abuse and prevention services. When a family is identified, based on preliminary assessments, as having drug and alcohol issues we will immediately refer them to our partner agency, PFH. They will provide a more in-depth assessment and establish treatment planning goals with the family. PFH utilizes the Addiction Severity Index for adults and evidence based assessment tools for adolescents/children to assess addictive behavior and relapse potential. It is anticipated that 35% of those served in the program will require substance abuse treatment services. Those adults and/or children identified as needing substance abuse services will work within our program and have PFH as a part of the team to ensure all identified issues and goals are being addressed within the scope of this proposal.

Great Circle will subcontract with PFH to provide substance abuse services. Referred families will be given an assessment, as well as, therapy based on their identified needs. PFH will bill our agency monthly, per assessment and per hour of therapy provided.

c. Once Motivational Interviewing and Family Group Decision Making (FGDM) is complete, what interventions are utilized?

The duration of the intervention is intended to be fairly short-term, lasting 90 - 120 days. It is anticipated that the FGDM process may last the entire intervention period. Once the team is developed and convened, the team will meet as required by the needs of the family to review the plan and family progress. FGDM meetings will be convened to reaffirm the family-group's commitment to agree upon goals and address possible future barriers to continued family stability.

In addition, ongoing family engagement work will be done by the FGDM Coordinator in that he or she will conduct family finding efforts if the family requires additional support beyond the existing members. Involving the widest constellation of family in decision-making and case-planning processes provides numerous benefits to children, including healthy cognitive, social, and emotional development. Family Finding will be employed by the FGDM Coordinators in order to quickly find and understand relationships between children and the extended family system. The Family Finding model is traditionally used to establish a lifetime network of support for children, youth and adults who are disconnected or at risk of disconnection from a safe, caring and responsible support network. The process identifies family members and other supportive adults, committed to the ongoing success of the identified family.

The EAI's ON clinician will also continue to be available for crisis intervention and support when necessary. The clinician will conduct and in person visit with the family and will work with the referring agency and the family's support team to assist with the referral and linkage to other community resources that may be required to assist meet their ongoing needs. The clinician will do "booster" sessions with the family throughout their engagement in the intervention as well.

In addition to being the liaison with the referring agency, the clinician will be the liaison to Preferred Family Health for those families receiving substance abuse services. Preferred Family Healthcare will become part of the team, providing clinical expertise based on the assessments, recommendations and progress in therapy. Preferred Family Healthcare will

work closely with the program clinician and other members of the team to ensure their treatment efforts are in line with the needs of the family and children and overarching program goals.

The Adult Adolescent Parent Inventory (AAPI) that is described in the proposal is an assessment that will be conducted with the each parent referred into the program. The AAPI is a pre and post-test and will be administered at the start and end of the intervention. Beyond the administration of the AAPI, review with the family and the referring agent will be required.

d. In the Unit Measurement, please describe how many hours are in a day?

The Unit Cost of \$26.86 per day would be billed for each day the family is enrolled in the program, which is estimated to be 90 - 120 days. The unit cost is not built on a set number of contact hours, yet it is built upon the number of days in which they are in the program.

e. Please justify the Unit Cost.

The Unit Measurement was determined by taking the number of families we can serve at a time (approximately 24) estimating that we would serve the an average of 3.6 months each, which would lead to serving 86.4 families per year. The total cost of the program is \$235,325 divided by 86.4 families is \$2,724 per family. The unit cost was broken down further to get a daily cost which would be \$235,325 divided by 24 families served at one time divided by 365 days which equals the daily unit cost of \$26.86 per family.

The worksheet provides details about the overall cost of the program as well as the unit cost is attached.

g. What is the current relationship with the Missouri Department of Social Services? Does this agency currently contract with these departments that would affect this program? If so, please detail.

Great Circle has worked very closely with the Missouri Department of Social Services on a number of programs including; Foster Care Case Management Program, Chafee Foster Care Independent Living Services Program, Intensive In- Home Services and Intensive Family Reunification Services; throughout the State of Missouri. Within this region, specifically Boone County, we subcontract with Missouri Alliance for Children and Families to provide

Foster Care Case Management to 180 children within the counties of Cole, Boone, Callaway, Randolph and Howard. In addition, we provide Intensive Family Reunification Services for Boone, Callaway, Cole, Moniteau, Morgan, Miller, Camden and Laclede counties. As partners of the Department of Social Services within child welfare we work closely together on most all initiatives, meet regularly and often provide services to the same families over the course of their involvement with child welfare. Some of our foster care staff may make referrals for Boone County families they are working with to the EAI's ON program if appropriate. Great Circle will have separate staff providing the services within the EAI's ON program and will provide information to both the Children's Division and Great Circle foster care staff about the program, referral process, criteria and benefits to families and children living in Boone County.

**Great Circle  
EAI's ON  
Innovative Grant**

<b>Proposed Year</b>
--------------------------

Net Rehabilitation Income/Loss		
Revenue		
Government Boone County Funding		<u>\$235,325</u>
Rehabilitation Program Expenses		
Salaries		
	Salaries	<u>\$135,390</u>
	Total Salaries	<u>\$135,390</u>
Payroll taxes and employee benefits		
	Social Security	\$10,357
	Group Insurance	\$13,081
	Retirement Contributions	\$192
	Staff Training	\$5,570
	Unemployment Taxes	\$2,708
	Work Comp	<u>\$6,769</u>
	Total	<u>\$38,677</u>
Program Expenses		\$ 2,000
Professional Fees		\$ 14,500
Office Supplies		3,450
IT Programming Expense		2,000
Program Rent and Utilities (1/3 of total amount)		6,400
Telephone-STL		\$ 3,240
Vehicle Expenses		<u>\$9,360</u>
		\$ 40,950
Administrative Costs		
	15% of Salary expense	<u>\$20,308</u>
	Total Expenses	\$235,325
	Personnel Expenses	\$174,067
	Non Personnel Expenses	<u>\$61,258</u>
		\$235,325
	Number of FTE's	<u>3.60</u>
	Number of Families Served	24
	Number of Months Each Family Served	3.600
	Total Number of Families Served	86.4
	Number of Program Days Enrolled	365
	Program cost per family served	\$2,724
	Daily cost per family served	\$26.86
	Monthly Cost per family served	\$806

TITLE	INCREASE DATE	FYE 12/31/13		FYE 12/31/14		BUDGETED OVERTIME	FYE 12/31/14		SOCSEC/MEDCR 7.65 %	RETIREMENT CONTRIBUTION	HEALTH INS PREMIUMS	LIFE INS ADM .3% OTHERS .2%		TOTAL MED & LIFE INS PREM	TOTAL SALARY/BENE COST
		TOTAL SALARY	INCREASE %	2014 INCREASE AMOUNT	12/31/14 BASE SALARY		12/31/14 TOTAL SALARY	RETIREMENT CONTRIBUTION				HEALTH INS PREMIUMS	LIFE INS ADM .3%		
HV: Dept 660															
0.05 Adami, Julia		3,071	4%	123	3,194	-	3,194	244	192	308	6	315	3,944		
0.05 Administrative Assistant		1,150	4%	46	1,196	-	1,196	91	-	-	2	2	1,290		
0.5 Program Coordinator		20,000			20,000	-	20,000	1,530	-	2,500	40	2,540	24,070		
1 New Position Therapist		38,000		-	38,000	-	38,000	2,907	-	5,001	76	5,077	45,984		
1 New Position Therapist		38,000		-	38,000	-	38,000	2,907	-	5,001	76	5,077	45,984		
1 New Position Case Manager		35,000		-	35,000	-	35,000	2,678	-	5,001	70	5,071	42,748		
3.00 DEPARTMENT @ 100%		135,221	0	169	135,390	-	135,390	10,357	192	12,810	271	13,081	159,020		

<b>Account #</b>	<b>Account Name</b>		
	Staff Training		
	Motivational Interviewing course		\$ 945
	Family Group Decision Making		
	2 Day Course	3,000	
	Hotel (\$125 x 5)	625	
	Mileage	1,000	\$ 4,625
			\$ 5,570
	Program Expenses		
	Testing Materials for Families	2,000	\$ 2,000
	Preferred Family Health substance abuse		
	Estimated # of families	28	\$ 14,500
	Assessment	\$ 144.60	
	Hourly Charge for Counseling	\$ 53.32	
	number of hours per session	7	
	Cost per family	\$ 517.84	
	Vehicle Expenses-STL-Home Visitation		
	est mileage per month	1,950	\$ 9,360
	reimbursement rate	0	
	Office Expense		
	Rent (1/3 of \$1,400 per month)	5,600	
	Utilities	800	\$ 6,400
	Office Supplies	150	
	Laptops	3,300	\$ 3,450
	Telephone Expense	3,240	\$ 3,240
	IT Expense (FamCare integration)	2,000	\$ 2,000





409 Vandiver West,  
Building 6, Suite 102  
Columbia, MO 65202  
573.442.8331 phone  
573.442.8330 fax

October 13, 2014

Mrs. Bobbitt,

Thank you for the opportunity to respond to your request for Additional Information regarding our EAI's ON program proposal. Please find the attached response regarding your request.

If you have any questions or concerns, please call (573) 442-8331.

Thank you for your consideration.

Sincerely,

  
Paula Fleming, LPC, Ph.D

**REQUEST FOR ADDITIONAL INFORMATION FORM #1**

**PROPOSAL: 28-24JUN14 - Pilot Programs that Provide Innovative Service - Boone County Community Children's Services**

This Request for Additional Information #1 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted on or before **9:00 a.m. Tuesday, October 14, 2014.**

Company Name: Great Circle  
Address: 409 Vandiver West, Bldg., #6, Suite 203, Columbia MO 65202  
Telephone: 573.442.8331  
Federal Tax ID (or Social Security#): 43-0681471  
Print Name: Paula Fleming Title: Chief Operating Officer

Signature:  Date: 10/14/14

E-mail: [paula.fleming@greatcircle.org](mailto:paula.fleming@greatcircle.org)

**(EAI's ON Program):**

- a. Please provide a copy of Attachment A.

See Attached

- b. Please provide more of an explanation regarding the collaboration with Preferred Family Health Care. What type of funding will PFH receive for this work?

Great Circle and Preferred Family Healthcare (PFH) have been collaborative partners throughout the State, and will bring a strong level of cohesive partnership to the EAI's ON program. Preferred Family has a long history of providing exceptional substance abuse and prevention services. When a family is identified, based on preliminary assessments, as having drug and alcohol issues we will immediately refer them to our partner agency, PFH. They will provide a more in-depth assessment and establish treatment planning goals with the family. PFH utilizes the Addiction Severity Index for adults and evidence based assessment tools for adolescents/children to assess addictive behavior and relapse potential. It is anticipated that 35% of those served in the program will require substance abuse treatment services. Those adults and/or children identified as needing substance abuse services will work within our program and have PFH as a part of the team to ensure all identified issues and goals are being addressed within the scope of this proposal.

Great Circle will subcontract with PFH to provide substance abuse services. Referred families will be given an assessment, as well as, therapy based on their identified needs. PFH will bill our agency monthly, per assessment and per hour of therapy provided.

c. Once Motivational Interviewing and Family Group Decision Making (FGDM) is complete, what interventions are utilized?

The duration of the intervention is intended to be fairly short-term, lasting 90 - 120 days. It is anticipated that the FGDM process may last the entire intervention period. Once the team is developed and convened, the team will meet as required by the needs of the family to review the plan and family progress. FGDM meetings will be convened to reaffirm the family-group's commitment to agree upon goals and address possible future barriers to continued family stability.

In addition, ongoing family engagement work will be done by the FGDM Coordinator in that he or she will conduct family finding efforts if the family requires additional support beyond the existing members. Involving the widest constellation of family in decision-making and case-planning processes provides numerous benefits to children, including healthy cognitive, social, and emotional development. Family Finding will be employed by the FGDM Coordinators in order to quickly find and understand relationships between children and the extended family system. The Family Finding model is traditionally used to establish a lifetime network of support for children, youth and adults who are disconnected or at risk of disconnection from a safe, caring and responsible support network. The process identifies family members and other supportive adults, committed to the ongoing success of the identified family.

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d. In the Unit Measurement, please describe how many hours are in a day?

The Unit Cost of \$24.18 per day would be billed for each day the family is enrolled in the program, which is estimated to be 90 - 120 days. The unit cost is not built on a set number of contact hours, yet it is built upon the number of days in which they are in the program.

e. Please justify the Unit Cost.

The Unit Measurement was determined by taking the number of families we can serve at a time (approximately 24) estimating that we would serve the an average of 3.3 months each, which would lead to serving 80 families per year. The total cost of the program is \$211,836 divided by 80 families is \$2,648 per family. The unit cost was broken down further to get a daily cost which would be \$211,836 divided by 24 families served at one time divided by 365 days which equals the daily unit cost of \$24.18 per family.

The worksheet provides details about the overall cost of the program as well as the unit cost is attached.

g. What is the current relationship with the Missouri Department of Social Services? Does this agency currently contract with these departments that would affect this program? If so, please detail.

Great Circle has worked very closely with the Missouri Department of Social Services on a number of programs including; Foster Care Case Management Program, Chafee Foster Care Independent Living Services Program, Intensive In- Home Services and Intensive Family Reunification Services; throughout the State of Missouri. Within this region, specifically Boone County, we subcontract with Missouri Alliance for Children and Families to provide

Foster Care Case Management to 180 children within the counties of Cole, Boone, Callaway, Randolph and Howard. In addition, we provide Intensive Family Reunification Services for Boone, Callaway, Cole, Moniteau, Morgan, Miller, Camden and Laclede counties. As partners of the Department of Social Services within child welfare we work closely together on most all initiatives, meet regularly and often provide services to the same families over the course of their involvement with child welfare. Some of our foster care staff may make referrals for Boone County families they are working with to the EAI's ON program if appropriate. Great Circle will have separate staff providing the services within the EAI's ON program and will provide information to both the Children's Division and Great Circle foster care staff about the program, referral process, criteria and benefits to families and children living in Boone County.

Activity	Output(s)	Outcome(s)	Indicator(s)	Method of Measurement
EAI's-ON Intervention: Assessments, goal planning, MI, FGDM, family supports, parenting education	9-12 weeks of intervention with 80 families	Reduction of child abuse/neglect	90% of families shall not have confirmed child abuse/neglect during an EAI's-ON intervention	Child Abuse and Neglect (CAN) Hotline calls
EAI's-ON Intervention: Assessments, goal planning, MI, FGDM, family supports, parenting education	9-12 weeks of intervention with 80 families	Reduction of out-of- home placement	90% of families shall not have a child placed out of the family's home during an EAI's-ON intervention (if applicable)	Case management activities
EAI's-ON Intervention: Assessments, goal planning, MI, FGDM, family supports, parenting education	9-12 weeks of intervention with 80 families	Improvement in positive parenting attitudes and reduction in potential for Child Abuse and Neglect	85% of parents will increase their attitudes towards parenting	Adult-Adolescent Parenting Inventory (AAPI-2) administered at pre/post
EAI's-ON Intervention: Assessments, goal planning, MI, FGDM, family supports, parenting education	9-12 weeks of intervention with 80 families	Improvement in the parent-child relationship	85% of parents will decrease their level of parental stress	Parenting Stress Index – Short Form. Includes three subscales: Parental Distress, Parent-Child Dysfunctional Interaction, and Difficult Child administered at pre/post

<b>Activity</b>	<b>Output(s)</b>	<b>Outcome(s)</b>	<b>Indicator(s)</b>	<b>Method of Measurement</b>
EAI's-ON Intervention: Assessments, goal planning, MI, FGDM, family supports, parenting education	9-12 weeks of intervention with 80 families	High rates of client satisfaction	85% of clients will report being satisfied with the services delivered upon exit	Client survey administered upon program exit

**Great Circle  
EAI's ON  
Innovative Grant**

Proposed  
Year

Net Rehabilitation Income/Loss

Revenue

Government Boone County Funding

Rehabilitation Program Expenses

Salaries

Salaries

Total Salaries

Payroll taxes and employee benefits

Social Security  
Group Insurance  
Retirement Contributions  
Staff Training  
Unemployment Taxes  
Work Comp  
Total

Program Expenses  
Professional Fees  
Office Supplies  
IT Programming Expense  
Program Rent and Utilities (1/3 of total amount)  
Telephone-STL  
Vehicle Expenses

Administrative Costs

15% of Personnel Costs

Total Expenses

Personnel Expenses  
Non Personnel Expenses

Number of FTES

Number of Families Served

	\$241,127
	\$135,390
	\$135,390
	\$10,357
	\$13,081
	\$192
	\$5,570
	\$2,708
	\$6,769
	\$38,677
	\$ 2,000
	\$ 14,500
	3,450
	2,000
	6,400
	3,240
	\$9,360
	\$ 40,950
	\$26,110
	\$241,127
	\$174,067
	\$67,060
	\$241,127
	3.60
	24



Number of Months Each Family Served	3.600
Total Number of Families Served	86
Number of Program Days Enrolled	365
Program cost per family served	\$2,791
Daily cost per family served	\$2,753

# Boone County Purchasing

Melinda Bobbitt, CPPO, CPPB  
Director



613 E. Ash St. Room 110  
Columbia, MO 65201  
Phone: (573) 886-4391  
Fax: (573) 886-4390  
[mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

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October 7, 2014

Paula Fleming, Chief Operating Officer  
Great Circle  
EAI's-On  
E-mail: [Paula.Fleming@greatcircle.org](mailto:Paula.Fleming@greatcircle.org)

RE: Request for Additional Information #1 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services

Dear Ms. Fleming:

Attached is a *Request for Additional Information #1*. Please complete the attached form, sign and submit with the requested information by 9:00 a.m., Tuesday, October 14, 2014 by email to [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org).

If you have any questions regarding this request, please call (573) 886-4391 or e-mail [Mbobbitt@boonecountymo.org](mailto:Mbobbitt@boonecountymo.org). I sincerely appreciate your efforts in working with Boone County, MO to ensure a thorough evaluation of your proposal.

Sincerely,

A handwritten signature in cursive script, appearing to read "Melinda Bobbitt".

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

cc: Proposal File

Attachment: Request for Additional Information

**REQUEST FOR ADDITIONAL INFORMATION FORM #1**

**PROPOSAL: 28-24JUN14 - Pilot Programs that Provide Innovative Service - Boone County Community Children's Services**

This Request for Additional Information #1 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted on or before **9:00 a.m. Tuesday, October 14, 2014.**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Tax ID (or Social Security #): \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

**██████████ (EAI's ON Program):**

- a. Please provide a copy of Attachment A.
- b. Please provide more of an explanation regarding the collaboration with Preferred Family Health Care. What type of funding will PFH receive for this work?
- c. Once Motivational Interviewing and Family Group Decision Making (FGDM) is complete, what interventions are utilized?
- d. In the Unit Measurement, please describe how many hours are in a day?
- e. Please justify the Unit Cost.
- g. What is the current relationship with the Missouri Department of Social Services? Does this agency currently contract with these departments that would affect this program? If so, please detail.

**BOONE COUNTY CHILDREN'S SERVICES FUND  
2014 APPLICATION NARRATIVE FOR FUNDING  
PILOT PROGRAMS THAT PROVIDE INNOVATIVE SERVICES**

**Agency Name:** Great Circle

**Agency Address:**

**Local:** Great Circle

409 Vandiver West  
Building #6, Suite 203  
Columbia, MO 65202

**Corporate:**

Great Circle  
330 North Gore Ave  
St. Louis, MO 63119

**Agency Phone Number:** 573-442-8331

**Primary Agency Contact (include title):** Paula R. Fleming, Chief Operating Officer

**Email Address:** Paula.Fleming@greatcircle.org

**Contact Phone Number:** 573-442-8331

**Amount Requested:** \$241,127

**Federal Tax ID (or Social Security #):** 43-0681471

**Signature:**  **Date:** July 7, 2014

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**1. AGENCY AND SERVICE INFORMATION**

**a. Background Information:**

**i. Provide a summary of your agency, including your agency's mission statement.**

Great Circle restores hope to those in difficult circumstances by providing treatment, education, prevention and support services to children, families and communities throughout Missouri and beyond. In 2009, Edgewood Children's Center and Boys & Girls Town of Missouri combined to create Great Circle, now one of the largest behavioral health providers in the state. Building on the combined strengths of those great agencies, Great Circle offers a unique spectrum of

specialized care from highly trained professionals who impact the lives of more than 12,000 individuals and families each year. Great Circle places priority on understanding the impact of trauma on child development and aims to minimize the effects of trauma without causing additional harm. As a trauma informed organization, Great Circle offers a unique spectrum of specialized care from highly trained professionals, impacting the lives of more than 12,000 individuals and families each year.

Great Circle provides expertise in family and community based treatment programs, residential care, educational services, and therapeutic adventure programs. Full continuums of services are offered throughout the state in four geographic services regions: Central, Eastern, South Central, and Southwest. This collaborative effort ensures improved access to programs and services for children and their family members and allows us to be stronger, more effective advocates for those we serve. Community based programs offered to children and their families include those focused on prevention, placement and educational stability, permanency, therapeutic intervention, independent living, and aftercare. Educational services are provided to students, aged 3-21, with severe emotional and behavioral disorders who have difficulty learning in a traditional classroom setting. These children receive individualized education and behavioral therapy in small classroom settings. Great Circle also offers specialized educational services to children diagnosed on the autism spectrum. Residential care is provided to children, ages 6-18, with emotional and behavioral challenges who require a structured, therapeutic environment. Great Circle also offers specialized treatment for children diagnosed on the autism spectrum and self-injurious adolescents.

Great Circle's mission statement: *"To reshape vulnerable lives through a community of partners, teachers, and leaders, giving children and families the confidence to create bright futures"*.

**ii. Attach a list of your agency's Board of Directors.**

*Please see attached agency Board of Directors list.*

**iii. Describe why your agency is interested in implementing a pilot program to provide innovative services to children, youth, and families in Boone County.**

Great Circle's interest in implementing an innovative pilot program stems from the need to provide preventative programming for children and families prior to abuse, neglect, and/or the traumatizing removal of a child from their home. Great Circle proposes implementing the Early Assessment and Intervention Services for Outcomes Now or EAI's-ON program. By providing early intervention, the family will be motivated to make positive changes and become more receptive to the development of a natural support system, which will assist them in achieving their goals. This program will affirm the culture of the family, fully acknowledge the rights and abilities of the family group to make sound decisions, and actively engage the community as a vital support for families. The stakeholders involved will also benefit, learning from and relying on, the family group and community as resources that strengthen and support families in ensuring their children have a clear sense of identity, lasting relationships, and healthy support systems.

**b. Target Population**

**i) Describe your agency's target population(s).**

The target population for EAI's-ON will be Boone County children up to age 19 and their families who are at risk of child abuse and neglect and/or already have a child or children placed in protective custody within the last 30 days. Families at risk are likely to be experiencing

generational poverty, lack of natural support systems, a history of substance misuse, domestic violence and limited access to necessary social and behavioral health services.

**ii) Discuss the rationale for selection of this target population for a pilot program.**

Statewide across Missouri in 2013, 61,765 child abuse and neglect reports were made and 6,203 cases were substantiated (Missouri Department of Social Services, 2013). There were 34 Missouri child deaths from substantiated abuse and neglect. According to the Missouri Department of Social Services Children's Division Annual Report, Boone County remains steady in substantiated reports of child abuse and neglect over the last few years with a rate of 3.2% in 2012 and 3.9% in 2013. In 2013 alone, there were 1,364 reported incidents of child abuse or neglect in Boone County involving 1,939 children (Missouri Department of Social Services, 2013). Poverty rates of children in Boone County also held steady around 17% over the past three years (Missouri Department of Social Services, 2013). Along with the growing rates of poverty and child abuse and neglect, Great Circle has also seen an increase in the number of children entering the foster care system and families in need of comprehensive support services. Great Circle proposes implementing the EAI's-ON program to serve this at-risk population in order to prevent abuse, neglect and ultimately emergency removals which traumatize children. The EAI's-ON program will assist families as they build upon natural community resources, receive the counseling and training they need to be successful parents, and provide safe outcomes for their children.

**iii. Please state the statutory eligible service area (see page 2) the target population falls within.**

The EAI's-ON program addresses the following eligible services areas: home-based and community-based family interventions, prevention, crisis intervention, and counseling and therapy services.

**c. Innovative Service Idea:**

**i. Discuss the issue or problem the pilot program seeks to address.**

The EAI's-ON program will seek to address the prevention and/or elimination of child abuse and neglect, along with reducing the effects of trauma endured by children when removal from their home is the safest choice. The cycle of abuse is often continued due to lack of preventative programming and failure to engage family and community support systems. Numerous needs assessments conducted in Boone County have all indicated there is a lack of in-home family support programs available. EAI's-ON is intended to meet the family where they are and build on their strengths and motivation to make life-long positive changes. By providing these services, we will help build and sustain the families natural support network to help empower their family system.

**ii. Provide a detailed description of the idea for innovative services to be developed or that has been developed into a pilot program.**

The EAI's ON program was designed using multiple evidence-based models. The two primary components of the program include Motivational Interviewing (MI) and Family Group Decision Making (FGDM). The philosophies of MI include respecting family members' expertise in understanding their own situation and needs, viewing the family's perceptions and behaviors as changeable, and recognizing the complexities of strengths and vulnerabilities (Child Welfare League, 2005). The values and beliefs of FGDM also are congruent with MI philosophies. Since motivation impacts parents' compliance with service delivery, lack of motivation to change may



limit the efficacy of home-based services. FGDM believes family members know their families best and should be the primary decision makers for the family. To increase the success of the family, it is imperative to employ both methods that will address motivation, as well as ambivalence and resistance for change.

**iii. Discuss what other agencies you have collaborated with in the development of the idea for the innovative service(s).**

Great Circle is partnering with Preferred Family Health (PFH) for the provision of substance abuse services and will be utilized when substance abuse has been identified as an issue affecting the family during the initial referral and assessment process. PFH will provide clinical expertise, assessments, and 6 to 8 sessions of therapy for substance abuse issues. Great Circle is also collaborating with the local Children's Division and the Boone County Juvenile court as they will be the primary referral agencies.

**d. Implementation**

**i. Describe how and with what agencies you will collaborate with to implement the pilot program.**

Great Circle will partner with PFH for this project. PFH will offer an in-depth substance abuse assessment and will provide out-patient services as needed to those served. The EAI's-ON program is collaborative in nature as one of the prominent tenants is for the natural support network to be engaged in supporting the family. Understanding that families served through this program will often require support from community agencies as well, Great Circle will collaborate with other social service agencies such as: Head Start, First Steps, Community Action Agency, Job Point, and the Health Department to ensure the families' needs are met.

Great Circle will also partner with The Center for Dispute Resolution (CDR) located on the campus of Missouri State University. The CDR provides services to support programs that help people take control of their lives. GC will collaborate with CDR to provide FGDM training to vital community stakeholders in the proposed service regions.

**ii. Discuss the plan for the implementation of the pilot program including how the requested funds will be used for the program in the implementation process.**

Great Circle is well suited to implement EAI's-ON. The Community Based Services (CBS) Department has many years of experience developing, implementing and successfully managing new programs. The implementation phase will be managed by Julia Adami, LPC, CBS Director and she will be supported by Carrie Bolm, LCSW, VP & Chief Program Officer of CBS. The first step will be advertising the 3 positions, 2 MI clinicians and the FGDM Coordinator, and have each position filled within the first 60 days. During this time, necessary marketing materials will be developed to share with referral agencies and other community partners. The CBS Director will also set up the MI and FGDM training once the staff are identified and hired. Staff will begin the process of reaching out to referring agencies and other community partners to begin education about the program. Great Circle and PFH will meet regularly to identify the process for referrals and program implementation. During the start-up period, funding will be used to pay for 5% of the CBS Director's salary, equipment for the new staff, training, travel, material development and salaries of the 3 new staff when they are hired.

**iii. Outline the timeline for key steps in the implementation process.**

<b>TASK</b>	<b>RESPONSIBILITY</b>	<b>DATE</b>
Purchase all needed equipment and program supplies (cell phone, computer, assessments)	Great-Circle Community-Based Regional Director	Within 30 days of award

Prepare Brochures and presentation materials for referring agencies	Great-Circle Community-Based Director	Within 30 days of award
Hire Clinicians	Great-Circle Community-Based Director	Within 45-60 days of award
Meet with referring agencies and provide education regarding program components and referral process	Great-Circle Community-Based Directors Clinicians FGDM Coordinators	Within 60 days of award
Completion of Motivational Interviewing training	Great-Circle Community-Based Director	Within 60-90 days of award
Completion of Family-Group Decision Meeting training staff and Community Stakeholders	Great-Circle Community Based Director Center for Dispute Resolution	Within 90 days of the award
Begin accepting referrals for EAIs-On program	Clinician, FGDM coordinators	Within 90 days of the award

## 2. Evaluation

### a) Performance Information:

#### i. Attach a Program Performance Measures Worksheet (see Attachment A)

*Please see Attachment A.*

### b) Outcomes:

#### i. Describe the outcomes of the pilot program (outcomes need to be measurable and time specific.)

It is anticipated that this program will: 1) reduce instances of child abuse and neglect; 2) reduce the likelihood that children will be removed from the home; 3) reduce the potential for parents/caregivers to engage in child abuse and neglect; 4) improve positive parenting attitudes; and 5) result in high levels of client satisfaction. Instances of child abuse and neglect and removals from the home will be monitored on an ongoing basis throughout the intervention. Standardized assessment measures will be administered at intake (pre) and exit (post). Client satisfaction will be measured upon exit.

**c. Indicators:**

**i. Identify and describe the indicators which will measure the pilot program outcomes.**

The EAI's-ON Program will use the following indicators to measure progress on service outcomes:

Families shall not have confirmed child abuse/neglect during an EAI's-ON intervention
Families shall not have a child placed out of the family's home during an EAI's-ON intervention (if applicable)
Parents will increase their attitudes towards parenting
Parents will decrease their level of parental stress
Parents will report being satisfied with the services delivered upon exit

**ii. Identify your agency's performance target of these indicators.**

The EAI's-ON Program will use the following targets to measure progress on service outcomes:

90% of families shall not have confirmed child abuse/neglect during an EAI's-ON intervention
90% of families shall not have a child placed out of the family's home during an EAI's-ON intervention (if applicable)
85% of parents will increase their attitudes towards parenting
85% of parents will decrease their level of parental stress
85% of clients will report being satisfied with the services delivered upon exit

**d. Measurement:**

**i. Discuss who will be responsible for the accomplishment of each of the outcomes.**

EAI's-ON staff and the families participating in the program will work in a strengths-based and collaborative manner to achieve the program outcomes. Staff will be responsible for ongoing assessment, Motivational Interviewing, developing strong family support, and matching the parents and their child with any other needed services to support the family. This will assist the family in successfully meeting the goals they set. Parents will be responsible for consistent participation and engagement in the program.

Great Circle's Performance and Quality Improvement (PQI) department will produce quarterly and annual reports to track the progress of clients and the project overall. This on-going progress monitoring will allow for any changes in programming that may need to occur in order for clients to have successful outcomes.

**ii. Discuss how the data will be collected.**

Data will be entered into Great Circle's internal Client Management System, FAMCare, to track client and program performance. FAMCare tracks all of the data associated with the outcomes and indicators identified in Attachment A, in addition to client demographics and individual strengths and needs. Great Circle will use family outcomes, standardized assessments, and client self-report in order to gauge progress over the course of the intervention and at the aggregate level, quarterly and annually through evaluation briefs and reports.

**iii. Identify your agency's timeline for each outcome.**

Data will be collected on an on-going basis over the 9-12 weeks of intervention. Standardized assessment measures will be administered at intake (pre) and exit (post). Client satisfaction will be measured upon exit. Program staff will review the progress of each family's goals on the Individual Treatment Plan to monitor and track progress performance. Quarterly and annual reports will track the progress of the project overall.

**iv. Describe the approach that will be used to evaluate the pilot program.**

The success of a project relies heavily on continuous high-quality evaluation feedback. The EAI's-ON project staff will review data regularly using interim and end-of-year reports, in-person briefings, evaluation briefs, and snapshots or case study depictions. Our outcome measures, described in Attachment A, have annual target goals set. The internal evaluation

team will revisit the data that informs our objectives on a quarterly basis in tandem with the PQI department in order to make any interim modifications to service delivery that may be needed. Great Circle employs a Performance Improvement Manager who is skilled in evaluation design and will meet with the team on a quarterly basis to report ongoing findings and discuss potential areas of needed improvement within individual clients/families and project-wide. This evaluation approach provides ongoing feedback for quality improvement and program refinement, and determines the impact of the program on targeted children and their families.

**v. Describe the approach that will be used to evaluate the effectiveness of the program.**

Great Circle will use family outcomes, standardized assessments, and client self-report in order to gauge progress over the course of the intervention and at the aggregate level, quarterly and annually through evaluation briefs and reports. The effectiveness of the program will largely be measured using multiple sources of quantitative data. Data will be cleaned, coded, and analyzed by Great Circle's PQI department using the Statistical Package for the Social Sciences (SPSS). Quantitative data will be analyzed using descriptive statistics (means, standard deviations, frequencies, and percentages) and parametric and non-parametric inferential statistics (chi square, t-tests, ANCOVA),

**vi. Include copies of any evaluation tools you be using and provide a description of why you are using these tools as compared to others.**

Upon intake, each client will be screened for exposure to traumatic life events using the UCLA PTSD Reaction Index in order to assess their individual needs and guide the development of their treatment plan. Great Circle will track Child Abuse and Neglect (CAN) hotline calls, removals from the home, scores from standardized assessments, and bi-annual client

satisfaction survey. The Adult-Adolescent Parenting Inventory (AAPI-2) will be used as an assessment of the potential for child abuse and neglect and attitudes about parenting. Data from the AAPI-2 provide an index of risk in five specific parenting and child rearing behaviors: Expectations of Children; Parental Empathy towards Children's Needs; Use of Corporal Punishment; Parent-Child Family Roles; and Children's Power and Independence (Family Development Resources Inc., 2013). The Parenting Stress Index – Short Form (PSI-4) measures levels of relative stress and includes three subscales: Parental Distress, Parent-Child Dysfunctional Interaction, and Difficult Child. The PSI has been given the highest rating by The California Evidence-Based Clearinghouse (The California Evidence Based Clearinghouse for Child Welfare , 2013). The use of assessments with sound psychometric properties allows Great Circle to not only have confidence in our own outcomes reporting, but also to compare our outcomes with other programs and the research-base. Great Circle currently administered satisfaction surveys to all clients bi-annually.

*Please see the attached evaluation tools.*

#### **e. Input**

##### **i. Clinical Expertise:**

##### **1. Discuss the capacity of your agency to deliver the proposed service.**

The EAI's-ON program will be housed within the Community Based Services (CBS) department. Programs offered within CBS are focused on working with children and families within their home from strengths-based and systems-oriented perspectives. The experience within CBS spans a large continuum of family-based services with an emphasis on prevention.

To support this program, Great Circle will hire two therapists and one FGDM Coordinator. With the hiring and training of the staff, Great Circle would be in a position to start the EAI's-ON program in Boone County within 60 days of award. Julia Adami, CBS Director, will have general oversight and management responsibility of the program.

**2. Provide a list of key staff responsible for implementing the program.**

<b>Staff Member</b>	<b>Staff Title</b>
Carrie Bolm, MSW, LCSW	Vice President of Community Based Services
Juli Adami, MS LPC	Director of Community Based Services
Rebecca Nobels	Administrative Assistant
2 new hires, LCSW or LPC	EAI's-On Clinician
1 new hire, Bachelor's degree	Family Group Decision Making Coordinator
1 new staff member hired by PFH, licensed clinician with substance abuse credentialing	Drug and Alcohol Therapist

**ii. Program Activity:**

**1. Describe the innovative interventions and/or activities that will be implemented through the pilot program.**

Great Circle's EAI's-ON program will deliver comprehensive, holistic, family-directed services incorporating evidence-based methods and engaging the at-risk family in the following manner:

*The Referral and Initial Screening Process (72 hours):* Once referrals are made to the program, client contact will occur by the MI Clinician within 48 hours. The initial contact will include review of the referral information along with any assessments that have been submitted. Upon intake, each client will be screened for exposure to traumatic life events using the UCLA PTSD Reaction Index in order to assess their individual needs and guide the development of their treatment plan. *Family Engagement:* The FGDM Coordinator will meet with the family to identify existing natural supports. If a larger network is required, the FGDM Coordinator will work with the family to conduct a family finding search. Once the members of the family team



are identified, the FGDM Coordinator will assist in bringing them all together. The FGDM Coordinator will assist the family in negotiating a plan designed to address agency concerns and family goals. The initial family meeting includes the input of the referring agency when certain expectations must be met to ensure child safety. The agency case manager clearly defines the non-negotiable plan for the participants, while the family must accept ownership of the support plan development and implementation. The family team will be convened to reaffirm the family-group's commitment to agree upon goals and address possible future barriers to continued family stability. *Ongoing Assessment:* Great Circle will employ the use of evidence-based assessments tailored to meet the needs of the EAI's-ON program and those served. The assessments will include: Adult Adolescent Parent Inventory (AAPI-2), Parenting Stress Index (PSI-4), and the UCLA PTSD Reaction Index. *Clinical Intervention:* The clinician will use Motivational Interviewing techniques to elicit change within the family unit across multiple targeted domains (i.e. substance abuse, parenting, housing, physical and mental health). The clinician will also work with the family on building internal capacity related to parenting techniques, self-care, and relapse prevention strategies when necessary. When substance abuse or misuse is an identified need, the family will be referred to PFH for further assessment and treatment. Other needs identified by the referring agency, the family, or the Great Circle clinicians may lead to collaboration with other community agencies who can provide other necessary services and supports. Families will require more face-to-face and one-on-one contact at the start of the intervention and contact will begin to decrease as the family team assumes more ownership of the family support plan. The clinician will remain available for crisis intervention and support if necessary.

**2. Identify and discuss the evidence based practices that will be used and relevant research supporting the efficacy of the proposed interventions and/or activities.**

The proposed EAI's-ON program utilizes two evidence-based practices and multiple evidence-based assessments. Both Motivational Interviewing and Family Group Decision Making are evidence-based practices registered with the National Registry of Evidence-based Programs and Practices (NREPP).

- Motivational Interviewing (MI) is a goal-directed, client-centered counseling style for eliciting behavioral change by helping clients to explore and resolve motivation. After 30 years of research MI is a treatment method that is evidence based in over 200 clinical trials, learnable by a broad range of providers, and is complementary to other treatment methods (Ruback, 2009).
- Family Group Decision Making (FGDM): is a model which promotes investment in planning and strives to empower families to resolve concerns in a safe environment. FGDM has been proven to be successful with families with multiple challenges including poverty, substance abuse, unemployment, health issues and criminal histories (Guidelines for Family, 2008).

**3. If there is no research to support the efficacy of the proposed interventions and/or activities, please explain the rationale for utilizing the interventions and/or activities.**

The proposed program uses evidence-based assessments.

**f. Output**

**i. Service to be provided**

Services to be provided include: therapy, case management, assessment, family group facilitation and home visitation.

**ii. Unit Measurement, if applicable.**

The unit of measurement in this program is per family per day.

**iii. Unit Cost, if applicable.**

The unit cost per family per day while enrolled in the program is \$24.18.

**iv. Amount requested**

Total amount requested is \$211,836.

**i. Number of individuals to be served**

EAI's ON staff MI Clinicians will be able to serve 10-12 families at a time ranging from 90-120 day interventions. Great Circle anticipates serving approximately 80 families per year in total.

**3. Budget**

**A. Budget Worksheets to be attached:**

**i. Agency Financial Worksheet (see attachment B)**

*Please see Attachment B: Agency Financial Worksheet*

**ii. Program Budget Worksheet (see attachment C)**

*Please see Attachment C: Program Budget Worksheet*

**B: Budget Narrative:**

**i. Please explain each line of the budget worksheets from Attachments B and C.**

*Budget Narrative for Attachment B: Agency Financial Information*

*Direct Support:* Great Circle receives generous funding from the United Way in several areas of the state including support for the Impact US program in Colombia, the Residential and Education programs in St. Louis and Emergency Shelters in Springfield. During 2014, Great Circle began a Capital Campaign in St. Louis to rebuild the campus in Webster Groves and the most current estimates for pledges are shown for the current and proposed year. Non-Governmental grants are received from various private donors and foundations across the state. During 2013, we received \$1,250 from our South Central region, \$129,800 from the St. Louis area, \$25,750 from Springfield, and \$60,538 from Columbia. Fund Raising and Other

Support includes donations from estates, thousands of individual donors, and fundraising events held across the state. For the year ending 2013, approximately \$1,114,000 came from legacies, \$523,000 came from fundraising events, and \$2,530,000 came from all other donors. Note this amount drops approximately \$500,000 due to NAP tax credits being directed to the Capital Campaign line beginning in 2014. *Government Contracts/Support:* Funds received from Other Counties are primarily related to the St. Louis County Children's Service Fund. The amounts reflected in the Proposed year estimate that 75% of the requests submitted to the Boone County CSF will be approved. Funds received from the Federal government represent Therapy services funded by Medicaid. Funds received during 2013 from the State are due to services provided to the Department of Social Services (\$13,079,000), Department of Mental Health (\$521,000), and the Division of Youth Services (\$51,000). Other Government Funds for 2013 reflect services provided to both Missouri and Illinois school districts (\$7,063,000), various Courts (\$85,000), and the Children's Trust Fund (\$177,000). *Program Service Fees:* Program Service Fees for 2013 are derived primarily from services provided under privatized Foster Care Case Management contracts (\$11,003,000), Insurance and Private Pay clients (\$2,700,000), Clients from outside the state (\$255,000), and many smaller funding sources. *Investment Income:* Investment Income for 2013 is made up of earnings related to our Unrestricted Investments (\$719,000), Temporarily Restricted Assets (\$25,000), and changes in value related to Perpetual Trusts (\$286,000). *Other Revenue Items:* Other Revenue items are made up of revenue derived from our Meramec Adventure Learning Ranch, a community Day Care in St James, Food support for low income clients attending school on our campuses, and training reimbursements related to Title IVe. *Program Expenses:* Approximately \$27,000,000 in program

expenses (70%) are direct payroll related costs, \$4,800,000 (12%) is related to paying foster families and direct program and school expenses, \$2,011,000 (5%) is related to depreciation on program assets, \$1,466,000 (4%) is for occupancy expenses, \$1,400,000 (4%) is for insurance (not including health), \$1,014,000 (3%) is related to travel in both our Residential and Community Based Service programs, and the balance (2%) is from Office expenses, Professional Fees, and Bad Debts. *Management and General Expenses:* Great Circle works hard to keep our Management and General expenses low so more dollars can go to services for kids. For 2013, M&G expenses were approximately 8.5% of total expenses, rising to a little over 9% for the current and projected. The increase is due to expenses related to rebranding the agency as Great Circle. *Fundraising Expenses:* Agency Fundraising expenses were approximately 3.5% during 2013. Increases in the Current and Projected years are related to higher costs for our Capital Campaign in St. Louis. Note the higher Development revenue in those years as well. *Net Assets and Cash Flows:* Net Assets increase primarily due to the Capital Campaign construction on the St. Louis campus. The projected year end cash is projected to stay around \$1,000,000 due to the continued investment in our campuses and programs.

*Budget Narrative for Attachment C: Program Financial Information.* Great Circle has not received funding for EAI's ON in Boone County, therefore, Line 1 A-E is N/A. Great Circle is requesting \$241,127 to support the EAI's ON program through the Boone County Children's Services Fund in this year which is reflected in Line 2 B. All other lines are N/A as well as prior years. Line 3, 4 and 5 are also N/A for this program. Great Circle proposed to employ 3.16FTE to be dedicated to the EAI's ON program. Line 1 is the Personnel expenses totaling \$174,067 or 72% of the total request. Line 2 is the request for Non-Personnel expenses totaling \$67,060 and

28% of the total request. The total program expense is \$241,127. Non-Personnel expenses include: staff training on MI and FGDM, assessment tools, substance abuse treatment assessments and counseling with PFH, staff travel, equipment and rent.

**C: Staff Positions:**

**i. Provide a list of staff positions for the project, including direct and indirect.**

<b>Staff Member</b>	<b>Staff Title</b>
Carrie Bolm, MSW, LCSW	Vice President of Community Based Services
Juli Adami, MS LPC	Director of Community Based Services
Rebecca Nobels	Administrative Assistant
2 new hires, LCSW or LPC	EAI's-On Clinician
1 new hire, Bachelor's degree	Family Group Decision Making Coordinator
1 new staff member hired by PFH, licensed clinician with substance abuse credentialing	Drug and Alcohol Therapist

**ii. State the role of each position and their qualifications.**

- EAI's-ON Clinician:** The EAI's-ON clinician is a licensed, highly skilled and trained clinician in the realm of family engagement, and motivational interviewing techniques to engage and elicit behavioral change within the family unit. The clinicians will be required to possess a master's degree and a professional license. (\$38,000)
- Family Group Decision Making (FGDM) Coordinator:** FGDM Coordinators have the knowledge, skills, abilities and personal attributes to guide a family-led process, resulting in the best plans for children and families. The coordinator will be required to possess a bachelor's degree in social work or a related human service degree. (\$35,000)

**iii. State the proposed salary for each position.**

- EAI's-ON Clinician's proposed salary will be \$38,000.
- Family Group Decision Making Coordinator proposed salary will be \$35,000.

**4. Please see Attachment D: Agency Assurance Sheet**

*Please see Attachment E: Certification Sheet*

*Please see Attachment F: Work Authorization Sheet*



**To reshape vulnerable lives through a community of  
partners, teachers, and leaders, giving children and  
families the confidence to create bright futures**





## **BOARD OF DIRECTORS**

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MEMORANDUM of UNDERSTANDING  
BETWEEN THE  
CENTER FOR DISPUTE RESOLUTION  
AND  
GREAT CIRCLE

The purpose of this memorandum is to identify a mutual collaborative service agreement between the Center for Dispute Resolution and Great Circle for the duration of Service Contracts awarded to either or both entities through the Boone County Children's Services Board for RFP

The Center for Dispute Resolution agrees to provide Family Group Decision Making training to Great Circle if awarded the EAI's ON grant.

The MOU between the Center for Dispute Resolution and Great Circle will remain in place for the duration of the Service Contract(s).

Great Circle will pay a maximum of \$3,000 for the Family Group Decision Making training associated with the EAI's ON program.

The agreement will become effective on the date Service Contract(s) are awarded.

  
\_\_\_\_\_  
Charlene Berquist, Director

  
\_\_\_\_\_  
Paula Fleming, Chief Operating Officer

7/2/14

(Date)

7/3/2014

(Date)



MEMORANDUM of UNDERSTANDING  
BETWEEN THE  
BOONE COUNTY CHILDREN'S DIVISION  
AND  
GREAT CIRCLE

The purpose of this memorandum is to identify a mutual collaborative service agreement between BOONE COUNTY CHILDREN'S DIVISION and Great Circle for the duration of Service Contracts awarded to either or both entities through the Boone County Children's Services Board

As a behavioral health organization for children operating in Boone County for over 13 years, Great Circle understands that the risks of child abuse and neglect are multifaceted and that all too often families only seek out and/or receives help after a crisis. Great Circle's idea for an innovative pilot program stems from the need to provide preventative wraparound programming for children and families BEFORE abuse, neglect, and/or a traumatizing removal of a child occurs. Great Circle proposed implementing the Early Assessment and Intervention Services for Outcomes Now or EAI's-ON program. The desired behavioral changes can range from parenting practices and conflict resolution behaviors as well as actions of the parents to change their living situations, education, employment, and medical and mental health status.

The BOONE COUNTY CHILDREN'S DIVISION agrees to consider Great Circle a preferred client referral recipient when clinical case information indicates A JUVENILE client would benefit from clinical services offered by Great Circle. In turn, Great Circle agrees to consider the BOONE COUNTY CHILDREN'S DIVISION a preferred client referral recipient when clinical case information indicates a Great Circle client would benefit from clinical services offered by the BOONE COUNTY CHILDREN'S DIVISION.

The MOU between the BOONE COUNTY CHILDREN'S DIVISION and Great Circle will remain in place for the duration of the Service Contract(s).

This agreement does not involve payment or exchange of funds from one entity to another and does not imply any financial obligation or agreement between the entities.

The agreement will become effective on the date Service Contract(s) are awarded.

*Melinda Oberly, CO*

*Paula R. Fleming*

Great Circle

7/8/14

7/8/2014

(Date)

(Date)

# Adult-Adolescent Parenting Inventory (AAPI-2)

Stephen J. Bavolek, Ph.D. and Richard G. Keene, Ph.D.

## Test Form A

This test can only be scored online at [assessingparenting.com](http://assessingparenting.com)

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**Before you take the inventory, we need some important information from you.**

- Administered on: \_\_\_\_\_  
Month                      Year                      Date
- First Name: \_\_\_\_\_
- Middle Initial (optional): \_\_\_\_\_
- Last Name: \_\_\_\_\_ Agency Client ID (optional): \_\_\_\_\_
- Birthday: \_\_\_\_\_  
Month                      Year                      Date
- Gender:  Male     Female
- Race:  Unknown     White     Black     Asian     Hispanic     Native American     Pacific Islander  
Nationality: \_\_\_\_\_
- Marital Status:  Unknown     Single     Married     Divorced     Unmarried Partners  
 Separated     Widowed
- How many children do you have: \_\_\_\_\_
- What is the highest grade you completed in school:  Unknown     Grade School     7th Grade     8<sup>th</sup> Grade  
 9<sup>th</sup> Grade     10<sup>th</sup> Grade     11<sup>th</sup> Grade     High School Grad     Some College     College Graduate  
 Post-Graduate or above
- What is your employment status:  Unknown                       Employed Full Time  
 Unemployed                       Not Employed because of Disability  
 Employed Part Time     Retired
- What is your annual household income:  Unknown                       \$25,001 - \$40,000  
 Under \$15,000                       \$40,001 - \$60,000  
 \$15,001 - \$25,000     Over \$60,000
- Were you and/or your partner in the military:  Unknown  
 No  
 Yes, both of us  
 Yes, only my partner  
 Yes, only me
- As a child, did you experience any type of abuse by a person:  
a. Outside your family?  Don't Know     Yes     No  
b. Within your family?  Don't Know     Yes     No

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(800) 688-5822    •    (435) 649-5822 (outside the United States)    •    [fdr@nurturingparenting.com](mailto:fdr@nurturingparenting.com)

**[www.assessingparenting.com](http://www.assessingparenting.com)**

## **INSTRUCTIONS:**

There are 40 statements in this booklet. They are statements about parenting and raising children. You decide the degree to which you agree or disagree with each statement by circling one of the responses.

**STRONGLY AGREE** – Circle **SA** if you strongly support the statement, or feel the statement is true most of all the time.

**AGREE** – Circle **A** if you support the statement, or feel this statement is true some of the time.

**STRONGLY DISAGREE** – Circle **SD** if you feel strongly against the statement, or feel the statement is not true.

**DISAGREE** – Circle **D** if you feel you cannot support the statement or that the statement is not true some of the time.

**UNCERTAIN** – Circle **U** only when it is impossible to decide on one of the other choices.

When you are told to turn the page, begin with Number 1 and go on until you finish all the statements. In answering them, please keep these four points in mind:

1. Respond to the statements truthfully. There is no advantage in giving an untrue response because you think it is the right thing to say. There really is no right or wrong answer – only your opinion.
2. Respond to the statements as quickly as you can. Give the first natural response that comes to mind.
3. Circle only one response for each statement.
4. Although some statements may seem much like others, no two statements are exactly alike. Make sure you respond to every statement.

If there is anything you don't understand, please ask your questions now. If you come across a word you don't know while responding to a statement, ask the examiner for help.

**PLEASE TURN THE PAGE AND BEGIN...**

<b>AAPI Online - Form A</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Uncertain</b>
1. Children need to be allowed freedom to explore their world in safety.	SA	A	D	SD	U
2. Time-out is an effective way to discipline children.	SA	A	D	SD	U
3. Children who are one-year-old should be able to stay away from things that could harm them.	SA	A	D	SD	U
4. Strong-willed children must be taught to mind their parents.	SA	A	D	SD	U
5. The sooner children learn to feed and dress themselves and use the toilet, the better off they will be as adults.	SA	A	D	SD	U
6. Spanking teaches children right from wrong.	SA	A	D	SD	U
7. Babies need to learn how to be considerate of the needs of their mother.	SA	A	D	SD	U
8. Strict discipline is the best way to raise children.	SA	A	D	SD	U
9. Parents who nurture themselves make better parents.	SA	A	D	SD	U
10. Children can learn good discipline without being spanked.	SA	A	D	SD	U
11. Children have a responsibility to please their parents.	SA	A	D	SD	U
12. Good children always obey their parents.	SA	A	D	SD	U
13. In father's absence, the son needs to become the man of the house.	SA	A	D	SD	U
14. A good spanking never hurt anyone.	SA	A	D	SD	U
15. Parents need to push their children to do better.	SA	A	D	SD	U
16. Children should keep their feelings to themselves.	SA	A	D	SD	U
17. Children should be aware of ways to comfort their parents after a hard day's work.	SA	A	D	SD	U
18. Children learn respect through strict discipline.	SA	A	D	SD	U
19. Hitting a child out of love is different than hitting a child out of anger.	SA	A	D	SD	U
20. A good child sleeps through the night.	SA	A	D	SD	U
21. Children should be potty trained when they are ready and not before.	SA	A	D	SD	U

<b>AAPI Online - Form A</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Uncertain</b>
22. A certain amount of fear is necessary for children to respect their parents.	SA	A	D	SD	U
23. Spanking teaches children it's alright to hit others.	SA	A	D	SD	U
24. Children who feel secure often grow up expecting too much.	SA	A	D	SD	U
25. There is nothing worse than a strong-willed two-year-old.	SA	A	D	SD	U
26. Sometimes spanking is the only thing that will work.	SA	A	D	SD	U
27. Children who receive praise will think too much of themselves.	SA	A	D	SD	U
28. Children should do what they're told to do, when they're told to do it. It's that simple.	SA	A	D	SD	U
29. Children should be taught to obey their parents at all times.	SA	A	D	SD	U
30. Children should know what their parents need without being told.	SA	A	D	SD	U
31. Children should be responsible for the well-being of their parents.	SA	A	D	SD	U
32. It's OK to spank as a last resort.	SA	A	D	SD	U
33. Parents should be able to confide in their children.	SA	A	D	SD	U
34. Parents who encourage their children to talk to them only end up listening to complaints.	SA	A	D	SD	U
35. Children need discipline, not spanking.	SA	A	D	SD	U
36. Letting a child sleep in the parents' bed every now and then is a bad idea.	SA	A	D	SD	U
37. A good spanking lets children know parents mean business.	SA	A	D	SD	U
38. A good child will comfort both parents after they have argued.	SA	A	D	SD	U
39. "Because I said so" is the only reason parents need to give.	SA	A	D	SD	U
40. Children should be their parents' best friend.	SA	A	D	SD	U



## **Great Circle Community Based Services Client Survey**

### **EAI's ON**

This survey is about the EAI's-ON services you receive at Great Circle. It has been developed so we may continue to improve the services and care we provide. The information you give will be used to improve services for young people like yourself. Your feedback is important to us!

DO NOT write your name on this survey. The answers you give will be kept private. We want you to answer the questions based on how you really feel.

We understand you may not want to be getting services from Great Circle and/or may not have had a choice to get services from Great Circle. Please try to answer the questions without thinking about why you are here and focus on your time with Great Circle.

Completing the survey is voluntary. Whether or not you answer the questions will not affect how you are treated by staff. If you are not comfortable answering a question, you do not have to answer it.

The questions that ask about your background will be used only to describe the types of people completing this survey. The information will not be used to find out your name. No names will ever be reported.

When you are finished, follow the instructions of the person giving you the survey.

If you are receiving multiple services from Great Circle (you go to school here too, or live with your foster parents) you may be asked to complete another survey. For this survey we only want your opinion on your experience in EAI's-ON.

***Thank you very much for your help!!!***





**Section 1. About You**

1. How old are you?

9-11	<input type="checkbox"/>
12-14	<input type="checkbox"/>
15-19	<input type="checkbox"/>
20-34	<input type="checkbox"/>
35 +	<input type="checkbox"/>

2. Are you a male or a female?

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>

3. Are you Hispanic or Latino?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

4. How would you describe yourself?

White	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>
Asian	<input type="checkbox"/>
American Indian or Alaska Native	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islanders	<input type="checkbox"/>
Multiple Races	<input type="checkbox"/>
Other	<input type="checkbox"/>
Unknown	<input type="checkbox"/>



**Section 2. Your Opinion**

Please tell us how much you agree with the statements below. Remember, for this survey we only want your opinion on your experience in EAI's-ON.

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
5. I am treated with respect by the adults that work at Great Circle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My relationship with the adults that work at Great Circle is positive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I am better off than I was before I entered the EAI's-ON program at Great Circle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The adults that work at Great Circle included me in the development of my goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The adults at Great Circle follow-through with the goal plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The adults at Great Circle make decisions that are the best for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. If I had a friend that needed help, I would tell them to go to Great Circle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Overall, I am satisfied with the EAI's-ON services I am receiving from Great Circle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



13. Rank the following statements on a scale of 1 to 5, with 5 being the most important to you and 1 being the least important. Please only chose one number for each statement and only use each number (1-5) one time.

<b>Statement</b>	<b>Rank</b>
a. Having a good relationship with the adults at Great Circle.	
b. Being included in the development of my goals.	
c. Timely communication with the adults at Great Circle.	
d. The adults at Great Circle doing what they said they were going to do.	
e. The adults at Great Circle making decisions that are best for me.	

14. What do you like best about the EAI's-ON program at Great Circle?

15. What could we make better about the EAI's-ON program at Great Circle?

**THANK YOU!!!!**



**Section 3. For Internal Use Only**

16. What region is the client receiving EAI's-ON services in currently? Please only select one.

	<input type="checkbox"/>
	<input type="checkbox"/>

17. The survey was completed by:

Client	<input type="checkbox"/>
Client, with limited assistance	<input type="checkbox"/>
Staff, with verbal responses from client	<input type="checkbox"/>
Unable to complete due to non-verbal or cognitive level	<input type="checkbox"/>
Client refused to participate	<input type="checkbox"/>

18. How long has the client been with Great Circle?

Under 1 month	<input type="checkbox"/>
2-6 months	<input type="checkbox"/>
7-12 months	<input type="checkbox"/>
1-2 years	<input type="checkbox"/>
3+ years	<input type="checkbox"/>
5+ years	<input type="checkbox"/>

# PSI-4 SHORT FORM

## Record/Profile Form

Richard R. Abidin, EdD

### Instructions:

On the inside of this form, write your name, gender, date of birth, ethnic group, and marital status; today's date; and your child's name, gender, and date of birth. This questionnaire contains 36 statements.

Read each statement carefully. For each statement, please focus on the child you are most concerned about and circle the response that best represents your opinion. Answer all questions about the same child.

Circle SA if you strongly agree with the statement.

Circle A if you agree with the statement.

Circle NS if you are not sure.

Circle D if you disagree with the statement.

Circle SD if you strongly disagree with the statement.

For example, if you sometimes enjoy going to the movies, you would circle A in response to the following statement:

I enjoy going to the movies.

SA  A NS D SD

While you may not find a response that exactly states your feelings, please circle the response that comes closest to describing how you feel. Your first reaction to each question should be your answer.

Circle only one response for each statement, and respond to all statements. Do not erase! If you need to change an answer, mark an "X" through the incorrect answer and circle the correct response. For example:

I enjoy going to the movies.

SA A NS  ~~A~~ SD

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Reorder #RO-10271

Printed in the USA

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# Answer Sheet

Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Ethnic group \_\_\_\_\_ Marital status \_\_\_\_\_ Today's date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Child's name \_\_\_\_\_ Child's gender \_\_\_\_\_ Child's date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

<b>SA = Strongly Agree</b>	<b>A = Agree</b>	<b>NS = Not Sure</b>	<b>D = Disagree</b>	<b>SD = Strongly Disagree</b>
----------------------------	------------------	----------------------	---------------------	-------------------------------

- |  |    |   |    |   |    |
|--|----|---|----|---|----|
| 1. I often have the feeling that I cannot handle things very well. ....  | SA | A | NS | D | SD |
| 2. I find myself giving up more of my life to meet my children's needs than I ever expected. ....                    | SA | A | NS | D | SD |
| 3. I feel trapped by my responsibilities as a parent. ....   | SA | A | NS | D | SD |
| 4. Since having this child, I have been unable to do new and different things. ....                                  | SA | A | NS | D | SD |
| 5. Since having a child, I feel that I am almost never able to do things that I like to do. ..                       | SA | A | NS | D | SD |
| 6. I am unhappy with the last purchase of clothing I made for myself. ....   | SA | A | NS | D | SD |
| 7. There are quite a few things that bother me about my life. ....   | SA | A | NS | D | SD |
| 8. Having a child has caused more problems than I expected in my relationship with my spouse/parenting partner. .... | SA | A | NS | D | SD |
| 9. I feel alone and without friends. ....  | SA | A | NS | D | SD |
| 10. When I go to a party, I usually expect not to enjoy myself. ....   | SA | A | NS | D | SD |
| 11. I am not as interested in people as I used to be. ....   | SA | A | NS | D | SD |
| 12. I don't enjoy things as I used to. ....  | SA | A | NS | D | SD |
| 13. My child rarely does things for me that make me feel good. ....  | SA | A | NS | D | SD |
| 14. When I do things for my child, I get the feeling that my efforts are not appreciated very much. ....             | SA | A | NS | D | SD |
| 15. My child smiles at me much less than I expected. ....  | SA | A | NS | D | SD |
| 16. Sometimes I feel my child doesn't like me and doesn't want to be close to me. ....                               | SA | A | NS | D | SD |
| 17. My child is very emotional and gets upset easily. ....   | SA | A | NS | D | SD |
| 18. My child doesn't seem to learn as quickly as most children. ....   | SA | A | NS | D | SD |
| 19. My child doesn't seem to smile as much as most children. ....  | SA | A | NS | D | SD |
| 20. My child is not able to do as much as I expected. ....   | SA | A | NS | D | SD |
| 21. It takes a long time and it is very hard for my child to get used to new things. ....                            | SA | A | NS | D | SD |
| 22. I feel that I am: (Choose a response from the choices below.) .....  | 1  | 2 | 3  | 4 | 5  |
| 1. a very good parent.   |    |   |    |   |    |
| 2. a better-than-average parent.   |    |   |    |   |    |
| 3. an average parent.  |    |   |    |   |    |
| 4. a person who has some trouble being a parent.   |    |   |    |   |    |
| 5. not very good at being a parent.  |    |   |    |   |    |
| 23. I expected to have closer and warmer feelings for my child than I do, and this bothers me. ....                  | SA | A | NS | D | SD |
| 24. Sometimes my child does things that bother me just to be mean. ....  | SA | A | NS | D | SD |

**SA = Strongly Agree**

**A = Agree**

**NS = Not Sure**

**D = Disagree**

**SD = Strongly Disagree**

25. My child seems to cry or fuss more often than most children. .... SA A NS D SD
26. My child generally wakes up in a bad mood. .... SA A NS D SD
27. I feel that my child is very moody and easily upset. .... SA A NS D SD
28. Compared to the average child, my child has a great deal of difficulty in getting used to changes in schedules or changes around the house. .... SA A NS D SD
29. My child reacts very strongly when something happens that my child doesn't like. .. SA A NS D SD
30. When playing, my child doesn't often giggle or laugh. .... SA A NS D SD
31. My child's sleeping or eating schedule was much harder to establish than I expected. SA A NS D SD
32. I have found that getting my child to do something or stop doing something is:  
(Choose a response from the choices below.)..... 1 2 3 4 5
- 1. much harder than I expected.
  - 2. somewhat harder than I expected.
  - 3. about as hard as I expected.
  - 4. somewhat easier than I expected.
  - 5. much easier than I expected.
33. Think carefully and count the number of things which your child does that bothers you.  
For example, dawdles, refuses to listen, overactive, cries, interrupts, fights, whines, etc.  
(Choose a response from the choices below.)..... 1 2 3 4 5
- 1. 1-3
  - 2. 4-5
  - 3. 6-7
  - 4. 8-9
  - 5. 10+
34. There are some things my child does that really bother me a lot. .... SA A NS D SD
35. My child's behavior is more of a problem than I expected. .... SA A NS D SD
36. My child makes more demands on me than most children. .... SA A NS D SD

**Please do not  
write in this area.**

**ATTACHMENT B**

**AGENCY FINANCIAL INFORMATION**

**AGENCY NAME:** Great Circle

<b>AGENCY REVENUE</b>	<b>PRIOR YEAR ACTUAL</b>	<b>CURRENT YEAR</b>	<b>PROPOSED YEAR</b>	<b>% OF PROPOSED TOTAL</b>	<b>% CHANGE CURRENT TO PROPOSED</b>
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way	30,000	30,000	30,900	0.06%	3.00%
B. Other United Ways	784,933	781,816	781,816	1.47%	0.00%
C. Capital Campaigns	0	3,700,000	4,000,000	7.54%	8.11%
D. Grants (non-governmental)	217,338	305,000	305,000	0.57%	0.00%
E. Fund Raising & Other Direct Support	4,166,998	3,651,580	3,651,580	6.88%	0.00%
<b>TOTAL DIRECT SUPPORT (sub-totals)</b>	<b>5,199,269</b>	<b>8,468,396</b>	<b>8,769,296</b>	<b>0.165287161</b>	
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding				0.00%	#DIV/0!
B. Boone County - Other				0.00%	#DIV/0!
C. Other Counties	493,628	1,380,353	2,468,713	4.65%	78.85%
D. City of Columbia - Social Service Funding				0.00%	#DIV/0!
E. City of Columbia - Other				0.00%	#DIV/0!
F. Other Cities				0.00%	#DIV/0!
G. Federal (Medicaid, Title III, etc.)	1,403,931	2,166,544	2,166,544	4.08%	0.00%
H. State (Purchase of Services, Grants, etc.)	13,650,880	14,590,411	15,028,123	28.33%	3.00%
I. Other (Schools, Courts, etc.)	7,324,718	7,559,730	7,786,522	14.68%	3.00%
<b>TOTAL GOVT CONTRACTS/SUPPORT (sub-totals)</b>	<b>22,873,157</b>	<b>25,697,038</b>	<b>27,449,902</b>	<b>\$1</b>	
3. Program Service Fees	15,099,863	15,258,894	15,716,661	29.62%	3.00%
4. Investment Income (realized & unrealized)	1,029,525	167,500	172,525	0.33%	3.00%
5. Other Revenue Items	1,101,693	918,961	946,530	1.78%	3.00%
<b>TOTAL AGENCY REVENUE</b>	<b>\$45,303,507</b>	<b>\$50,510,789</b>	<b>\$53,054,913</b>		5.04%

<b>AGENCY EXPENSES</b>	<b>PRIOR YEAR ACTUAL</b>	<b>CURRENT YEAR</b>	<b>PROPOSED YEAR</b>	<b>% OF PROPOSED TOTAL</b>	<b>% CHANGE CURRENT TO PROPOSED</b>
Expenses for Program Services	38,750,306	40,535,200	41,460,306	85.96%	2.28%
Expenses for Management and General	3,735,714	4,370,412	4,452,039	9.23%	1.87%
Expenses for Fundraising	1,533,365	2,251,139	2,318,673	4.81%	3.00%
<b>TOTAL AGENCY EXPENSES</b>	<b>44,019,385</b>	<b>47,156,751</b>	<b>48,231,018</b>		2.28%
% of Management and Fundraising Expenses	11.97%	14.04%	14.04%		3.00%

<b>NET ASSETS</b>	<b>PRIOR YEAR ACTUAL</b>	<b>CURRENT YEAR</b>	<b>PROPOSED YEAR</b>	<b>% CHANGE CURRENT TO PROPOSED</b>
Net Assets, End of Year	\$34,474,098	\$37,828,136	\$42,652,032	12.75%

<b>CASH FLOWS</b>	<b>PRIOR YEAR ACTUAL</b>	<b>CURRENT YEAR</b>	<b>PROPOSED YEAR</b>	<b>% CHANGE CURRENT TO PROPOSED</b>
Cash, End of Year	\$1,232,572	\$1,000,000	\$1,000,000	0.00%



**ATTACHMENT C**

**PROGRAM BUDGET WORKSHEET**

PROGRAM NAME: EAI's ON

TOTAL PROGRAM REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way	N/A	N/A		0.00%	#VALUE!
B. Other United Ways	N/A	N/A		0.00%	#VALUE!
C. Capital Campaigns	N/A	N/A		0.00%	#VALUE!
D. Grants (non-governmental)	N/A	N/A		0.00%	#VALUE!
E. Fund Raising & Other Direct Support	N/A	N/A		0.00%	#VALUE!
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding	N/A	N/A		0.00%	#VALUE!
B. Boone County - Other	N/A	N/A	211,836	100.00%	#VALUE!
C. Other Counties	N/A	N/A		0.00%	#VALUE!
D. City of Columbia - Social Service Funding	N/A	N/A		0.00%	#VALUE!
E. City of Columbia - Other	N/A	N/A		0.00%	#VALUE!
F. Other Cities	N/A	N/A		0.00%	#VALUE!
G. Federal (Medicaid, Title III, etc.)	N/A	N/A		0.00%	#VALUE!
H. State (Purchase of Services, Grants, etc.)	N/A	N/A		0.00%	#VALUE!
I. Other (Schools, Courts, etc.)	N/A	N/A		0.00%	#VALUE!
3. Program Service Fees	N/A	N/A		0.00%	#VALUE!
4. Investment Income (realized & unrealized)	N/A	N/A		0.00%	#VALUE!
5. Other Revenue Items	N/A	N/A		0.00%	#VALUE!
<b>TOTAL PROGRAM REVENUE</b>	N/A	N/A	<b>\$211,836</b>		

PROGRAM EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
1. Personnel	N/A	N/A	148,597	70.15%	#VALUE!
2. Non-Personnel	N/A	N/A	63,239	29.85%	#VALUE!
<b>TOTAL PROGRAM EXPENSES</b>	N/A	N/A	<b>\$211,836</b>		

NUMBER OF DIRECT PROGRAM STAFF (FTE)	ACTUAL	CURRENT	PROPOSED
<i>FTE = number of direct program service hours worked by employee per year/2080 (e.g. 1040/2080= .5 FTE)</i>	N/A	N/A	3.1

## ATTACHMENT D

### **2014 AGENCY ASSURANCE SHEET** **(Please complete and return with Proposal Response)**

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Proof of 501(c)(3)
- Certificate of Corporate Good Standing
- Most Recent 990 Federal Form
- Agency Strategic Plan
- Copies of Agency Accreditations
- Most Recent Agency Independent Audit
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality
- Memorandums of Understanding (not currently needed for Contingency Funds Request)

Kimberly D. Hillier

Printed Name - Agency Executive Director/President/CEO

4/25/14  
Date

J. Amy

Signature - Agency Executive Director/President/CEO

6/25/14  
Date

CLARIC S. DAVIS

Printed Name - Agency Board Chair

6/25/14  
Date

[Signature]

Signature - Agency Board Chair

6/25/14  
Date

## ATTACHMENT E

**(Please complete and return with Proposal Response)**

Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR  
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, 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.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Paula R. Fleming, Chief Operating Officer  
Name and Title of Authorized Representative

July 7, 2014

  
Signature

Date

**ATTACHMENT F**

**WORK AUTHORIZATION CERTIFICATION  
PURSUANT TO 285.530 RSMo  
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

County of Boone )  
 )ss  
State of Missouri )

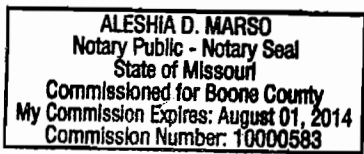
My name is Paula R. Fleming. I am an authorized agent of Great Circle (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

Paula R. Fleming, July 1, 2014  
Affiant Date

Paula R. Fleming  
Printed Name

Subscribed and sworn to before me this 1<sup>st</sup> day of JULY, 2014.



Aleshia D. Marso  
Notary Public

**Attach to this form the *E-Verify Memorandum of Understanding* that you completed when enrolling.**

Company ID Number: 165748

MEMORANDUM OF UNDERSTANDING

U.S. DEPARTMENT OF SOCIAL SECURITY

## ARTICLE I

### **PURPOSE AND AUTHORITY**

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Social Security Administration (SSA), the Department of Homeland Security (DHS) and **Boys & Girls Town of Missouri - South Central Region** (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). E-Verify is a program in which the employment eligibility of all newly hired employees will be confirmed after the Employment Eligibility Verification Form (Form I-9) has been completed.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note).

## ARTICLE II

### **FUNCTIONS TO BE PERFORMED**

#### **A. RESPONSIBILITIES OF THE SSA**

1. Upon completion of the Form I-9 by the employee and the Employer, and provided the Employer complies with the requirements of this MOU, SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all newly hired employees and the employment authorization of U.S. citizens.
2. The SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. The SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. The SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by the SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).
4. SSA agrees to establish a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 3 Federal Government work days of the initial inquiry.

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5. SSA agrees to establish a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

#### **B. RESPONSIBILITIES OF THE DEPARTMENT OF HOMELAND SECURITY**

1. Upon completion of the Form I-9 by the employee and the Employer and after SSA verifies the accuracy of SSA records for aliens through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct:

- Automated verification checks on newly hired alien employees by electronic means, and
- Photo verification checks (when available) on newly hired alien employees.

2. DHS agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.

3. DHS agrees to provide to the Employer a manual (the E-Verify Manual) containing instructions on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify.. DHS agrees to provide training materials on E-Verify.

4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, and U.S. Department of Justice.

5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by alien employees with DHS's database.

6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of alien employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and Nationality Act and federal criminal laws, and to ensure accurate wage reports to the SSA.

7. DHS agrees to establish a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.

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8. DHS agrees to establish a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

### **C. RESPONSIBILITIES OF THE EMPLOYER**

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees.
2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.
3. The Employer agrees to become familiar with and comply with the E-Verify Manual.
4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.
  - A. The employer agrees that all employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify.
  - B. Failure to complete a refresher tutorial will prevent the employer from continued use of the program.
5. The Employer agrees to comply with established Form I-9 procedures, with two exceptions:
  - If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2 (b) (1) (B)) can be presented during the Form I-9 process to establish identity).
  - If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The employer will use the photocopy to verify the photo and to assist the Department with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.
6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a

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rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in compliance with the terms and conditions of E-Verify ; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$500 and \$1,000 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ any employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any action taken in good faith on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures within 3 Employer business days after each employee has been hired (but after both sections 1 and 2 of the Form I-9 have been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify Manual. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. In all cases, the Employer must use the SSA verification procedures first, and use DHS verification procedures and photo screening tool only after the the SSA verification response has been given.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, support for any unlawful employment practice, or any other use not authorized by this MOU. The Employer must use E-Verify for all new employees and will not verify only certain employees selectively. The Employer agrees not to use E-Verify procedures for re-verification, or for employees hired before the date this MOU is in effect. The Employer understands that if the Employer uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and the immediate termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III.B. below) regarding tentative nonconfirmations, including notifying employees of the finding, providing written referral instructions to employees, allowing employees to contest the finding, and not taking adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1 (l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification to verify work authorization, a tentative nonconfirmation, or the finding of



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a photo non-match, does not mean, and should not be interpreted as, an indication that the employee is not work authorized. In any of the cases listed above, the employee must be provided the opportunity to contest the finding, and if he or she does so, may not be terminated or suffer any adverse employment consequences until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match, then the Employer can find the employee is not work authorized and take the appropriate action.

11. The Employer agrees to comply with section 274B of the INA by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify, discharging or refusing to hire eligible employees because they appear or sound “foreign”, and premature termination of employees based upon tentative nonconfirmations, and that any violation of the unfair immigration-related employment practices provisions of the INA could subject the Employer to civil penalties pursuant to section 274B of the INA and the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-7688 or 1-800-237-2515 (TDD).

12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

13. The Employer agrees that it will use the information it receives from the SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of newly-hired employees after completion of the Form I-9. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a (i) (1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to allow DHS and SSA, or their authorized agents or designees, to make periodic visits to the Employer for the purpose of reviewing E-Verify -related records, i.e., Forms I-9, SSA Transaction Records, and DHS verification records, which were created during the Employer's participation in the E-Verify Program. In addition, for the purpose of evaluating E-Verify, the Employer agrees to allow DHS and SSA or their authorized agents or designees, to interview it regarding its experience with E-Verify, to interview employees hired during E-Verify use concerning their experience with the pilot, and to make employment and E-Verify related records available to DHS and the SSA, or their designated agents or designees. Failure to comply with the terms of this paragraph may lead DHS to terminate the Employer's access to E-Verify.

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### **ARTICLE III**

#### **REFERRAL OF INDIVIDUALS TO THE SSA AND THE DEPARTMENT OF HOMELAND SECURITY**

##### **A. REFERRAL TO THE SSA**

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.

2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a referral letter and instruct the employee to visit an SSA office to resolve the discrepancy within 8 Federal Government work days. The Employer will make a second inquiry to the SSA database using E-Verify procedures on the date that is 10 Federal Government work days after the date of the referral in order to obtain confirmation, or final nonconfirmation, unless otherwise instructed by SSA or unless SSA determines that more than 10 days is necessary to resolve the tentative nonconfirmation..

4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

##### **B. REFERRAL TO THE DEPARTMENT OF HOMELAND SECURITY**

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.

2. If the Employer finds a photo non-match for an alien who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding.

3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when

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the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact the Department through its toll-free hotline within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (furnished and paid for by DHS).

7. The Employer understands that if it cannot determine whether there is a photo match/non-match, the Employer is required to forward the employee's documentation to DHS by scanning and uploading, or by sending the document as described in the preceding paragraph, and resolving the case as specified by the Immigration Services Verifier at DHS who will determine the photo match or non-match.

#### **ARTICLE IV**

#### **SERVICE PROVISIONS**

The SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access the E-Verify System, an Employer will need a personal computer with Internet access.

#### **ARTICLE V**

#### **PARTIES**

This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify manual. Even

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without changes to E-Verify, the Department reserves the right to require employers to take mandatory refresher tutorials.

Termination by any party shall terminate the MOU as to all parties. The SSA or DHS may terminate this MOU without prior notice if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine.

Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

The employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, and responses to inquiries under the Freedom of Information Act (FOIA).

The foregoing constitutes the full agreement on this subject between the SSA, DHS, and the Employer.

The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.

**To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify Operations at 888-464-4218.**

**Employer Boys & Girls Town of Missouri - South Central Region**

**Cindy Boles**

\_\_\_\_\_  
Name (Please type or print)

\_\_\_\_\_  
Title

*Electronically Signed*

**11/19/2008**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Department of Homeland Security – Verification Division**

Company ID Number: 165748

**USCIS Verification Division**

\_\_\_\_\_  
Name (Please type or print)

\_\_\_\_\_  
Title

*Electronically Signed*

**11/19/2008**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Company ID Number: 165748

**INFORMATION REQUIRED  
FOR THE E-VERIFY PROGRAM**

Information relating to your Company:

Company Name: Boys & Girls Town of Missouri - South Central Region

Company Facility Address: 13160 CR 3610  
St James, MO 65559

Company Alternate Address: P.O. Box 189  
St James, MO 65559

County or Parish: PHELPS

Employer Identification Number: 430681471

North American Industry  
Classification Systems Code: 623

Parent Company: Boys & Girls Town of Missouri

Number of Employees: 100 to  
499      Number of Sites Verified for: 4

Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State.

- MISSOURI    4 site(s)

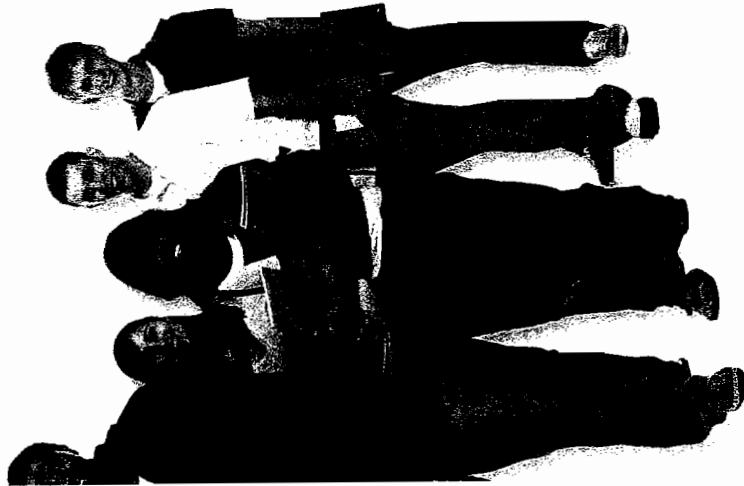
Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name: **Andrea Westart**  
Telephone Number: **(573) 265 - 3251 ext. 188**      Fax Number: **(573) 265 - 8320**  
E-mail Address: **andrea.westart@bgtn.org**

Great Circle touches the lives of approximately 100,000 children and family members annually through its campus and community-based services in Columbia, Hillsboro, Kirksville, Springfield, and St. James and St. Louis.

The new organization was created through the merger of Great Circle and Edgewood & Girls' Town of Missouri and Edgewood & Girls' Center. The combined agencies provide a full spectrum of behavioral health and mental health services to children who have serious mental and behavioral disorders—some who are victims of abuse or neglect.

The organization is fully accredited by The Joint Commission.



*The mission of Great Circle™ is to reshape vulnerable lives through a community of partners, teachers and leaders, giving children and families the confidence to create bright futures.*

**GREAT CIRCLE — EDGEWOOD CAMPUS**  
 330 North Gore Avenue  
 St. Louis, MO 63119  
 Ph: 314-968-2060

**GREAT CIRCLE — COLUMBIA CAMPUS**  
 4304 S. Bearfield Road  
 Columbia, MO 65201  
 Ph: 573-874-8686

**BOYS & GIRLS' TOWN — ST. JAMES CAMPUS**  
 P.O. Box 189  
 St. James, MO 65559  
 Ph: 573-265-3251

**BOYS & GIRLS' TOWN — SPRINGFIELD CAMPUS**  
 1212 West Lombard  
 Springfield, MO 65806  
 Ph: 417-865-1646

**GREAT CIRCLE — MERAMEC ADVENTURE LEARNING RANCH**  
 1203 Meramec Wilderness Lane  
 Steelville, MO 65565  
 Ph: 573-775-5513



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 Where futures take shape



The Columbia campus offers residential treatment and other support services for children and youth. The six-acre site in the southeast Columbia area includes two cottages for boys and two cottages for girls in which 48 children reside. The campus also features a dining/recreation hall, outdoor pavilion and administration building.

The residential treatment program provides 24-hour supervision and care for children ages 9 to 18 who are at risk of suicide, running away, self-inflicted injury, violence and extreme aggressive behaviors. Our campus offers a safe, secure, and structured environment which includes video monitoring systems, locked entry/exit, self-contained, on-site classrooms and a 1:4 staff to child ratio.

A child's ability to develop a caring, trusting relationship is an essential focus of our residential treatment model of care. We believe that true change in a child is rooted in establishing a healthy, caring relationship with a trusted adult. Our youth care specialists are the primary caregivers central to the child's treatment process. We employ a strength-based approach to create an environment to help all children discover the good in themselves and build on their strengths within a therapeutic milieu focusing on relationships and healthy emotion regulation.

Treatment is based on each child's individual needs and consists of a combination of therapeutic services, including 24-hour supervision, education, psychiatric and psychological evaluations, medical services and individual, group and family therapy. Recreation and outdoor adventure therapy round out the treatment program. Upon returning home, many children and families receive up to three months of aftercare support services.

Educational services are provided by Great Circle in cooperation with Columbia Public Schools for children in residential care and the transitional living group home. Depending on the child's needs, residents may attend school in on-campus classrooms, public school or educational programs in the community.

The transitional living group home provides an opportunity for young men and women, ages 16 to 20, to live in a community setting. The main priorities of the transitional living group home are education, employment, learning life skills, and practicing social skills. Youth receive daily supervision, instruction and support as well as individual, group and family therapy.

This intensive day treatment program offers a higher level of normalcy than a traditional hospital. The program provides a step down after residential placement, in-patient hospitalization or an alternative to hospitalization for children in need of intensive stabilization in order to remain in their current living environment. The program offers yet another level of care for children who may need some intensive treatment during the day but do not require the level of care for partial hospitalization. Transportation service is available. Contact residential treatment services for more information.

Youth ages 14 to 21 from a 27-county region in Northwest Missouri and are in the state's child welfare system receive services to help them become productive, self-sufficient adults. Youth who have aged out of the state's foster care system are offered help with job

Intensive in-home services provide short-term home-based crisis intervention to help families remain safely together, preventing out-of-home placement of the children. Program services based out of Kirksville, serving eight counties in the Northeast Missouri.

This program provides services to children in Missouri's child welfare system and has been removed from their homes. Family care is work to reunify children with their parents an alternative, permanent home. Staff work with the juvenile court system to ensure the well-being of each child.

Outreach offers therapeutic supervised visits between parents and their children, individual therapy and family therapy based on the needs of each family through a grant with the Boone Juvenile Office (13th Judicial Circuit) where families are provided with 12 one-hour, supervised visits with their children from a licensed therapist.

Parenting education classes featuring The Years video-based program are offered in Boone County. The program helps strengthen families increasing positive and nurturing parenting. The program is being made available through a grant from Children's Trust Fund.



Use the code at left to visit our website and see all





**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children’s Services**

**ADDENDUM #4 - Issued June 24, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. The County has received the following questions and is providing a response:

1. Where it references "require annual background checks, including child abuse and neglect screenings on all employees and volunteers", we wondered if that pertained to all employees of our organization (Central Missouri Community Action) or only to those who work directly with children and families. Some of our staff, including those from our finance/IT departments, who don't interact directly with our clientele, are at this time not required to undergo annual child abuse/background screenings. In order to be eligible for funding associated with this RFP, are we required to conduct those screens on non-project related employees and volunteers?

**Response: Any position funded by the Children’s Services Fund in whole or in part, must complete an annual background check. Any volunteers associated with any programs funded by the Children’s Services Fund must also complete an annual background check.**

2. The question is in regards to measurement in both RFP’s. “Include copies of any evaluation tools you will be using”. Some of the materials we will be proposing have not been purchased, some are quite lengthy and several use multiple methods. How should we approach these issues? We can easily include why we are using these tools as opposed to others and if it would be satisfactory I would be happy to put together a description of any evaluation tool we have not purchased or is overwhelming in length. And just to verify these evaluation tools do NOT count towards are page limit, correct?

**Response: Copies of the evaluation tools do not count towards the page limit. If there are no examples of the evaluation tools, please provide a description of the evaluation tool and why it will be utilized.**

3. Regarding the Financial Information Attachment sheets. If our agency runs only one program, wouldn't the information be exactly the same for both sheets? If so, do we fill them both out?

Response: **If the agency and program budget are the same, please fill out only one worksheet and provide detailed information in the Budget Narrative.**

4. When looking at the timeline of implementation, what is the approximate date for funding? If we are looking to implement our pilot project in a school year, I am not sure if we should say our implementation would begin this fall (2014 - 15 school year) or the next school year?

Response: **The timeline will be determined during contract negotiations. For prudent planning, agencies could plan on the next school year (2015-2016) but there may be an opportunity to receive funding prior to the next school year.**

5. In both of the above referenced RFPs there is a statement "Revenues collected and deposited in the children's services fund **may not be expended** . . . or, for transportation services".

While we do not intend to propose a transportation service per se in serving youth in the County's bedroom communities there will be expenses incurred in staff reaching out to them and transporting participants to proposed services and activities. Are these costs in anyway allowable? Can expenses incurred while using existing vehicles for gas, insurance and maintenance be included in the unit cost? How about mileage reimbursement for proposed staff?

Response: **All expenses incurred by staff in providing services are allowed and should be included in the unit cost. However, the costs of transporting participants cannot be reimbursed through the Children's Services Fund.**

6. Am I correct in understanding staffing for the proposed project may not exceed 15 % of the total project request? For example, if the total project were \$1000, \$150 would be the maximum allowable for personnel.

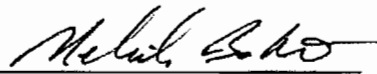
Response: **For the Pilot Programs for Innovative Services RFP, the 15% of salary expenses is referring strictly to indirect expenses. Salary expenses include wages, payroll taxes, unemployment, and worker's comp. Indirect expenses include general organizational expenses such as executive management time, finance, human resources or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc.**

7. Will the 15% administration percentage be based on the "Personnel Costs" line on the budget or strictly just the salary portion of that line?

Response: **The 15% administrative percentage or indirect expenses are based on the salary expenses (salary expenses does not include benefits) only.**

8. What is included in Personnel expenses? Wages, payroll taxes, health insurance, and retirement are included but how about unemployment, work comp, and staff training?

Response: **Personnel expenses should include wages, payroll taxes, health insurance, retirement, unemployment, worker's comp and staff training. Please provide a detailed explanation in the Budget Narrative.**

By:   
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #4 to Request for Proposal **28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services** receipt of which is hereby acknowledged:

Company Name: Great Circle

Address: 409 Vandiver, Bldg. 6, Ste. 203, Columbia, MO 65202

Phone Number: 573-442-8331 Fax Number: 573-442-8330

E-mail: Paula.Fleming@greatcircle.org

Authorized Representative Signature:  Date: 7/7/14

Authorized Representative Printed Name: Paula R. Fleming



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services**

**ADDENDUM #3 - Issued June 16, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Last date to submit questions is June 27, 2014 at 12:00 p.m.
- II. The County has received the following questions and is providing a response:
  1. Under Section II Funding Goals, would you please define match funding opportunities?

**Response: Information regarding match funding may be found in the BCCSB's Funding Policy. The BCCSB's Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

2. Is an annual independent audit necessary for our small agency? We have received state grants for our afterschool program for nine years and have never been required to do this because our level of funding has never exceeded \$100,000.

**Response: If the agency is not required or is exempt from conducting an annual independent financial audit, please explain this in your Application Narrative.**

3. We currently have no paid employees under our organization. We are all volunteers. In the past, we have only had five part-time employees. Under our proposal we would request employment for 3 to 5 employees. Would we still be required to carry Worker's Comp. Insurance?

**Response: It would be acceptable to provide evidence of monopolistic state coverage and the County would provide a form for you to complete at time of contract execution.**

4. We carry Comprehensive General Liability Insurance for \$1,000,000. To increase our coverage to \$2,000,000.00, would be an increase in our annual budget. Is this a non-negotiable requirement?


**Response: The Commercial General Liability Insurance requirements have been reduced to \$1,000,000.000. Please replace the Insurance Requirements that were in the original RFP with the attached.**

5. We carry Commercial Automobile Liability for \$1,000,000.00. To increase our coverage to \$2,000,000.00 would be an increase to our annual budget. Is this a non-negotiable requirement?

Response: **The Business Automobile Liability Insurance requirements have been reduced to \$1,000,000.00. Please replace the Insurance Requirements that were in the original RFP with the attached.**

6. One of the required attachments is a Certificate of Good Standing from the Missouri Secretary of State's office. May we attach a screen shot of the MO SOS webpage that shows our organization's standing or are you requiring an official Certificate?

Response: **A Certificate of Good Standing is not a required attachment; please do not attach it to your proposal. Attachment D, 2014 Agency Assurance Sheet, states: "I, the undersigned, further certify I have and will make available, upon request, of the following documents...."**

By:   
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #3 to Request for Proposal *28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services* receipt of which is hereby acknowledged:

Company Name: Great Circle

Address: 409 Vandiver, Bldg. 6, Ste. 203, Columbia, MO 65202

Phone Number: 573-442-8331 Fax Number: 573-442-8330

E-mail: Paula.Fleming@greatcircle.org

Authorized Representative Signature:  Date: 7/7/14

Authorized Representative Printed Name: Paula R. Fleming

**Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County, nor shall the Contractor allow any subcontractor to commence work on their subcontract until all similar insurance required of subcontractor has been so obtained and approved. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide. Insurance limits indicated below may be lowered at the discretion of the County.

**Employers Liability and Workers Compensation Insurance** - The Contractor shall take out and maintain during the life of this contract, **Employers Liability and Workers Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Workers Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor. Workers Compensation coverage shall meet Missouri statutory limits or provide evidence of monopolistic state coverage. Employers Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit. In case any class of employees engaged in hazardous work under this Contract at the site of the work is not protected under the Workers Compensation Statute, the Contractor shall provide and shall cause each subcontractor to provide Employers Liability Insurance for the protection of their employees not otherwise protected.

**Commercial General Liability Insurance** - The Contractor shall take out and maintain during the life of this contract, such commercial general liability insurance as shall protect them and any subcontractor performing work covered by this contract, from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or for any subcontractor or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 combined single limit for any one occurrence covering both bodily injury and property damage, including accidental death. If the Contract involves any underground/digging operations, the general liability certificate shall include X, C, and U (Explosion, Collapse, and Underground) coverage. If providing Commercial General Liability Insurance, then the Proof of Coverage of Insurance shall also be included.

Contractor may satisfy the minimum liability limits required for Commercial General Liability or Business Auto Liability under an Umbrella or Excess Liability policy. There is no minimum per occurrence limit of liability under the umbrella or Excess Liability; however, the Annual Aggregate limit shall not be less than the highest "Each Occurrence" limit for either Commercial General Liability or Business Auto Liability. Contractor agrees to endorse the County as an Additional Insured on the umbrella or Excess Liability, unless the Certificate of Insurance state the Umbrella or Excess Liability provides coverage on a "Follow-Form" basis.

**Business Automobile Liability** – The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; non-owned and both on and off the site of work.

**Subcontractors:** Contractor shall cause each Subcontractor to purchase and maintain insurance of the types and amounts specified herein. Limits of such coverage may be reduced only upon written agreement of Owner. Contractor shall provide to Owner copies of certificates evidencing coverage for each Subcontractor. Subcontractors' commercial general liability and business automobile liability insurance shall name Owner as Additional Insured and have the Waiver of Subrogation endorsements added.

**Proof of Carriage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name the County as additional insured in an amount as required in this contract, contain

a description of the project or work to be performed and provided for Commercial General Liability, Business Auto Liability, and Umbrella or Excess Liability (not on Workers Compensation). The Certificate of Insurance shall provide that there will be no cancellation or reduction of coverage without 30 days prior written notice to the Owner. In addition, such insurance shall be on occurrence basis and shall remain in effect until such time as the County has made final acceptance of the facility contracted.

**INDEMNITY AGREEMENT:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, officers, agents, and employees from and against all claims, damages, losses and expenses (including but not limited to attorney's fees) arising by reason of any act or failure to act, negligent or otherwise, of Contractor, of any subcontractor (meaning anyone, including but not limited to consultants having a contract with contractor or a subcontract for part of the services), of anyone directly or indirectly employed by contractor or by any subcontractor, or of anyone for whose acts the contractor or its subcontractor may be liable, in connection with providing these services. This provision does not, however, require contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

Failure to maintain the required insurance in force may be cause for contract termination. In the event the Agency/Service fails to maintain and keep in force the required insurance or to obtain coverage from its subcontractors, the County shall have the right to cancel and terminate the contract without notice.



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children’s Services**

**ADDENDUM #2 - Issued May 28, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Change Bid Due Date and Opening Date to the following:

**Response Submission Deadline: July 10, 2014, 1:15 p.m. Central Time**  
**Proposal Opening: July 10, 2014, 1:30 p.m. Central Time**

- II. Attached for informational purpose are the pre-proposal conference sign-in sheets from the conferences that were held on May 23, 2014.
- III. Provided for informational purpose is the evaluation weighted criteria that will be used by the Children’s Services Board to evaluate the proposal responses received.

<b>Agency and Service Information</b>	<b>15%</b>
<b>Evaluation</b>	<b>50%</b>
<b>Budget</b>	<b>35%</b>

- IV. The County has received the following questions and is providing a response:

1. Can the “Board of Directors” be submitted as an attachment to our RFP response?

**Response: Yes. Any time you see the word “attached,” you may submit that requirement as an attachment.**

2. If our agency does not have a Board of Directors, is an advisory board acceptable?

**Response: Yes, please explain your agency’s organizational structure in your application narrative.**

3. The Thompson Center is affiliated with the University of Missouri. The Federal 990 is hundreds of pages. Can we submit a URL where that can be viewed rather than attach those pages?

**Response: The 990 should not be attached, it is, however, required to be available upon request.**

4. Will the Board consider proposals for programs that will not work directly with Boone County children, youth, and families, but instead will work with agencies that directly provide statutorily



defined services, such as home-based and community-based family intervention programs and psychological evaluations and mental health screening? The pilot program will facilitate the formation of collaborative action networks and will then mentor the networks and the participating agencies in the use of local data, agency outcomes data, and national research to identify practices that are especially effective and, through their use, confer larger and more meaningful benefits to Boone County children, youth and families.

Response: **The offeror should thoroughly explain how the organization's proposed pilot program falls under a statutorily eligible service area in order for the BCCSB to make an informed decision. Please also see the "Examples of Types of Funding Classifications Envisioned" section of the Boone County Children's Services Board (BCCSB) Funding Policy which may be found at <http://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>**

5. Should in-kind services supplied by a partner be included on Attachment C as revenue and expenses and, if so, would you like them to be identified as such?

Response: **No, do not include in-kind services on Attachment C. You should explain partner collaborations in the application narrative where appropriate.**

6. With respect to Measurement, could you further explain the difference between 2.d.iv. "Describe the approach that will be used to evaluate the pilot program" and 2.d.v. "Describe the approach that will be used to evaluate the effectiveness of the program"? Is iv about evaluating the process and v about evaluating the outcomes?

Response: **2.d.iv. is seeking information regarding the pilot program itself in regard to the principles expressed in the BCCSB Funding Policy, please see "Examples of Types of Funding Classifications Envisioned" section. 2.d.v. is seeking information regarding how the outcomes proposed will be measured.**

By: Melinda Bobbitt  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #2 to Request for Proposal 28-24JUN14 – *Pilot Programs that Provide Innovative Service - Boone County Community Children's Services* receipt of which is hereby acknowledged:

Company Name: Great Circle

Address: 409 Vandiver, Bldg. 6, Ste. 203, Columbia, MO 65202

Phone Number: 573-442-8331 Fax Number: 573-442-8330

E-mail: Paula.Fleming@greatcircle.org

Authorized Representative Signature: Paula R. Fleming Date: 7/7/14

Authorized Representative Printed Name: Paula R. Fleming

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

27-10JUN14 – Service Contracts for Boone County Children’s Services  
 May 23, 2014, 10:00 a.m. central time

28-24JUN14 – Pilot Programs that Provide Innovative Service Friday  
 May 23, 2014, 11:00 a.m. central time

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	Kelly Wallis	Children's Services Board	886-7218	
3.	Joanne Nelson	Children's Services Board	886-4298	
4.	Erika Waller	MU Psychological Services Clinic	882-2686	882-9583
5.	J. Arment	BBH	777-8317	
6.	Rachel Jones	BBH	777 8338	777 8388
7.	Julia Adani	GC	843-8331	-
8.	Carole Schatz	mupc	424-2287	
9.	Cynthia Tobe	mu		
10.	Vicki Pruitt	T		
11.	Isabel Rife	Project LAUNCH		
12.	Jessica Wilbey	I		
13.	Jack Jensen	First Chance for Children		
14.	Angie Zilak	Great Circle		
15.	Paola Porcuna	Preferred Family Healthcare		
16.	Wos Toine	"		
17.	Sara Mork	"		

Kelly Tretter "

18.	Jan Stock	Rainbow House	474-6600	474-5992
19.	Philip Peters	Cradle to Career	882-8274	
20.	Ryan Worley	Youth Community Coalition	449-1993	268 0848
21.	Markenett House	Russell	777 8336	
22.	Craig Valone	" " "	777 8451	
23.	Brian Martin	Patman's Community Health	317-9100	
24.	Holly Staley	SSM Health Care	314-979-8462	314-402-5925
25.	Bryan White	Central Mo Community Health	443 8706	
26.	Ric Douber	See	356-6397	
27.	Anna Drake	Agent of Missouri CASA	(573) 442-4670	NA
28.	Marissa Emmer	Assessment + Consultation Clinic	573-824-3101	573-824-3397
29.	Stacy Hollis	City/County HHS	874-7422	
30.	Parent Meetings	All Parents Involved	573 268-2746	
31.	Heather Dwight	Big River Bay SS	573-874-3677 x.201	
32.	GRANT BRACKEN	UPSTANDER INITIATIVE	573-999-9166	
33.	BONDI WOOD	THE THOMPSON CENTER FOR AUTISM	573-489-7312	
34.	Chuck Bordin	U. Missouri	573-882-4578	
35.	William Alford	CMT-CAR	573-353-0524	
36.				
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PH

FAX

41.	Francis Talma	CMAA	443-8706	
42.	Pamela Bepko	CMAA	443-8706	
43.	Randy Hill	Love INC	256-7662 ext. 29	256-7665
44.	LoAnn Carter-Trox	CPS	214-3462	214-3402
45.	Megan Carney	MIU ACC	573-224-1056	573-284-3349
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

27-10JUN14 – Service Contracts for Boone County Children’s Services  
 May 23, 2014, 10:00 a.m. central time

28-24JUN14 – Pilot Programs that Provide Innovative Service Friday  
 May 23, 2014, 11:00 a.m. central time

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	Kelly Wallis	Children's Services Board	886-7218	
3.	Joanne Nelson	Children's Services Board	886-4298	
4.	Paulette Foerster	Lutheran Family and children's services	815-9955	449-4640
5.	Charlene Conner	"	"	"
6.	Paula Fleming	Great Circle	356-0022	442-8330
7.	Peppy Howard	Great Circle	314-623-6589	314-968-8308
8.	Harp Colotta	Great Circle	314-626-6242	
9.	Misty OKeefe	Child Care Aware Missouri	314-952-9716	314-754-0730
10.	Shelly Lock	Child Care Aware of MO	573-353-1930	314-754-0330
11.	Whitney Jones	Youth Empowerment ZWE	(773) 677-9215	
12.	Chrissy Mayer	DCCA   Tallgrass Family Services	(785) 841-4138 cmayer@dcca.org	785-841-5777
13.	Anita Kesting-Cove	PCHAS	573-289-7590	
14.	Becky Markt	CHA Low Income Services	573-943-2556	
15.	Andrea Toprai	" HCV	" ext 140	
16.				
17.				



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative  
Service - Boone County Community Children’s Services**

**ADDENDUM #1 - Issued May 23, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. If any Offeror is interested in obtaining a copy of the RFP in Word format and the Budget Worksheets in Excel, please e-mail request to [mboobbitt@boonecountymmo.org](mailto:mboobbitt@boonecountymmo.org).

II. The County has received the following questions and is providing a response:

1. Can our organization apply as a lead organization with community collaborations as long as MOU’s are in place?

**Response: Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies. The contracting agency must comply with terms for entering into subcontracts with other agencies.**

2. Is there a length of service established for both RFP’s?

**Response: The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

3. Are there parameters around levels of funding? How much is available for each RFP? Funding ceiling or floor?

**Response: Parameters around levels of funding have not been established at this time.**

4. How are Innovative Pilot Services defined?

**Response: Further information regarding Pilot Programs may be found in the Boone County Community Service Board’s (BCCSB) Funding Policy.**

a. Would an evidence-based program already in place in another location, qualify for this RFP if we are adapting and implementing the program for the first time in Boone County?

**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy.**

5. Will evidence-based program training be funded under both of the RFP's?

**Response: Evidence-based program training may be considered for funding, provided the program training complies with the BCCSB's Funding Policy and the parameters established for funding by the Request For Proposal.**

- a. Are there any restrictions on the % of training costs?

**Response: No restrictions have been established at this time.**

- b. Are there any restrictions on the % of administration costs?

**Response: Administration costs/indirect expenses will be considered up to a maximum of 15% of salary expense only.**

7. Can funding be used for rent or the purchase of a physical building (i.e. a community center) in either RFP?

**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy. For Pilot Program proposals these expenses fall under indirect expenses. See above answer regarding allowance of indirect expenses.**

8. Can you explain the indirect cost 15% of salary expense that is allowable on pilot programs?

**Response: Agencies may be funded for indirect expenses up to 15% of the total salary expenses for direct staff positions for the project.**

9. Does the general liability insurance requirement and worker's compensation insurance requirement need to be in place before applying for the grant? Can this be an allowed expenditure in the budget of the request for funding proposal or is this at the expense of the organization? Do applicants need to provide an indemnity clause with their application, or only if selected for an award?

**Response: Insurance certificate does not have to be provided to submit a proposal response. It will be required at contract execution. The Offeror has discretion as to whether to itemize this expense or include it in their overall unit pricing. Indemnity clause may be provided with application or after selected for award.**

10. Can you clarify what specifically you are seeking in the anticipated outcomes, outcomes, indicators, and measurement sections (or how these differ)? Some of this information seems repetitive – is that okay?

Response: **There are excellent resources available on-line that provide detailed explanations of these terms. One resource to find this information is <http://www.cdc.gov/eval/resources/index.htm>.**

11. May we submit letters of support with our proposals?

Response: **Letters of support are not required. Letters of support will be considered as part of the Application Narrative. Consideration should be given to page limitations outlined in the Request for Proposals.**

12. Are the awarded contracts going to be fee for services (we get reimbursed for the services we provide) or cost-based? If they are fee for service, how are the rates determined?

Response: **For pilot program proposals, funding terms will be established during contract negotiation.**

13. Attachment B - Our fiscal year runs from July to June. With that in mind, here is how I feel the years should run: Prior Year- July 2012- June 2013, Current Year July 2013-June 2014, and Proposed Year July 2014-June 2015. Is this correct? If so, our July 2013- June 2014 information will be incomplete (missing May and June numbers), should we project those numbers to show 12 months? Our agency wide budget is not completed for the upcoming year (July 2014-June 2015). Should we provide a preliminary budget?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

14. Attachment C - Where do we include the funding we are requesting from the Children's Service Funds?

Response: **The amount requested from the Children's Services Fund should not be included on Attachment C.**

15. Attachment C - In the bottom box, what is the difference between "Actual" and "Current"?

Response: **The bottom box should read from left to right, "Prior Actual Year", "Current Year", and "Proposed Year". An amended Attachment C is attached.**

16. What is the maximum amount of funds that can be requested for each RFP? Is there a range of funding for each project/RFP that the evaluation/reviewers desire?

Response: **There is no funding cap established at this time for either the pilot program or purchase of services contracts.**



17. Can funding be used to support services, or supportive services/wrap-around services to children and youth who are currently enrolled in a residential chemical dependency program?

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy.**

18. Should all proposals be for a twelve month period? I see that there is the option for negotiation to renew funded proposals, but in our original design for programming, should we limit programming to twelve months?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. Agencies should define proposed program terms in the application and budget narratives.**

19. How many times can organizations re-apply? Is it on an Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

20. When is the start date and end date of the funding?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

21. If a new non-profit organization has applied for their 501(3)(c) designation but it is still pending by the deadline date of the grant, will some consideration be given to the non-profits as long as they can document their application for 501(3)(c)?

Response: **Consideration may be given to a non-profit organization that has not yet obtained a 501(c)(3) designations; however, an organization must have obtained the 501(c)(3) designations prior to entering into a contract.**

22. Can an organization submit more than one pilot program?

Response: **Yes**

23. Can an organization apply for the pilot program and the purchase for services contracts?

Response: **Organizations may apply for both the pilot program and purchase of services contracts.**

24. What is the funding cap request per proposal for the pilot program? Is it a set amount or is it variable?

Response: **There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

25. Is there a list of “allowable expenditures” of what can be requested for the proposal? Or a list of things that are “not allowable”? That would be helpful to have if it is available.

Response: **There is not currently a list of “allowable” or “not allowable” expenditures.**

26. For the pilot program, can participants/subjects in the research pilot be paid for their participation for completing surveys, classes, etc. as part of the funding? For example, “each participant who completes the pre- and post surveys and the classes on advocacy will have their name entered into a drawing to win a \$100.00 gift card to \_\_\_\_\_.”

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB’s’s Funding Policy.**

27. If a new non-profit has just been certified the state and Jason Kander’s office sent a letter stating that their independent audit is not due to the state until August of 2015, is this letter allowable to present in lieu of doing an independent audit prior to submission as required by the grant?

Response: **Yes.**

28. Section I - Overview:

Must offerors submit proposals providing services throughout Boone County, or may proposals focus on certain geographic areas such as the City of Columbia?

Response: **Please reference the “Beneficiaries and Outcomes” section of the BCCSB’s Funding Policy.**

29. Attachment C Program Budget Worksheet

- a. Because Section VII - Term; Termination of Contract Agreement indicates that the initial term of contract will be negotiated, should the offeror assume that the Program Budget Worksheet is to be filled out on a calendar year basis?

Response: **As the contract term has not yet been established, agencies may use the agency’s fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

- b. The Worksheet requires Program Revenue and Expenses for Prior (2013), Current (2014), and Proposed Year (2015). Because revenue from certain sources (such as United Way) are contractually committed on calendar year basis, some revenue shown for Current year may not be available for Proposed Year. How should offerors treat this type of revenue on Exhibit C?

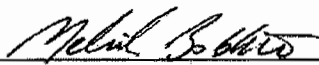
Response: **See above.**

30. My question is about the kinds of services that are eligible for funding. We would like to know whether funds could be awarded to a program that identifies key community-level student outcomes (such as kindergarten readiness and psycho-social well-being at the transition out of middle school), identifies local data with which to measure progress on those outcomes, and

assembles collaborative action networks of public and private entities to improve those community outcomes. We would apply under the RFP for pilot projects as a collaborative effort that will make a meaningful impact on children by fostering revision of existing services that target and building the capacity of local providers to use data in their decision-making. To you more detail, the collaborative action networks will collect, share, and analyze data on local newborn, child, and youth outcomes in order to identify local root causes, promising leverage points for improving youth outcomes, and strategies that are especially effective locally. The networks will create action plans based on that data and will measure the impact of their plans on student success to determine whether those strategies should be expanded, refined or replaced.

Our question is whether the organization that convenes these networks, provides the data assistance needed for the networks to do data-based decision-making, and publishes annual community report cards is eligible for partial funding, assuming that the proposal is otherwise meritorious?

Response: **The offeror should thoroughly explain how the organization's proposed pilot program falls under a statutorily eligible service area in order for the BCCSB to make an informed decision.**

By:   
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

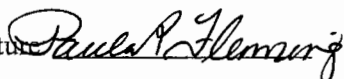
OFFEROR has examined copy of Addendum #1 to Request for Proposal **28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services** receipt of which is hereby acknowledged:

Company Name: Great Circle

Address: 409 Vandiver, Bldg. 6, Ste. 203, Columbia, MO 65202

Phone Number: 573-442-8331 Fax Number: 573-442-8330

E-mail: Paula.Fleming@greatcircle.org

Authorized Representative Signature:  Date: 7/7/14

Authorized Representative Printed Name: Paula R. Fleming



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative  
Service - Boone County Community Children's Services**

**ADDENDUM #4 - Issued June 24, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. The County has received the following questions and is providing a response:

1. Where it references "require annual background checks, including child abuse and neglect screenings on all employees and volunteers", we wondered if that pertained to all employees of our organization (Central Missouri Community Action) or only to those who work directly with children and families. Some of our staff, including those from our finance/IT departments, who don't interact directly with our clientele, are at this time not required to undergo annual child abuse/background screenings. In order to be eligible for funding associated with this RFP, are we required to conduct those screens on non-project related employees and volunteers?

**Response: Any position funded by the Children's Services Fund in whole or in part, must complete an annual background check. Any volunteers associated with any programs funded by the Children's Services Fund must also complete an annual background check.**

2. The question is in regards to measurement in both RFP's. "Include copies of any evaluation tools you will be using". Some of the materials we will be proposing have not been purchased, some are quite lengthy and several use multiple methods. How should we approach these issues? We can easily include why we are using these tools as opposed to others and if it would be satisfactory I would be happy to put together a description of any evaluation tool we have not purchased or is overwhelming in length. And just to verify these evaluation tools do NOT count towards are page limit, correct?

**Response: Copies of the evaluation tools do not count towards the page limit. If there are no examples of the evaluation tools, please provide a description of the evaluation tool and why it will be utilized.**

3. Regarding the Financial Information Attachment sheets. If our agency runs only one program, wouldn't the information be exactly the same for both sheets? If so, do we fill them both out?

Response: **If the agency and program budget are the same, please fill out only one worksheet and provide detailed information in the Budget Narrative.**

4. When looking at the timeline of implementation, what is the approximate date for funding? If we are looking to implement our pilot project in a school year, I am not sure if we should say our implementation would begin this fall (2014 - 15 school year) or the next school year?

Response: **The timeline will be determined during contract negotiations. For prudent planning, agencies could plan on the next school year (2015-2016) but there may be an opportunity to receive funding prior to the next school year.**

5. In both of the above referenced RFPs there is a statement "Revenues collected and deposited in the children's services fund **may not be expended** . . . or, for transportation services".

While we do not intend to propose a transportation service per se in serving youth in the County's bedroom communities there will be expenses incurred in staff reaching out to them and transporting participants to proposed services and activities. Are these costs in anyway allowable? Can expenses incurred while using existing vehicles for gas, insurance and maintenance be included in the unit cost? How about mileage reimbursement for proposed staff?

Response: **All expenses incurred by staff in providing services are allowed and should be included in the unit cost. However, the costs of transporting participants cannot be reimbursed through the Children's Services Fund.**

6. Am I correct in understanding staffing for the proposed project may not exceed 15 % of the total project request? For example, if the total project were \$1000, \$150 would be the maximum allowable for personnel.

Response: **For the Pilot Programs for Innovative Services RFP, the 15% of salary expenses is referring strictly to indirect expenses. Salary expenses include wages, payroll taxes, unemployment, and worker's comp. Indirect expenses include general organizational expenses such as executive management time, finance, human resources or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc.**

7. Will the 15% administration percentage be based on the "Personnel Costs" line on the budget or strictly just the salary portion of that line?

Response: **The 15% administrative percentage or indirect expenses are based on the salary expenses (salary expenses does not include benefits) only.**

8. What is included in Personnel expenses? Wages, payroll taxes, health insurance, and retirement are included but how about unemployment, work comp, and staff training?

Response: **Personnel expenses should include wages, payroll taxes, health insurance, retirement, unemployment, worker's comp and staff training. Please provide a detailed explanation in the Budget Narrative.**

By: Melinda Bobbitt  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #4 to Request for Proposal **28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children’s Services** receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children’s Services**

**ADDENDUM #3 - Issued June 16, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Last date to submit questions is June 27, 2014 at 12:00 p.m.
- II. The County has received the following questions and is providing a response:
  1. Under Section II Funding Goals, would you please define match funding opportunities?

Response: **Information regarding match funding may be found in the BCCSB’s Funding Policy. The BCCSB’s Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

2. Is an annual independent audit necessary for our small agency? We have received state grants for our afterschool program for nine years and have never been required to do this because our level of funding has never exceeded \$100,000.

Response: **If the agency is not required or is exempt from conducting an annual independent financial audit, please explain this in your Application Narrative.**

3. We currently have no paid employees under our organization. We are all volunteers. In the past, we have only had five part-time employees. Under our proposal we would request employment for 3 to 5 employees. Would we still be required to carry Worker's Comp. Insurance?

Response: **It would be acceptable to provide evidence of monopolistic state coverage and the County would provide a form for you to complete at time of contract execution.**

4. We carry Comprehensive General Liability Insurance for \$1,000,000. To increase our coverage to \$2,000,000.00, would be an increase in our annual budget. Is this a non-negotiable requirement?

Response: **The Commercial General Liability Insurance requirements have been reduced to \$1,000,000.000. Please replace the Insurance Requirements that were in the original RFP with the attached.**

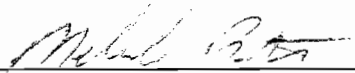
5. We carry Commercial Automobile Liability for \$1,000,000.00. To increase our coverage to \$2,000,000.00 would be an increase to our annual budget. Is this a non-negotiable requirement?

Response: **The Business Automobile Liability Insurance requirements have been reduced to \$1,000,000.00. Please replace the Insurance Requirements that were in the original RFP with the attached.**

6. One of the required attachments is a Certificate of Good Standing from the Missouri Secretary of State's office. May we attach a screen shot of the MO SOS webpage that shows our organization's standing or are you requiring an official Certificate?

Response: **A Certificate of Good Standing is not a required attachment; please do not attach it to your proposal. Attachment D, 2014 Agency Assurance Sheet, states: "I, the undersigned, further certify I have and will make available, upon request, of the following documents...."**

By:

  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #3 to Request for Proposal *28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



**Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County, nor shall the Contractor allow any subcontractor to commence work on their subcontract until all similar insurance required of subcontractor has been so obtained and approved. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide. Insurance limits indicated below may be lowered at the discretion of the County.

**Employers Liability and Workers Compensation Insurance -** The Contractor shall take out and maintain during the life of this contract, **Employers Liability and Workers Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Workers Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor. Workers Compensation coverage shall meet Missouri statutory limits or provide evidence of monopolistic state coverage. Employers Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit. In case any class of employees engaged in hazardous work under this Contract at the site of the work is not protected under the Workers Compensation Statute, the Contractor shall provide and shall cause each subcontractor to provide Employers Liability Insurance for the protection of their employees not otherwise protected.

**Commercial General Liability Insurance -** The Contractor shall take out and maintain during the life of this contract, such commercial general liability insurance as shall protect them and any subcontractor performing work covered by this contract, from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or for any subcontractor or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 combined single limit for any one occurrence covering both bodily injury and property damage, including accidental death. If the Contract involves any underground/digging operations, the general liability certificate shall include X, C, and U (Explosion, Collapse, and Underground) coverage. If providing Commercial General Liability Insurance, then the Proof of Coverage of Insurance shall also be included.

Contractor may satisfy the minimum liability limits required for Commercial General Liability or Business Auto Liability under an Umbrella or Excess Liability policy. There is no minimum per occurrence limit of liability under the umbrella or Excess Liability; however, the Annual Aggregate limit shall not be less than the highest "Each Occurrence" limit for either Commercial General Liability or Business Auto Liability. Contractor agrees to endorse the County as an Additional Insured on the umbrella or Excess Liability, unless the Certificate of Insurance state the Umbrella or Excess Liability provides coverage on a "Follow-Form" basis.

**Business Automobile Liability –** The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; non-owned and both on and off the site of work.

**Subcontractors:** Contractor shall cause each Subcontractor to purchase and maintain insurance of the types and amounts specified herein. Limits of such coverage may be reduced only upon written agreement of Owner. Contractor shall provide to Owner copies of certificates evidencing coverage for each Subcontractor. Subcontractors' commercial general liability and business automobile liability insurance shall name Owner as Additional Insured and have the Waiver of Subrogation endorsements added.

**Proof of Carriage of Insurance -** The Contractor shall furnish the County with Certificate(s) of Insurance which name the County as additional insured in an amount as required in this contract, contain

a description of the project or work to be performed and provided for Commercial General Liability, Business Auto Liability, and Umbrella or Excess Liability (not on Workers Compensation). The Certificate of Insurance shall provide that there will be no cancellation or reduction of coverage without 30 days prior written notice to the Owner. In addition, such insurance shall be on occurrence basis and shall remain in effect until such time as the County has made final acceptance of the facility contracted.

**INDEMNITY AGREEMENT:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, officers, agents, and employees from and against all claims, damages, losses and expenses (including but not limited to attorney's fees) arising by reason of any act or failure to act, negligent or otherwise, of Contractor, of any subcontractor (meaning anyone, including but not limited to consultants having a contract with contractor or a subcontract for part of the services), of anyone directly or indirectly employed by contractor or by any subcontractor, or of anyone for whose acts the contractor or its subcontractor may be liable, in connection with providing these services. This provision does not, however, require contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

Failure to maintain the required insurance in force may be cause for contract termination. In the event the Agency/Service fails to maintain and keep in force the required insurance or to obtain coverage from its subcontractors, the County shall have the right to cancel and terminate the contract without notice.



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children’s Services**

**ADDENDUM #2 - Issued May 28, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Change Bid Due Date and Opening Date to the following:

**Response Submission Deadline: July 10, 2014, 1:15 p.m. Central Time**  
**Proposal Opening: July 10, 2014, 1:30 p.m. Central Time**

- II. Attached for informational purpose are the pre-proposal conference sign-in sheets from the conferences that were held on May 23, 2014.
- III. Provided for informational purpose is the evaluation weighted criteria that will be used by the Children’s Services Board to evaluate the proposal responses received.

<b>Agency and Service Information</b>	<b>15%</b>
<b>Evaluation</b>	<b>50%</b>
<b>Budget</b>	<b>35%</b>

- IV. The County has received the following questions and is providing a response:

1. Can the “Board of Directors” be submitted as an attachment to our RFP response?

Response: **Yes. Any time you see the word “attached,” you may submit that requirement as an attachment.**

2. If our agency does not have a Board of Directors, is an advisory board acceptable?

Response: **Yes, please explain your agency’s organizational structure in your application narrative.**

3. The Thompson Center is affiliated with the University of Missouri. The Federal 990 is hundreds of pages. Can we submit a URL where that can be viewed rather than attach those pages?

Response: **The 990 should not be attached, it is, however, required to be available upon request.**

4. Will the Board consider proposals for programs that will not work directly with Boone County children, youth, and families, but instead will work with agencies that directly provide statutorily

defined services, such as home-based and community-based family intervention programs and psychological evaluations and mental health screening? The pilot program will facilitate the formation of collaborative action networks and will then mentor the networks and the participating agencies in the use of local data, agency outcomes data, and national research to identify practices that are especially effective and, through their use, confer larger and more meaningful benefits to Boone County children, youth and families.

**Response: The offeror should thoroughly explain how the organization's proposed pilot program falls under a statutorily eligible service area in order for the BCCSB to make an informed decision. Please also see the "Examples of Types of Funding Classifications Envisioned" section of the Boone County Children's Services Board (BCCSB) Funding Policy which may be found at**

**<http://www.showmeboone.com/CommunityServices/common/pdf/BCCSBFundingPolicy.pdf>**

5. Should in-kind services supplied by a partner be included on Attachment C as revenue and expenses and, if so, would you like them to be identified as such?

**Response: No, do not include in-kind services on Attachment C. You should explain partner collaborations in the application narrative where appropriate.**

6. With respect to Measurement, could you further explain the difference between 2.d.iv. "Describe the approach that will be used to evaluate the pilot program" and 2.d.v. "Describe the approach that will be used to evaluate the effectiveness of the program"? Is iv about evaluating the process and v about evaluating the outcomes?

**Response: 2.d.iv. is seeking information regarding the pilot program itself in regard to the principles expressed in the BCCSB Funding Policy, please see "Examples of Types of Funding Classifications Envisioned" section. 2.d.v. is seeking information regarding how the outcomes proposed will be measured.**

By:



**Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing**

OFFEROR has examined copy of Addendum #2 to Request for Proposal **28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services** receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

27-10JUN14 – Service Contracts for Boone County Children’s Services  
 May 23, 2014, 10:00 a.m. central time

28-24JUN14 – Pilot Programs that Provide Innovative Service Friday  
 May 23, 2014, 11:00 a.m. central time

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	Kelly Wallis	Children’s Services Board	886-7218	
3.	Joanne Nelson	Children’s Services Board	886-4298	
4.	Erika Waller	94 Psychological Services Clinic	882-2080	882-7555
5.	J. Kim-ant	BBH	711-8597	
6.	Frances Jones	BSH	377-6330	377-8306
7.	Julia Adams	GC	443-8331	-
8.	Carole Schatz	music	424-2287	
9.	Cynthia Tubke	MSU		
10.	Vicki Dault	T		
11.	Suzel Rife	Project LUNCH		
12.	Jessica Wilkoy	I		
13.	Jack Jensen	First Chance for Children		
14.	Angie Beluk	Coat Circle		
15.	Paula Korzun	Preferred Family Health		
16.	Wes Toine	"		
17.	Sara Mault	"		

Kelly Treter

18.	Jan Stock	Rainbow House	474-6600	474-5792
19.	Philip Peters	Charles & Carolee	882-8274	
20.	Ryan Wesley	Tech Community Connection	449-1993	268-0843
21.	Marlene House	Russell	777-8336	
22.	Craig Valone	" " "	777-8451	
23.	Brian Martin	Partners Community Health	317-9100	
24.	Holly Staley	SSM/Heg/Mo Care	314-979-3702	314-965-5750
25.	Bryson White	Central Mo Community Action	443-8700	
26.	Rip Douber	See	336-6397	
27.	Anna Drake	Missouri CASA (573) 421-4670		NA
28.	Marissa Fennel	Assessment + Consultation Co	573-884-3101	573-884-3379
29.	See Holly	City Health HHS	971-7477	
30.	Scott Williams	Health Research	573-228-2746	
31.	Heather Dwyer	Blue Bird Pres Sch	573-876-5077 x. 201	
32.	GRANT BRACKEL	UPSTANDER IMIT+THE	573-977-7166	
33.	BONDI WOOD	THE FRANKSON CENTER FOR <sup>ARTS &amp; CULTURE</sup>	573-489-7322	
34.	Chuck Bordin	U. Missouri	573-882-4578	
35.	Nellma Hunsu	CMT/CAH	573-353-0531	
36.				
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40.				

ON

FAX

41.	Erin Tabina	CMCA	443-8700	
42.	Pamela Bepko	CMCA	443-8700	
43.	Randy Hill	Low IN -	258-7862 ext 12	258-7885
44.	Robert Linn	CPS	214-3462	214-3402
45.	Wendy Carter	CMCA	573-241650	573-241650
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

27-10JUN14 – Service Contracts for Boone County Children’s Services  
 May 23, 2014, 10:00 a.m. central time

28-24JUN14 – Pilot Programs that Provide Innovative Service Friday  
 May 23, 2014, 11:00 a.m. central time

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	Kelly Wallis	Children’s Services Board	886-7218	
3.	Joanne Nelson	Children’s Services Board	886-4298	
4.	Paulette Fersier	Veteran Families and Children’s Services	815-9955	449-4647
5.	Christine Carver	“	“	“
6.	Paula Fleming	Great Circle	356-0022	442-8330
7.	Peppy Howard-Winters	Great Circle	314-623- 6989	314-968-8308
8.	Heather Zoloth	Great Circle	314-606-6242	
9.	Maria Jones	Child Care Access Center	573-758-1116	573-758-1116
10.	Shelly Lock	Child Care Access Center	573-353-1136	314-754-0000
11.	Wynne Foy	Youth Employment Zone	(773) 611-2105	
12.	Christy Meyer	DCAP/Texas Family Center	781-41-4138	781-41-4138
13.	Anita Kesting-Cave	PCHAS	573- 289-7590	
14.	Becky Martet	CHA Low Income Services	573- 440-2556	
15.	Andrew Traylor	“ HEV	“ 607-450	
16.				
17.				





**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative  
Service - Boone County Community Children's Services**

**ADDENDUM #1 - Issued May 23 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. If any Offeror is interested in obtaining a copy of the RFP in Word format and the Budget Worksheets in Excel, please e-mail request to [mcobb@boonecountymo.org](mailto:mcobb@boonecountymo.org).
- II. The County has received the following questions and is providing a response:
  1. Can our organization apply as a lead organization with community collaborations as long as MOU's are in place?

Response: Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies. The contracting agency must comply with terms for entering into subcontracts with other agencies.

2. Is there a length of service established for both RFP's?

Response: The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.

3. Are there parameters around levels of funding? How much is available for each RFP? Funding ceiling or floor?

Response: Parameters around levels of funding have not been established at this time.

4. How are Innovative Pilot Services defined?

Response: Further information regarding Pilot Programs may be found in the Boone County Community Service Board's (BCCSB) Funding Policy.

- a. Would an evidence-based program already in place in another location, qualify for this RFP if we are adapting and implementing the program for the first time in Boone County?

**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy.**

5. Will evidence-based program training be funded under both of the RFP's?

**Response: Evidence-based program training may be considered for funding, provided the program training complies with the BCCSB's Funding Policy and the parameters established for funding by the Request For Proposal.**

- a. Are there any restrictions on the % of training costs?

**Response: No restrictions have been established at this time.**

- b. Are there any restrictions on the % of administration costs?

**Response: Administration costs/indirect expenses will be considered up to a maximum of 15% of salary expense only.**

7. Can funding be used for rent or the purchase of a physical building (i.e. a community center) in either RFP?

**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy. For Pilot Program proposals these expenses fall under indirect expenses. See above answer regarding allowance of indirect expenses.**

8. Can you explain the indirect cost 15% of salary expense that is allowable on pilot programs?

**Response: Agencies may be funded for indirect expenses up to 15% of the total salary expenses for direct staff positions for the project.**

9. Does the general liability insurance requirement and worker's compensation insurance requirement need to be in place before applying for the grant? Can this be an allowed expenditure in the budget of the request for funding proposal or is this at the expense of the organization? Do applicants need to provide an indemnity clause with their application, or only if selected for an award?

**Response: Insurance certificate does not have to be provided to submit a proposal response. It will be required at contract execution. The Offeror has discretion as to whether to itemize this expense or include it in their overall unit pricing. Indemnity clause may be provided with application or after selected for award.**

10. Can you clarify what specifically you are seeking in the anticipated outcomes, outcomes, indicators, and measurement sections (or how these differ)? Some of this information seems repetitive – is that okay?

Response: **There are excellent resources available on-line that provide detailed explanations of these terms. One resource to find this information is <http://www.cdc.gov/eval/resources/index.htm>.**

11. May we submit letters of support with our proposals?

Response: **Letters of support are not required. Letters of support will be considered as part of the Application Narrative. Consideration should be given to page limitations outlined in the Request for Proposals.**

12. Are the awarded contracts going to be fee for services (we get reimbursed for the services we provide) or cost-based? If they are fee for service, how are the rates determined?

Response: **For pilot program proposals, funding terms will be established during contract negotiation.**

13. Attachment B - Our fiscal year runs from July to June. With that in mind, here is how I feel the years should run: Prior Year- July 2012- June 2013, Current Year July 2013-June 2014, and Proposed Year July 2014-June 2015. Is this correct? If so, our July 2013- June 2014 information will be incomplete (missing May and June numbers), should we project those numbers to show 12 months? Our agency wide budget is not completed for the upcoming year (July 2014-June 2015). Should we provide a preliminary budget?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

14. Attachment C - Where do we include the funding we are requesting from the Children's Service Funds?

Response: **The amount requested from the Children's Services Fund should not be included on Attachment C.**

15. Attachment C - In the bottom box, what is the difference between "Actual" and "Current"?

Response: **The bottom box should read from left to right, "Prior Actual Year", "Current Year", and "Proposed Year". An amended Attachment C is attached.**

16. What is the maximum amount of funds that can be requested for each RFP? Is there a range of funding for each project/RFP that the evaluation/reviewers desire?

Response: **There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

17. Can funding be used to support services, or supportive services/wrap-around services to children and youth who are currently enrolled in a residential chemical dependency program?

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy.**

18. Should all proposals be for a twelve month period? I see that there is the option for negotiation to renew funded proposals, but in our original design for programming, should we limit programming to twelve months?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. Agencies should define proposed program terms in the application and budget narratives.**

19. How many times can organizations re-apply? Is it on an Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

20. When is the start date and end date of the funding?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

21. If a new non-profit organization has applied for their 501(3)(c) designation but it is still pending by the deadline date of the grant, will some consideration be given to the non-profits as long as they can document their application for 501(3)(c)?

Response: **Consideration may be given to a non-profit organization that has not yet obtained a 501(c)(3) designations; however, an organization must have obtained the 501(c)(3) designations prior to entering into a contract.**

22. Can an organization submit more than one pilot program?

Response: **Yes**

23. Can an organization apply for the pilot program and the purchase for services contracts?

Response: **Organizations may apply for both the pilot program and purchase of services contracts.**

24. What is the funding cap request per proposal for the pilot program? Is it a set amount or is it variable?

Response: **There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

25. Is there a list of "allowable expenditures" of what can be requested for the proposal? Or a list of things that are "not allowable"? That would be helpful to have if it is available.

Response: **There is not currently a list of "allowable" or "not allowable" expenditures.**

26. For the pilot program, can participants/subjects in the research pilot be paid for their participation for completing surveys, classes, etc. as part of the funding? For example, "each participant who completes the pre- and post surveys and the classes on advocacy will have their name entered into a drawing to win a \$100.00 gift card to \_\_\_\_\_."

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's's Funding Policy.**

27. If a new non-profit has just been certified the state and Jason Kander's office sent a letter stating that their independent audit is not due to the state until August of 2015, is this letter allowable to present in lieu of doing an independent audit prior to submission as required by the grant?

Response: **Yes.**

28. Section I - Overview:

Must offerors submit proposals providing services throughout Boone County, or may proposals focus on certain geographic areas such as the City of Columbia?

Response: **Please reference the "Beneficiaries and Outcomes" section of the BCCSB's Funding Policy.**

29. Attachment C Program Budget Worksheet

a. Because Section VII - Term; Termination of Contract Agreement indicates that the initial term of contract will be negotiated, should the offeror assume that the Program Budget Worksheet is to be filled out on a calendar year basis?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

b. The Worksheet requires Program Revenue and Expenses for Prior (2013), Current (2014), and Proposed Year (2015). Because revenue from certain sources (such as United Way) are contractually committed on calendar year basis, some revenue shown for Current year may not be available for Proposed Year. How should offerors treat this type of revenue on Exhibit C?

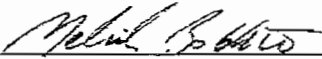
Response: **See above.**

30. My question is about the kinds of services that are eligible for funding. We would like to know whether funds could be awarded to a program that identifies key community-level student outcomes (such as kindergarten readiness and psycho-social well-being at the transition out of middle school), identifies local data with which to measure progress on those outcomes, and

assembles collaborative action networks of public and private entities to improve those community outcomes. We would apply under the RFP for pilot projects as a collaborative effort that will make a meaningful impact on children by fostering revision of existing services that target and building the capacity of local providers to use data in their decision-making. To you more detail, the collaborative action networks will collect, share, and analyze data on local newborn, child, and youth outcomes in order to identify local root causes, promising leverage points for improving youth outcomes, and strategies that are especially effective locally. The networks will create action plans based on that data and will measure the impact of their plans on student success to determine whether those strategies should be expanded, refined or replaced.

Our question is whether the organization that convenes these networks, provides the data assistance needed for the networks to do data-based decision-making, and publishes annual community report cards is eligible for partial funding, assuming that the proposal is otherwise meritorious?

Response: **The offeror should thoroughly explain how the organization's proposed pilot program falls under a statutorily eligible service area in order for the BCCSB to make an informed decision.**

By:   
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #1 to Request for Proposal 28-24JUN14 – *Pilot Programs that Provide Innovative Service - Boone County Community Children's Services* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



# COUNTY OF BOONE - MISSOURI

## REQUEST FOR PROPOSAL (RFP) #: 28-24JUN14

### Pilot Programs that Provide Innovative Services

### Boone County Children's Services Fund

### 2014 Application

#### BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:

*To improve the lives of children, youth and families in Boone County by strategically investing in the creation and maintenance of integrated systems that deliver effective and quality services for children and families in need.*

#### RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St. Room 110 Columbia, MO 65201	May 9, 2014
Written Questions Due By	<a href="mailto:mbobbitt@boonecountymo.org">mbobbitt@boonecountymo.org</a>	May 21, 2014 12:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	May 23, 2014 11:00 a.m. Central Time
Response Submission Deadline	Boone County Purchasing 613 E. Ash St. Room 110 Columbia, MO 65201	June 24, 2014 9:15 a.m. Central Time
Proposal Opening - Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	June 24, 2014 9:30 a.m. Central Time

#### CONTACT INFORMATION:

Boone County Purchasing  
Boone County Annex  
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
Phone: (573) 886-4391 Fax: (573) 886-4390  
Email: [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

## I. Overview

On November 6, 2012, the citizens of Boone County passed County of Boone Proposition 1, which created a Children's Services Fund for children and youth nineteen years of age or less in Boone County. The Boone County Children's Services Board (BCCSB) has been appointed by the County Commission and entrusted to oversee this Fund. The Fund is created pursuant to RSMo §67.1775, RSMo §210.861, and the ballot language presented to the voters on November 6, 2012. RSMo §210.861 specifies the types of services that may be funded by the BCCSB. By statute, funds may be invested to address the following needs:

- up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
- respite care services
- unmarried parent services
- outpatient chemical dependency and psychiatric treatment programs
- counseling and related services as a part of transitional living programs
- home-based and community-based family intervention programs
- prevention programs which promote healthy lifestyles among children and youth and strengthen families
- crisis intervention services, inclusive of telephone hotlines
- individual, group, or family professional counseling and therapy services
- psychological evaluations
- mental health screenings.

Revenues collected and deposited in the community children's services fund **may not** be expended for inpatient medical, psychiatric, and chemical dependency services, or for transportation services.

## II. Funding Goals

The Board believes that it should invest in meaningful services to children, youth and families in a way that utilizes multiple effective strategies. To that end, the Board intends to invest its funding *appropriated for services* in the following general categories:

- Pilot programs that provide innovative services
- Purchase of service programs
- Match funding opportunities
- Strategic opportunities
- Contingency reserve to support other programs with circumstances requiring immediate attention



This RFP seeks applications for pilot programs that provide innovative services. Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth and families in need in Boone County. Preference will also be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.

### **III. Minimum Eligibility Criteria**

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit agency or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services
- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri

### **IV. Funding Available**

Applications for funding will be accepted to fund pilot programs that provide innovative services to children and youth nineteen years of age or less and their families in all service areas fundable pursuant to statute.

The proposed pilot programs may involve the creation of definitions for a class of children, youth and families, the creation of definitions for evidence-based services, and the creation of techniques to evaluate effectiveness. This may be a collaborative effort with other stakeholders to provide services that can make a meaningful impact on children that are not currently being provided. These programs could include funding to build capacity among appropriate service providers to provide these new, evidence-based practices.

For pilot programs the Board will consider **indirect expenses** up to a maximum of 15% of salary expense only (salary expense does not include benefits). Indirect expenses include general organizational expenses such as executive management time, finance, human resources or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc.

## V. Application

The Application Narrative cannot exceed 20 double-spaced pages, on standard white paper, with at least 12-point font and one-inch margins, excluding required attachments.

Please submit two original copies to:

Boone County Purchasing Department  
Attn: Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
Boone County Annex  
613 E. Ash, Rm. 110  
Columbia, MO 65201

Paper copies must be sealed in an envelope with RFP # and name of Offeror on the outside of the envelope. Proposals MUST be delivered no later than 9:15 a.m. central time, June 24, 2014. Proposals will not be accepted after this date and time and the County will return such late proposals to the Offeror.

Please submit an electronic copy after 9:30 a.m. central time June 24, 2014 and before 11:30 p.m. June 24 in Microsoft Word or PDF format to: [procurement@boonecountymissouri.org](mailto:procurement@boonecountymissouri.org). Please do not submit the electronic copy prior to 9:30 a.m. central time, June 24, 2014.

## VI. Contracting Agency Requirements

**Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

- **Compensation Insurance:** The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all of their employees employed at the site of work and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.
- Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$1,000,000.00 each employee, \$1,000,000.00 each accident, and \$1,000,000.00 policy limit.
- **Comprehensive General Liability Insurance:** The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether

such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$2,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

- The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$2,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.
- The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$2,000,000.00 and naming Boone County as additional insured.
- **Commercial Automobile Liability:** The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$2,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

**Indemnity Agreement:** To the fullest extent permitted by law. Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

**Subcontracts :** The Contractor may enter into subcontracts for components of the consulting service as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.

In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

## **VII. Instructions and General Conditions**

**Delivery of Proposals:** Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received at the Boone County Purchasing office until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- If you have obtained this proposal document from our Web Page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addenda if we do not have you on our Vendor list for this proposal.
- The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- No negotiations, decisions, or actions shall be initiated by any agency as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

### **Ambiguity, Conflict, or Other Errors in the RFP:**

- If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the Request for Proposal, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the Request for Proposals prior to submitting the proposal or it shall be waived.
- Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

**Rejection of Proposals:** The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply

information in connection with respect to responsibility may be grounds for a determination of non-responsibility.

**Acceptance of Proposals:** The County will accept for evaluation all proposals that are submitted properly. However, the County reserves the right to request clarifications or corrections to proposals.

**Requests for Clarification of Proposals:** Requests by the Purchasing Department for clarification of proposals shall be in writing.

**Validity of Proposals:** Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

**Receipt and Opening of Advertised, Sealed Proposals:** The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful firm's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, Tuesday, June 24, 2014 at 9:30 a.m. Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at [www.showmeboone.com](http://www.showmeboone.com). Select "Purchasing", then "2014 Bid Tabulations".
- Proposal responses are due by Tuesday, June 24, 2014 at 9:15 p.m. No late proposals will be accepted.

**Withdrawal of Proposals:** Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

**Guidelines for Written Questions:** All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than 12:00 p.m., May 21, 2014. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, and Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet.

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
613 E. Ash Street, Room 110  
Columbia, Missouri 65201  
Phone: (573) 886-4391 Fax: (573) 886-4390  
E-mail: [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

**Pre-Proposal Conference:** To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for May 23, 2014 at 11:00 a.m. Central Time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri 65201.

- All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.

**Term; Termination of Contract Agreement:**

- The initial term of the resulting contract agreement from this Pilot Programs that Provide Innovative Services Request for Proposal will be negotiated. The negotiated contract may have an option for renewal.
- The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 60 days prior written notice to the Contractor.

**Competitive Negotiation of Proposals:** The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or

to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

- Negotiations may be conducted in person, in writing, or by telephone.
- Negotiations will only be conducted with potentially acceptable proposals. The County reserves the right to limit negotiations to those proposals, which received the highest rankings during the initial evaluation phase.
- Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.
- The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- The County reserves the right to contact any and all references to obtain without limitation, information regarding the Offeror's performance on previous projects. A uniform sample of references may be checked for each short-listed Offeror.

**BOONE COUNTY CHILDREN'S SERVICES FUND  
2014 APPLICATION NARRATIVE FOR FUNDING:  
PILOT PROGRAMS THAT PROVIDE INNOVATIVE SERVICES**

**Agency Name:**

**Agency Address:**

**Agency Phone Number:**

**Primary Agency Contact (include title):**

**Email Address:**

**Contact Phone Number:**

**Amount Requested:**

**Federal Tax ID (or Social Security #):**

**Signature:**

**Date:**

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**1. AGENCY AND PROGRAM INFORMATION**

**a. Background Information:**

- i. Provide a summary of your agency, including your agency's mission statement.
- ii. Attach a list of your agency's Board of Directors.
- iii. Describe why your agency is interested in implementing a pilot program to provide innovative services to children, youth and families in Boone County.

**b. Target Population:**

- i. Describe the pilot program's target population.
- ii. Discuss the rationale for selection of this target population for a pilot program.
- iii. Please state the statutorily eligible service area (see page 2) the target population falls within.

**c. Innovative Service Idea:**

- i. Discuss the issue or problem the pilot program seeks to address.
- ii. Provide a detailed description of the idea for innovative services to be developed or that has been developed into a pilot program.



- iii. Discuss what other agencies you have collaborated with in the development of the idea for the innovative service(s).

**d. Implementation:**

- i. Describe how and with what agencies you will collaborate with to implement the pilot program.
- ii. Discuss the plan for the implementation of the pilot program including how the requested funds will be used for the program in the implementation process.
- iii. Outline the timeline for key steps in the implementation process.

## 2. EVALUATION

**a. Performance Information:**

- i. Attach a Program Performance Measures Worksheet (see Attachment A).

**b. Outcomes:**

- i. Describe the outcomes of the pilot program (outcomes need to be measurable and time specific).

**c. Indicators:**

- i. Identify and describe the indicators which will measure the pilot program outcomes.
- ii. Identify your agency's performance target of these indicators.

**d. Measurement:**

- i. Discuss who will be responsible for the accomplishment of each of the outcome goals.
- ii. Discuss how the data will be collected.
- iii. Identify your agency's timeline for each outcome.
- iv. Describe the approach that will be used to evaluate the pilot program.
- v. Describe the approach that will be used to evaluate the effectiveness of the program.
- vi. Include copies of any evaluation tools you will be using and provide a description of why you are using these tools compared to other tools.

**e. Input**

**i. Clinical Expertise:**

- 1. Discuss the capacity of your agency to execute the proposed program.
- 2. Provide a list of key staff responsible for implementing the program.

**ii. Program Activity:**

- 1. Describe the innovative interventions and/or activities that will be implemented through the pilot program.
- 2. Identify and discuss the evidence-based practices that will be used and relevant research supporting the efficacy of the proposed interventions and/or activities.

3. If there is no research to support the efficacy of the proposed interventions and/or activities, please explain the rationale for utilizing the interventions and/or activities.

**f. Output:**

- i. Service to be provided.
- ii. Unit measurement, if applicable.
- iii. Unit cost, if applicable.
- iv. Amount requested.
- v. Number of individuals to be served.

**3. BUDGET**

**a. Budget Worksheets to be Attached:**

- i. Agency Financial Worksheet (see Attachment B).
- ii. Program Budget Worksheet (see Attachment C).

**b. Budget Narrative**

- i. Please explain each line of the budget worksheets from Attachments B and C.

**c. Staff Positions:**

- i. Provide a list of staff positions for the project, including direct and indirect.
- ii. State the role of each position and their qualifications.
- iii. State the proposed salary for each position.

**4. AGENCY ASSURANCE, CERTIFICATION, AND WORK AUTHORIZATION SHEETS**

Please review, sign, and return the Agency Assurance Sheet (see Attachment D), the Certification Sheet (See Attachment E), and the Work Authorization Sheet (see Attachment F) with the proposal. The sheets outline the expectations and requirements for any agencies requesting and/or receiving funds through the Boone County Children's Services Fund.

## ATTACHMENT A

### Program Performance Measures Information Worksheet

The following synonyms, definitions, and examples may help you completing the required program performance measures information:

	<b>Activity</b>	<b>Output</b>	<b>Outcome</b>	<b>Indicator</b>	<b>Method of Measurement</b>
<b>Synonyms</b>	<i>Activity = Service</i>	<i>Output = Product</i>	<i>Outcome = Change</i>	<i>Indicator = Measure</i>	<i>Method of Measurement = Information gathering instrument or technique</i>
<b>Definitions</b>	An <i>Activity</i> is the program service or sub service being provided	An <i>Output</i> is expressed as the NUMBER of things produced by an activity and the number people for whom it is provided	An <i>Outcome</i> describes a beneficial CHANGE in people	An <i>Indicator</i> is the specific item of information by which a program's LEVEL OF SUCCESS is measured	A <i>Method Of Measurement</i> is the instrument or technique used to gather the information needed to measure the program's success.
<b>Example</b>	Activity= Before/after school youth enrichment programming  Sub-Activity=Tutoring	150 hours of tutoring sessions for 30 children	Child's academic performance improves	Number and percent of participants who receive better grades following participation in program as compared to period prior to participation	Utilize school report card data pre and post participation in the program.

Activity	Output(s)	Outcome(s)	Indicator(s)	Method of Measurement

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**ATTACHMENT B**  
**AGENCY FINANCIAL INFORMATION**

**AGENCY NAME:**

<b>AGENCY REVENUE</b>	<b>PRIOR YEAR ACTUAL</b>	<b>CURRENT YEAR</b>	<b>PROPOSED YEAR</b>	<b>% OF PROPOSED TOTAL</b>	<b>% CHANGE CURRENT TO PROPOSED</b>
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way					
B. Other United Ways					
C. Capital Campaigns					
D. Grants (non-governmental)					
E. Fund Raising & Other Direct Support					
<b>TOTAL DIRECT SUPPORT (sub-totals)</b>					
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding					
B. Boone County - Other					
C. Other Counties					
D. City of Columbia - Social Service Funding					
E. City of Columbia - Other					
F. Other Cities					
G. Federal (Medicaid, Title III, etc.)					
H. State (Purchase of Services, Grants, etc.)					
I. Other (Schools, Courts, etc.)					
<b>TOTAL GOVT CONTRACTS/SUPPORT (sub-totals)</b>					
3. Program Service Fees					
4. Investment Income (realized & unrealized)					
5. Other Revenue Items					
<b>TOTAL AGENCY REVENUE</b>					
<b>AGENCY EXPENSES</b>	<b>PRIOR YEAR ACTUAL</b>	<b>CURRENT YEAR</b>	<b>PROPOSED YEAR</b>	<b>% OF PROPOSED TOTAL</b>	<b>% CHANGE CURRENT TO PROPOSED</b>
Expenses for Program Services					
Expenses for Management and General					
Expenses for Fundraising					
<b>TOTAL AGENCY EXPENSES</b>					
% of Management and Fundraising Expenses					
<b>NET ASSETS</b>	<b>PRIOR YEAR ACTUAL</b>	<b>CURRENT YEAR</b>	<b>PROPOSED YEAR</b>	<b>% CHANGE CURRENT TO PROPOSED</b>	
Net Assets, End of Year					
<b>CASH FLOWS</b>	<b>PRIOR YEAR ACTUAL</b>	<b>CURRENT YEAR</b>	<b>PROPOSED YEAR</b>	<b>% CHANGE CURRENT TO PROPOSED</b>	
Cash, End of Year					

# ATTACHMENT C

## PROGRAM BUDGET WORKSHEET

**PROGRAM NAME:**

TOTAL PROGRAM REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way					
B. Other United Ways					
C. Capital Campaigns					
D. Grants (non-governmental)					
E. Fund Raising & Other Direct Support					
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding					
B. Boone County - Other					
C. Other Counties					
D. City of Columbia - Social Service Funding					
E. City of Columbia - Other					
F. Other Cities					
G. Federal (Medicaid, Title III, etc.)					
H. State (Purchase of Services, Grants, etc.)					
I. Other (Schools, Courts, etc.)					
3. Program Service Fees					
4. Investment Income (realized & unrealized)					
5. Other Revenue Items					
<b>TOTAL PROGRAM REVENUE</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		

PROGRAM EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
1. Personnel					
2. Non-Personnel					
<b>TOTAL PROGRAM EXPENSES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		

NUMBER OF DIRECT PROGRAM STAFF (FTE)	ACTUAL	CURRENT	PROPOSED
<i>FTE = number of direct program service hours worked by employee per year/2080 (e.g. 1040/2080= .5 FTE)</i>			

## ATTACHMENT D

### **2014 AGENCY ASSURANCE SHEET**

**(Please complete and return with Proposal Response)**

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Proof of 501(c)(3)
- Certificate of Corporate Good Standing
- Most Recent 990 Federal Form
- Agency Strategic Plan
- Copies of Agency Accreditations
- Most Recent Agency Independent Audit
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality
- Memorandums of Understanding (not currently needed for Contingency Funds Request)

---

Printed Name - Agency Executive Director/President/CEO

---

Date

---

Signature - Agency Executive Director/President/CEO

---

Date

---

Printed Name - Agency Board Chair

---

Date

---

Signature - Agency Board Chair

---

Date

## ATTACHMENT E

**(Please complete and return with Proposal Response)**

Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR  
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, 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.
  
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

---

Name and Title of Authorized Representative

---

Signature

---

Date







GREACIR-02 LMAJOR

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
11/19/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> J.W. Terrill Inc. 825 Maryville Centre Drive Suite 200 Chesterfield, MO 63017	<b>CONTACT NAME:</b> Lucille DiMaria <b>PHONE (A/C, No, Ext):</b> (314) 594-2699 <b>FAX (A/C, No):</b> (314) 594-2499 <b>E-MAIL ADDRESS:</b> ldimaria@jwterril.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : Philadelphia Indemnity Insurance Company</td> <td>18058</td> </tr> <tr> <td>INSURER B : Sentry Casualty Company</td> <td>28460</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Philadelphia Indemnity Insurance Company	18058	INSURER B : Sentry Casualty Company	28460	INSURER C :		INSURER D :		INSURER E :		INSURER F :
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INSURER C :														
INSURER D :														
INSURER E :														
INSURER F :														
<b>INSURED</b>  Great Circle PO Box 189 Saint James, MO 65559														

**COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			PHPK1079346	10/01/2013	02/01/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			PHPK1079346	10/01/2013	02/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB449100	10/01/2013	02/01/2015	EACH OCCURRENCE \$ 13,000,000 AGGREGATE \$ 13,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	901992301	02/01/2014	02/01/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liabili			PHPK1079346	10/01/2013	02/01/2015	Each Prof. Incident 1,000,000
A	Professional Liabili			PHPK1079346	10/01/2013	02/01/2015	Aggregate 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 County of Boone is included as Additional Insured(s) for General Liability with respect to work performed by the Named Insured, if required by written contract

<b>CERTIFICATE HOLDER</b>  County of Boone 613 E. Ash Street Room 110 Columbia, MO 65201	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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## AGREEMENT FOR PILOT PROGRAMS Creating Lasting Family Connections

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**THIS AGREEMENT** dated the 11th day of December 2014 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "BCCSB" and **Phoenix Programs, Inc.**, a tax-exempt, not organized for profit agency or governmental entity, hereinafter referred to as "PPI".

**WHEREAS**, the BCCSB, under the provisions of 67.1775 and 210.861 of the Revised Statutes of Missouri, has the right to expend monies from the Children's Services Fund (CSF) for the purposes of funding services to children and youth 19 years of age and younger, and their families residing in Boone County; and

**WHEREAS**, the PPI has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided along with the expected cost to PPI thereof; and

**WHEREAS**, the BCCSB has approved the Request for Funding Proposal in whole or in part as hereinafter set forth,

**IN CONSIDERATION** of the parties performance of the respective obligations contained herein, the parties agree as follows:

### **FUNDING ALLOCATION FOR SERVICES RENDERED BY PPI**

PPI is expected to the greatest extent possible to maximize funding from all other sources. PPI shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. PPI shall only request reimbursement for services not reimbursable by any other source. PPI shall provide documentation and assurance to the BCCSB that requests for reimbursement from the CSF is not a duplication of reimbursement from any other source of funding.

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract. PPI will perform the services and carry out the activities as set forth in the Request for Funding Proposal Application. PPI agrees to, and understands that services performed under this agreement are limited to the Request for Funding Proposal Application.

2. **Contract Documents.** This agreement shall consist of the Request for Proposal #28-24JUN14 (Pilot Programs that Provide Innovative Services) and PPI's response to the County of Boone's Request for Proposal, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over the PPI's Proposal, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The BCCSB agrees to purchase from the PPI and the PPI agrees to furnish **Creating Lasting Family Connections** for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in the PPI's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$55,776** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of contract execution and **extend through 12/31/15** subject to the provisions for termination specified below. This contract may at the sole discretion of the BCCSB and with the agreement of PPI be **renewed for an additional two (2) one-year periods**. PPI agrees and understands that the BCCSB may require supplemental information to be submitted by PPI prior to any renewal of this agreement.

5. **Billing and Payment.** For the Pilot Programs that Provide Innovative Services (PILOT) Contract, the payments for **family education/mental health screening** will be made in three (3) installments, 34% of the contracted amount, within 30 days of the execution of the contract, 33%, of the contracted amount, within 30 days of the completion and approval of the 2015 mid-year report, and 33%, of the contracted amount, within 30 days of the completion and approval of the 2015 year-end report. An accounting of prior funding received from the CSF shall be required before receiving subsequent contractual installment payments. Installment payments may vary based on the adjusted totals provided to BCCSB. In the event of a billing dispute, the BCCSB reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of the PPI, the BCCSB agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

6. **Availability of Funds.** Payments under this contract are dependent upon the availability of funds or as otherwise determined by the BCCSB. This contract can be terminated

if funding becomes unavailable in whole or in part for cause shown, and the BCCSB shall have no obligation to continue payment.

## **REPORTING, MONITORING, AND MODIFICATION**

7. **Reporting.** The BCCSB shall utilize the Request for Funding Proposal Application and the Responses to Requests for Additional Information, as submitted by PPI to monitor service delivery and program expenditures. PPI agrees to submit to the BCCSB a mid-year service report by July 30, 2015 for the period beginning with the date of contract execution to June 30, 2015 and an annual service report by January 29, 2016, for the period of July 1, 2015 to December 31, 2015. Variations on this date may be requested by PPI and, if so stipulated, are noted on this contract document. Payments may be withheld from PPI if reports designated here are not submitted on time, until such time as the reports are filed. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. PPI agrees to submit its reports through an on-line reporting system if requested.

8. **Audits.** PPI also agrees to make available to the BCCSB a copy of its annual audit within four months after the close of PPI's fiscal year. The audit must be performed by an independent individual or firm licensed by the Missouri State Board of Accountancy. The audit is to include a complete accounting for funds covered by this agreement in accordance with generally accepted accounting principles. In addition, the BCCSB requires that the management report of any audit as it relates to BCCSB program activities be made available to BCCSB as part of the required audit. Payment may be withheld from PPI, if reports designated here are not made available upon request.

9. **Monitoring.** PPI agrees to permit the BCCSB, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the BCCSB to monitor, survey and inspect PPI's services, activities, programs and client records, to determine compliance and performance with this contract, except as prohibited by laws protecting client confidentiality. In addition, PPI hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the BCCSB or its designee(s) all records, facilities and personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

10. **Modification or Amendment.** In the event PPI requests to make any change, modification, or an amendment to funded services, one-time items, activities and/or programs covered by this contract, a request of the proposed modification or amendment must be submitted in writing to the Director of Community Services to share with the BCCSB for

approval. A board resolution from PPI must be included with the request. Requests to the BCCSB must be submitted in writing at least two weeks prior to the BCCSB meeting.

#### **OTHER TERMS OF THIS CONTRACT**

11. **Violation of Client Rights.** Any alleged case of a violation of a client's rights in a program funded by the Commission/BCCSB shall be investigated in accordance with PPI's policies and procedures and in accordance with any local/state/federal regulations. PPI agrees to notify the BCCSB through the Director of Community Services of any such incidents that have been reported to the appropriate governmental body and must also authorize the governmental body to notify the BCCSB of any substantiated allegations. PPI must comply with Missouri law regarding confidentiality of client records.

12. **Discrimination.** PPI will refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply will applicable provisions of federal and state laws, county or municipal statutes or ordinances, which prohibit discrimination in employment and the delivery of services.

13. **CSF to be used for Services Provided.** PPI agrees that the CSF funds shall be used exclusively for the services provided to children and youth 19 years of age or less and their families and for administrative costs directly related to PPI's provision of such services.

14. **Accreditation/Licensure/Certifications.** All agencies must comply with all state/federal certification and licensing requirements and all applicable federal, state, and local laws and must remain in "good standing".

15. **Conflict of Interest.** PPI agrees that no member of its Board of Directors or its employees now has, or will in the future, have any conflict of interest between himself/herself and PPI, and this shall include any transaction in which PPI is a party, including the subject matter of this contract. Missouri law, as this term is used herein, shall define "Conflict of Interest".

16. **Subcontracts.** PPI may enter into subcontracts for components of the contracted service as PPI deems necessary within the terms of the contract. All such subcontracts require the written approval of the BCCSB or their designated representative. In performing all services under the resulting contract agreement, the PPI shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

17. **Employment of Unauthorized Aliens Prohibited.** PPI agrees to comply with Missouri State Statute section 285.530 in that they shall not knowingly employ, hire for employment, or

continue to employ an unauthorized alien to perform work within the state of Missouri. PPI shall require each subcontractor to affirmatively state in its Agreement with the PPI that the subcontractor shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri. Provider shall also require each subcontractor to provide PPI a sworn affidavit under the penalty of perjury attesting to the fact that the subcontractor's employees are lawfully present in the United States.

18. **Litigation.** PPI agrees that there is no litigation, claim, consent order, settlement agreement, investigation, challenge or other proceeding pending or threatened against PPI or any individual acting on the PPI's behalf, including subcontractors, which seek to enjoin or prohibit PPI from entering into this contract agreement of performing its obligations under this agreement.

19. **Board Ownership.** If PPI ceases to be funded by the BCCSB or ceases to provide programs and services for Boone County children, youth and their families, all capital equipment, materials, and buildings purchased with CSF funds shall be returned to Boone County unless so otherwise approved by a majority vote of the BCCSB. In addition, if PPI no longer used capital equipment, materials, and building purchased with CSF funds for its original intent, PPI will need BCCSB approval to re-direct.

20. **Failure to Perform/Default.** In the event PPI, at anytime, fails or refuses to perform according to the terms of this contract, as determined by the BCCSB, such failure or refusal shall constitute a default hereunder, and the BCCSB will be relieved of any further obligation to make payments to PPI as set out herein. This contract will be terminated at the option of the BCCSB.

21. **Termination.** This agreement may be terminated by the BCCSB upon 15 days advance written notice for any of the following reasons or under any of the following circumstances:

a. BCCSB may terminate this agreement due to material breach of any term or condition of this agreement, or

b. BCCSB may terminate this agreement if key personnel providing services are changed such that in the opinion of the BCCSB delivery of services are or will be delayed or impaired, or if services are otherwise not in conformity with proposal specification, or if services are deficient in quality in the sole judgment of BCCSB, or

c. BCCSB may terminate this agreement with 15 days of prior written notice should the PPI fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

d. BCCSB may terminate this agreement at will by giving at least 30 days prior written notice to the PPI, or

e. If appropriations are not made available and budgeted for any calendar year to fund this agreement.

22. **Indemnification.** PPI agrees to hold harmless, defend and indemnify the BCCSB, the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Phoenix Programs, Inc., (meaning anyone, including but not limited to consultants having a contract with the PPI or subcontractor for part of the services), or anyone directly or indirectly employed by PPI, or of anyone for whose acts PPI may be liable in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its negligence.

23. **Publicity by the Agency.** PPI shall notify the BCCSB of contact with the media regarding CSF funded programs or profiles of participants in CSF funded programs. PPI will acknowledge the BCCSB as a funding source whenever publicizing CSF funded programs. PPI will collaborate with the BCCSB to inform the community about the ways its tax dollars are being invested in services and supports. PPI agrees to acknowledge the Children's Services Fund as a funding source on all written and electronic publications including brochures, letterhead, annual reports and newsletters.

24. **Independence.** This contract does not create a partnership, joint venture or any other form of joint relationship between the BCCSB and PPI. The BCCSB does not recognize any of the PPI's employees, agents or volunteers as those of the BCCSB.

25. **Binding Effect.** This agreement shall be binding upon the parties hereto and their successors and assigns for so long as this agreement remains in full force and effect.

26. **Entire Agreement.** This agreement constitutes the entire agreement between the parties and supersedes any prior negotiations, written or verbal, and other proposal or contractual agreement. This agreement may only be amended by a signed writing executed with the same formality as this agreement.

27. **Record Retention Clause.** PPI shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of the this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.

28. **Notice.** Any written notice or communication to the BCCSB shall be mailed or delivered to:

Boone County Community Services  
605 E. Walnut, Ste. A  
Columbia, MO 65201



Any written notice or communication to the PPI shall be mailed or delivered to:

Phoenix Programs, Inc.  
Deborah Beste  
90 E. Leslie Lane  
Columbia, MO 65202

**IN WITNESS WHEREOF** the parties through their duly authorize representatives have executed this agreement on the day and year first above written.

**Phoenix Programs, Inc.**

By: *[Signature]*  
Signature

By: Deborah L Beste  
Printed Name/ Title  
Exec Dir

**Boone County, Missouri**

By: *[Signature]*  
Boone County Commission  
Daniel K. Atwill, Presiding Commissioner

By: *[Signature]*  
Boone County Children's Services Board  
Les Wagner, Board Chair

APPROVED AS TO FORM:

*[Signature]*  
County Counselor

ATTEST:

*[Signature]*  
Wendy S. Noren, County Clerk

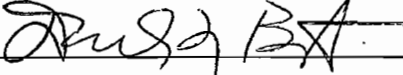
AUDITOR CERTIFICATION: In accordance with §RSMo 50.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note: Certification of this contract is not required if the terms of this contract do not create a measurable county obligation at this time.)

*[Signature]* by *[Signature]* 12/02/14 2161 / 71106 / \$55,776  
Signature Date Appropriation Account  
An Affirmative Action/Equal Opportunity Employer

**REQUEST FOR ADDITIONAL INFORMATION FORM #1**

**PROPOSAL: 28-24JUN14 - Pilot Programs that Provide Innovative Service - Boone County Community Children's Services**

This Request for Additional Information #1 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted on or before 9:00 a.m. Tuesday, October 14, 2014.

Company Name: Phoenix Programs, Inc.  
Address: 90 E. Leslie Ln.  
Columbia, MO 65202  
Telephone: 573-875-8580 Fax: 573-442-3830  
Federal Tax ID (or Social Security #): 43-1047634  
Print Name: Deborah Beste Title: Executive Director  
Signature:  Date: 10-13-14  
E-mail: deborah.beste@phoenixhealthprograms.com

**Phoenix Programs**

- a. Please provide a budget narrative for the Agency Revenue portion of Attachment A & B. Specifically, please explain the decrease in Federal funding for the Proposed Year.
- b. Please provide the qualifications of each of the staff to serve in the proposed role for the program, pursuant to Section 3.b.ii. of the Application.

## Attachment B – Agency Financial Information

Direct Support (1) from Heart of Missouri United Way (A) reduced from current year to proposed year due to contracts being reduced by funder. The funder is receiving less funds than expected and not able to fulfill all contracts at originally awarded amount.

Direct Support (1) Grants (non-governmental) (D) increased from current year to proposed year due an increase in grants from Missouri Housing Trust Fund and Missouri Foundation for Health.

Direct Support (1) Fund Raising & Other Direct Support (E) increased from current year to proposed year due to the hiring of a Development Director that is organizing fund raising activities for the agency.

Government Contracts/Support (2) Boone County – Social Service Funding (A) remains the same for current and proposed year.

Government Contracts/Support (2) Boone County – Other (B) Request for proposal for the Boone County Children’s Services Fund funding from Phoenix Programs.

Government Contracts/Support (2) Federal (G) reduced from current year to proposed year due to a decrease in federal funding. One federal grant that ended in the current year and was not renewed in the proposed year was the Department of Housing and Urban Development Project Bridge grant in the amount of \$72,477 annually. The grant was a Supportive Services Only (SSO) grant and nationwide SSO grants have not been renewed. A second federal grant that ended in the current year and was not renewed in the proposed year was a Substance Abuse and Mental Health Services Administration (SAMHSA) 3 year grant in the amount of \$300,000 a year that ended with no possibility of renewal. No new federal funding has been identified for the proposed year.

Government Contracts/Support (2) State (H) increased from current year to proposed year due to the increase in Medicaid services provided as the state expands the Health Home initiative.

Government Contracts/Support (2) Other (I) increased from current year to proposed year due to an Office of State Courts Administrator (OSCA) award that the agency received from the drug courts in the area.

Program Service Fees (3) increased from current year to proposed due to the expansion of private pay. Private pay includes clients that pay out of pocket and also insurance payments.

## Attachment C – Program Budget Worksheet

Direct Support (1) Fund Raising & Other Direct Support (E) - The Development Director will secure donations from local donors for the County Children’s Services Fund project from Phoenix Programs.

Government Contracts/Support (2) Federal (G) – The County Children’s Services Fund project from Phoenix Programs will receive funding from Medicaid for clients in the program that meet the requirements and are currently or in the process of receiving Medicaid insurance.

Government Contracts/Support (2) State (H) – The County Children’s Services Fund project from Phoenix Programs will receive funding from the Missouri Department of Mental Health for clients in the program that meet the requirements for the state funding.

**Job Position Qualifications**

<b>Job Title for Pilot Program</b>	<b>Qualifications needed for this position</b>	<b>Staff member from Phoenix designated</b>	<b>Additional skills/experience this individual has</b>
Project Supervisor	Bachelor degree with at least 2 years experience as supervisor	Greg Carbins	Over 5 years experience as a substance abuse counselor and expertise working with families
Adolescent Therapist	Bachelor degree/masters preference with specialized training in adolescent counseling techniques	Kara Harris	Credential as a Certified Substance Abuse Counselor and certification in the Adolescent Community Reinforcement Model
Clinical Supervisor	MO Substance Abuse Professional Counseling Board designation as a Certified Substance Abuse Counselor	Andrew Taegel	Over 5 years experience with Phoenix Health Programs as a member of the clinical team
Outcomes/Evaluation Manager	Bachelor degree/masters preference with at least 2 years experience working with research data	Sarah Smith	Masters degree in Public Administration
Community Liaison	At least 3 years experience working with public in a professional position	Heather Harlan	Prevention Specialist certification from the Missouri Credentialing Board and professional storyteller
Chief Fiscal Officer	Certified Public Accountant	Rhiannon Ross	Over 5 years experience with Phoenix Health Programs as CFO
Grants Manager	Bachelor degree/masters preferred with at least 2 years experience working with grants totaling \$50,000+	Tony Arterberry	Extensive experience working with large federal grants; and skill to research and prepare grants for submission

# Boone County Purchasing

Melinda Bobbitt, CPPO, CPPB  
Director



613 E. Ash St. Room 110  
Columbia, MO 65201  
Phone: (573) 886-4391  
Fax: (573) 886-4390  
[mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

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October 7, 2014

Deborah Beste, Executive Director  
Phoenix Programs, Inc.

E-mail: ~~[Deborah.beste@phoenixprogramsinc.org](mailto:Deborah.beste@phoenixprogramsinc.org)~~

*deborah.beste@phoenixhealth*

RE: Request for Additional Information #1 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services

Dear Ms. Beste:

Attached is a *Request for Additional Information #1*. Please complete the attached form, sign and submit with the requested information by 9:00 a.m., Tuesday, October 14, 2014 by email to [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org).

If you have any questions regarding this request, please call (573) 886-4391 or e-mail [Mbobbitt@boonecountymo.org](mailto:Mbobbitt@boonecountymo.org). I sincerely appreciate your efforts in working with Boone County, MO to ensure a thorough evaluation of your proposal.

Sincerely,

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

cc: Proposal File

Attachment: Request for Additional Information

**REQUEST FOR ADDITIONAL INFORMATION FORM #1**

**PROPOSAL: 28-24JUN14 - Pilot Programs that Provide Innovative Service - Boone County Community Children's Services**

This Request for Additional Information #1 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted on or before **9:00 a.m. Tuesday, October 14, 2014.**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Tax ID (or Social Security #): \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_



- a. Please provide a budget narrative for the Agency Revenue portion of Attachment A & B. Specifically, please explain the decrease in Federal funding for the Proposed Year.
  
- b. Please provide the qualifications of each of the staff to serve in the proposed role for the program, pursuant to Section 3.b.ii. of the Application.

28 240 0007

**BOONE COUNTY CHILDREN'S SERVICES FUND  
2014 APPLICATION NARRATIVE FOR FUNDING:  
PILOT PROGRAMS THAT PROVIDE INNOVATIVE SERVICES**

**Agency Name: Phoenix Programs, Inc.**

**Agency Address: 90 E. Leslie Ln. Columbia, MO 65202**

**Agency Phone Number: 573-875-8880**

**Primary Agency Contact (include title): Deborah Beste, Executive Director**

**Email Address: Deborah.beste@phoenixprogramsinc.org**

**Contact Phone Number: 573-875-8880 Ext. 2101**

**Amount Requested: \$55,776 Year 1; \$54,479 Year 2; \$56,333 Year 3 (3 year total = \$166,588)**

**Federal Tax ID (or Social Security #): 43-1047634**

**Signature:**  **Date: 7/8/14**

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## **1. AGENCY AND PROGRAM INFORMATION**

### **a. Background Information:**

#### **i. Provide a summary of your agency, including your agency's mission statement.**

Phoenix Programs, Inc. (PPI) is a nonprofit, behavioral health agency located in Columbia, MO. A leader in the recovery movement, not only in mid-Missouri, but nationally, PPI has a 40 year history of providing education and treatment for persons with substance use disorders and mental health issues. The agency has a reputation for employing evidenced-based strategies and embracing the vibrant and changing culture of mental health treatment. In 2009, PPI became the first substance abuse treatment center in Missouri to create a smoke-free campus. Programs and services focus on empowerment, self-determination and resilience, building on strengths of individuals and families to achieve their full potential. The mission of PPI is to reduce the adverse affects of alcoholism and other drug addiction in our families and our community by providing treatment, support and educational services. A full continuum of care is available, including social setting detoxification, primary recovery, relapse prevention, court assistance, family education, residential and outpatient substance abuse and mental health treatment, tobacco cessation, youth services, case management, transportation, and supportive housing. In 2013, PPI served 2,217 consumers. More than 50 % of consumers report no income and 90% are at or below the federal poverty level. Services are provided regardless of ability to pay, on sliding scale. PPI has been certified by the Missouri Department of Mental Health, Division of Drug and Alcohol Abuse since 1974; and received three-year



Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation for the Outpatient, Residential and Adolescent Treatment and Case Management programs in 2013.

ii. **Attach a list of your agency's Board of Directors.** See attached.

iii. **Describe why your agency is interested in implementing a pilot program to provide innovative services to children, youth and families in Boone County.** PPI

is interested in implementing a pilot program to provide innovative services to children, youth and families in Boone County. We know from working with substance abusing parents in treatment that they sincerely want to prevent their children from engaging in substance abuse and other risky behaviors--but they lack knowledge, skills, and resources. Family bonding is the bedrock of the relationship between parents and children. Bonding can be strengthened through skills training on parent supportiveness of children, parent-child communication, and parental involvement (Kosterman et al. 1997). "Creating Lasting Family Connections" (CLFC) was selected by PPI as a pilot program model that is innovative and effective after carefully reviewing other prevention programs. We selected CLFC because it is manual-based, has been broadly replicated and with proven outcomes. CLFC is not currently available in our service area (confirmed by developers), so this project fills a gap in available evidence-based, prevention programs.

**b. Target Population:**

i. **Describe the pilot program's target population.**

The CLFC pilot program will target 24 at-risk children and youth, ages 9-18 in Boone County with the key risk factor of one or more parents who are former or current

substance abusers in treatment and/or in recovery from alcohol and other drugs. Children may include sibling groups within the target age group, and parents, caregivers and guardians are also integrally included. Participants will be recruited from internal and external referral sources:

- 1) Children of adult clients receiving outpatient and residential substance abuse and mental health treatment at Phoenix Programs; and
- 2) Children/youth who have previously received services through PPI's "Project APEX" adolescent treatment program; and
- 3) Children/youth, referred by outside community partners/agencies/coalitions.

ii. **Discuss the rationale for selection of this target population for a pilot program.**

Children whose parents abuse alcohol and other drugs are a high risk group, whose lives are impacted by their parents' addiction, co-occurring mental health issues and other complex problems. Unable to understand that their parents' behavior is affected by drugs and alcohol, children can feel confused, insecure, hurt or angry, and many blame themselves for their parent's substance abuse. They may be victims of physical violence or incest, and they may witness violence – as alcohol and other drug abuse often goes hand in hand with domestic violence. Unfortunately, about one in four children of substance abusing parents will become substance abusers themselves.

iii. **Please state the statutorily eligible service area (see page 2) the target population falls within.**

The proposed project meets the funding goals as a pilot program that provides innovative services and meets four of the statutorily eligible service areas:

- Home-based and community-based family intervention programs;

- Prevention programs which promote healthy lifestyles among children and youth and strengthen families;
- Individual, group or family professional counseling and therapy services; and
- Mental health screenings.

**c. Innovative Service Idea:**

- i. **Discuss the issue or problem the pilot program seeks to address.** Children of substance abusing parents are especially vulnerable to the risk for maladaptive behavior because they have combinations of many risk factors present in their life. The single most potent risk factor is their parent's substance-abusing behavior; this single risk factor can place children of substance abusers at biologic, psychologic and environmental (Johnson, Leff). Families in which one or both parents have substance use disorders, often experience a other problems that affect parenting, including mental illness, unemployment, high levels of stress, and impaired family functioning, all of which can put children at risk for maltreatment (National Center on Addiction and Substance Abuse at Columbia University, 2005). The basic needs of children, including nutrition, supervision, and nurturing, may go unmet due to parental substance use, resulting in neglect. Depending on the extent of the substance use and other circumstances (e.g., the presence of another caregiver), dysfunctional parenting can also include physical and other kinds of abuse (HHS, 1999). Parents with substance use disorders may not be able to function effectively in a parental role. This can be due to impairments (both physical and mental) caused by alcohol or other drugs, domestic violence, which may be a result of substance use, expenditure of

limited household resources on purchasing alcohol or other drugs, frequent arrests, incarceration, and court dates, time spent seeking out, manufacturing, or using alcohol or other drugs, and estrangement from primary family and related support. Abuse of alcohol and/or other drugs is not a disease of the individual, but, rather, a problem that affects the whole family. Chemically involved parents are often the victims of intergenerational substance abuse. Involving them, as well as their children in treatment can be a beginning step in breaking a cycle of substance abuse, ineffective parenting, family violence, and child abuse and neglect (HHS, 1994).

- ii. **Provide a detailed description of the idea for innovative services to be developed or that has been developed into a pilot program.** The idea for the pilot project is "Creating Lasting Connections (CLFC)" a program model developed by Dr. Ted Strader of The Council on Prevention and Education (COPES). CLFC is a comprehensive model designed to reduce use of alcohol and illegal drug use among youth while strengthening the bond of family by providing youth and adult participants with appropriate skills for family growth and enhancement and improved interpersonal communication. Caring instructors deliver curriculum-based prevention and education groups dedicated to helping children ages 9-17 and their families learn to make healthy life decisions so they may achieve their fullest potential and form strong, healthy, supportive families. The curricula are manual-guided and developmentally appropriate. Participants: learn why and how to say "no" to drugs, alcohol and other inappropriate behaviors, increase communication and bonding with parent(s)/guardian(s), learn how to keep the lines of communication open with parent(s)/guardian(s) during stressful situations, participate in activities to build

closeness between family members, learn how to set limits and appropriate consequences, discover the relationship between responsibility and independence, and identify other community services available for resolving family and personal issues. Participating youth and parents are encouraged to improve their personal growth through increasing self-awareness, expression of feelings, interpersonal communication, and self-disclosure. Participants are taught social skills, refusal skills, and appropriate alcohol and drug knowledge and healthy beliefs, which provide a strong defense against environmental risk factors that can lead to negative outcomes for youth. CLFC provides parents and other caring adults with family management, family enhancement, and communications training. All participants are provided opportunities to practice these skills in a safe peer-group setting. Youth who have used alcohol and other drugs will learn intervention tools for their other brothers and sisters. An estimated 64% of PPI's current adult clients in treatment services have children under the age of 19. We know that our clients are highly motivated and do not anticipate having any difficulty in recruiting families to participate in the pilot based on focus group feedback received.

Focus group feedback shows parents in treatment highly motivated to participate:
"I would absolutely take part in something like that – there needs to be more things around like that."
"DFS requires parenting classes, it would be so helpful if we could get those while in treatment."
"I feel bad because my kid is stressed out. Her mom and I split up and a class like that could help us."
"Family groups could help explain things that kids don't understand that go on with adults."
"Kids can help each other – like a support group where they can learn from each other's experiences."

We know from client feedback that transportation is a barrier to their participation in the 20-week program. Many lost their driver's licenses due to DWI charges, and/or do not have a dependable car. PPI will provide transportation (funded from other sources), to assure families can participate. A healthy dinner meal will be prepared for participants in PPI's kitchen. Meals will be scheduled 30 minutes before the CLFC groups/classes begin. Program activities will be scheduled in evenings to accommodate daytime school and work activities. All children and youth participants will receive a mental health screening using the Global Appraisal of Individual Needs - Short Screener (GAIN SS) instrument, which will be administered, with results printed out on the spot, within 30 minutes. The 3-5 minute GAIN SS was developed by Chestnut Health Systems in response to demands from professionals treatment systems to make the process of behavioral health assessment and appropriate referral more efficient and effective. Parents will be interviewed to gain their perspective on children's needs. CLFC participants that need additional services will be linked to resources by case managers, to basic needs, transitional and permanent housing, and substance abuse and mental health treatment services.

- iii. **Discuss what other agencies you have collaborated with in the development of the idea for the innovative service(s).** Agencies that helped inform the development of the idea for the innovative services, include Rainbow House, Missouri courts, law enforcement personnel and therapists, doctors, and youth coalitions, and peer recovery groups. Current clients gave input about the program in focus groups.

**d. Implementation:**

- i. Describe how and with what agencies you will collaborate with to implement the pilot program.** PPI has a rich referral network of collaborative partners. PPI will collaborate with partners to identify children, youth and their families for the program. Some partners have written letters of support for this proposal: Rainbow House, YC2 Coalition, Youth Empowerment Zone, and the 13th Judicial Circuit Court Juvenile Division. COPES, Inc. will collaborate with PPI by providing CLFC implementation training and telephone technical assistance for 10 hours to address implementation issues. PPI will receive a 5-day CLFC Implementation Training course and afterwards will be issued a CLFC Implementation Trainer Certification. COPES, Inc. and the Resilient Futures Network maintain a National Registry of Certified CLFC Implementation Trainers on file. This certification will enable PPI to train both adult/parent and youth participants in the CLFC program.
- ii. Discuss the plan for the implementation of the pilot program including how the requested funds will be used for the program in the implementation process.** Children's Services Fund revenues will be used to pay for start-up costs for pre-implementation training, including travel costs of the COPES, Inc. training team to come to Columbia, MO to provide a five-day training. Funding will also be used to purchase CLFC program materials and evaluation tools, and breathalyzer tests as part of screening process. Costs not paid from Children's Services Fund revenues include: substance abuse treatment paid for by Missouri Department of Mental Health/Medicaid, office space, office utilities including telephone and internet, Penelope case management software, incentives, marketing materials, office supplies and printing.

iii. **Outline the timeline for key steps in the implementation process.**

<b>Implementation Process Timeline - Key Steps</b>	<b>By When</b>
<b>Start-up:</b>	
Procure the program manuals and materials from COPES, Inc.	Month 1
Conduct the 5-day implementation training from COPES, Inc. for staff at PPI; other technical assistance from trainers as needed	Month 1
Evaluation processes and procedures planned and scheduled	Month 1
Practice mock training internally and assign group leaders/facilitators	Month 2
Meet with community partners to update them on the project and coordinate youth and family enrollment in the program pilot.	Month 2
<b>First Cohort:</b>	
Recruit <u>first</u> cohort of children and youth and family members	Month 2
Conduct Mental Health Screenings for all youth	Month 2
Refer youth with substance use and mental health disorders to Project APEX or other services, as appropriate.	Month 2
Administer Pre-Tests/Tools (1st cohort) to all participants	Month 2
Provide youth CLFC curriculum in evening classes/groups	Months 2-5
Provide adult CLFC curriculum in evening classes/groups	Months 2-5
Administer Post-Tests/Tools (1st cohort) to all participants	Month 5
<b>Second Cohort:</b>	
Recruit <u>second</u> cohort of youth and family members	Month 6
Administer Pre-Tests/Tools (2nd cohort) to all participants	Month 6
Refer youth with substance use and mental health disorders to Project APEX or other services, as appropriate.	Month 6
Conduct Mental Health Screenings for all youth	Month 6
Provide youth CLFC curriculum in evening classes/groups	Months 6-10
Provide adult CLFC curriculum in evening classes/groups	Months 6-10
Administer Post-Tests/Tools (2nd cohort) to all participants	Month 10
<b>Wrap up/Outcomes Report:</b>	
Final Evaluation and Outcomes Analysis and Reporting	Months 11-12
Share outcomes with Partners/Agencies/Consumers	Month 12

**2. EVALUATION**

**a. Performance Information:**

**b. Attach a Program Performance Measures Worksheet (see Attachment A).**

**c. Outcomes:**

- i. **Describe the outcomes of the pilot program (outcomes need to be measurable and time specific). CLFC is an evidence-based intervention listed in the U.S.**



Department of Health and Human Services National Registry of Evidenced-based Programs and Practices (NREPP) as an effective practice in youth substance abuse prevention. Rigorous research using the CLFC intervention, demonstrates the following outcomes---same outcomes are expected in this pilot program at PPI:

- 1) Delayed onset of youth Alcohol and/or Other Drug (AOD) use. After the 4 month intervention, youth will demonstrate higher resistance to use and family resilience. In studies, the program provided moderating effects on the onset of youth AOD use as the family resilience factors also improved, consistent with program content.
- 2) Frequency of youth AOD use. After the 4 month CLFC intervention, youth will demonstrate a decrease in frequency of AOD use. In studies, CLFC program produced positive moderating effects on the frequency of AOD use among youth when family-level and youth-level resiliency factors targeted by program also improved.
- 3) Increased parent knowledge and beliefs about AOD. After the 4 month intervention, parents will demonstrate an increased knowledge and beliefs about youth and adult AOD use. In studies, parents who participated in CLC reported gains in knowledge about AOD and enhanced beliefs against using these substances.
- 4) Increased use of community services. After the 4 month intervention, families will demonstrate an increase in use and knowledge of community support services. In studies, CLFC participants reported that they used more community

services when personal or family problems arose. (Source: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=82>)

**d. Indicators:**

i. Identify and describe the indicators which will measure the pilot program outcomes.

1. Delayed onset of youth AOD use.

- Indicator: Youth will increase refusal skills after participating in the program.
- Performance Target: 64% of youth will increase refusal skills after participating in the CLFC program.

2. Frequency of youth AOD use.

- Indicator: Youth who report using AOD at program start will report a decrease in AOD use.
- Performance Target: Youth will report decrease in use by 63% after participating in the CLFC program.

3. Increased parent knowledge and beliefs about AOD.

- Indicator: Participating parents will increase knowledge and beliefs about AOD use.
- Performance Target: 65% of parents participating will demonstrate an increase in knowledge and beliefs about AOD use after participation in the program.

4. Increase use of community services.

- Indicator: Participants in demonstrate increase in use and knowledge of community services for help with youth issues.

- Performance Target: 70% of participants will demonstrate an increase in use and knowledge of community services and resources after participating in the CLFC program.

**e. Measurement:**

**i. Discuss who will be responsible for the accomplishment of each of the outcomes.**

The PPI Outcomes/Evaluation Manager will be responsible for organization of the data collection, data entry and analysis. Clinical staff members trained as CLFC leaders will present the curriculum and are responsible for the outcomes associated with the CLFC intervention. The Project Supervisor will oversee fidelity to the program, ensuring that the intervention is implemented correctly.

**ii. Discuss how the data will be collected.** The *Creating Lasting Family Connection*®:

*Adult Relationship Skills Survey* and *Creating Lasting Family Connections*®: *Youth Relationship Skills Survey* are given to participants at the first session and the last session of the program in order to collect the changes from program start to finish. The Adult surveys take approximately 15 minutes and the youth surveys take 20-30 minutes to complete. Participants will be given the survey in a quiet and non-rushed setting, with special help provided in a separate room to those who may have difficulties with the survey. The surveys will be collected and stored with non-identifying information in spreadsheets for analysis by the Outcomes/Evaluation Manager.

**iii. Identify your agency's timeline for each outcome.** The 4 outcomes listed will be achieved in the 4-month program timeframe, as prescribed by the program manual.

- iv. **Describe the approach that will be used to evaluate the pilot program.** To examine the effects of the treatment on the program participants, a single group pre- and post-test design consisting of one cohort of 12 youth will be used.
- v. **Describe the approach that will be used to evaluate the effectiveness of the program.** The main analyses will be a series of random effects regression analyses to discern changes in substance use, refusal behaviors and family resilience. For this pilot, evaluation findings will be presented in simple graphics and reports.
- vi. **Include copies of any evaluation tools you will be using and provide a description of why you are using these tools compared to other tools.** *Creating Lasting Family Connection*©: *Adult Relationship Skills Survey* and *Creating Lasting Family Connections*©: *Youth Relationship Skills Survey* and other tools attached. These tools have been tested in multiple studies, using experimental design to demonstrate that the tools are both reliable and valid when used to measure this program.

**f. Input**

1. **Clinical Expertise: Discuss the capacity of your agency to execute the proposed program.** PPI has capacity to execute the program, including building facilities, printed and electronic materials, technology tools, staff experience and expertise in administration, fiscal, clinical and evaluation, diverse funding sources and strong community partners as resources for the program. PPI's Fiscal/Grants Management functions are managed by an administrative team overseen by the Executive Director and Chief Financial officer. PPI has extensive and successful experience in managing and implementing complex programs, federal grants,

private grants and state and local government contracts. Clinical staff are licensed/certified by Missouri Substance Abuse Professional Credentialing Board.

**2. Provide a list of key staff responsible for implementing the program.**

The key staff for the program are: Greg Carbins (Project Supervisor) Kara Harris (Adolescent Therapist), Andrew Taegel (Clinical Supervisor), Sarah Smith (Outcomes/Evaluation Manager), Heather Harlan (Community Liaison), Rhiannon Ross (Chief Financial Officer), and Tony Arterberry (Grants Manager).

**ii. Program Activity:**

**1. Describe the innovative interventions and/or activities that will be implemented through the pilot program.** The interventions to be delivered:

<i>CLFC Pilot Program Intervention/Services to be provided:</i>
➤ Conduct mental health screening (GAIN short screener) of all youth to tailor program to their individualized needs.
➤ Deliver the CLFC curriculum and services to 24 youth and their parents. CLFC program consists of 6 modules. The parent modules are: " <u>Developing Positive Parental Influences</u> ", " <u>Raising Resilient Youth</u> " and " <u>Getting Real</u> ". The 3 youth modules are: " <u>Developing a Positive Response</u> ", " <u>Developing Independence and Responsibility</u> ", and " <u>Getting Real</u> ". Each of the 3 individual parent trainings is a 5-6 session module with each session lasting 2-1/2 hours with breaks and the inclusion of a light meal. Each individual youth trainings are a 5-6 session module with sessions lasting 2-1/2 hours in length with snacks, breaks and/or a meal provided. An optional Parent and Youth combined "Getting Real" session usually requires additional two or three sessions. There will be two cohorts of 12 youth served during the pilot program in Year 1.
➤ Link youth determined to be in need of substance abuse and/or mental health treatment to services.
➤ Provide case management/service coordination for CLFC program youth and families to link them to community services and resources, including those offered by our community partners.

2. **Identify and discuss the evidence-based practices that will be used and relevant research supporting the efficacy of the proposed interventions and/or activities.** CLFC) has demonstrated results in reducing alcohol, tobacco and other drug (ATOD) use, delaying onset of ATOD use, and reducing uncontrolled and violent behavior with youth. CLFC is recognized as an effective science-based program by the National Registry of Evidence-based Programs and Practices (2007), SAMHSA (2002), the Center for Substance Abuse Prevention (1996), the Office of Juvenile Justice and Delinquency Prevention (2006), U.S. Department of Education (2000), White House Office of National Drug Control Policy (2001), and International Youth Foundation (2000). Published results show significant positive direct effects on several risk and protective factor outcomes, and positive impacts on ATOD use and delayed onset of ATOD use as moderated effects.
3. **If there is no research to support the efficacy of the proposed interventions and/or activities, please explain the rationale for utilizing the interventions and/or activities.** n/a

**g. Output:**

- i. **Service to be provided.** Family Education/Mental Health Screening
- ii. **Unit measurement, if applicable.**
- iii. **Unit cost, if applicable.** Year 1 total program unit cost is \$77,856/24 adolescents = \$3,244 per adolescent. This cost includes first year one-time start-up costs, which has been *explained in the budget narrative*. For Year 2, total program unit cost is

estimated at \$80,083/36 adolescents (adding a 3rd cohort) = \$2,224.52. Year 3, total program unit cost is \$82,340/36 adolescents (adding a 3rd cohort) = \$2,287.22.

- iv. **Amount requested.** Year 1: \$55,776; Year 2: 54,479; Year 3: 56,333. Total: \$166,588 all 3 years.
- v. **Number of individuals to be served.** A total of 24 unduplicated Boone County children and youth will be served during the year 1 pilot program.

### **3. BUDGET**

- a. **Budget Worksheets to be Attached:** See Budget Worksheets.
  - i. **Agency Financial Worksheet (see Attachment B).**
  - ii. **Program Budget Worksheet (see Attachment C).**
- b. **Budget Narrative:** See Budget Narrative.
  - i. **Please explain each line of the budget worksheets from Attachments B and C.**
- c. **Staff Positions.** See Budget Narrative
  - ii. **Provide a list of staff positions for the project, including direct and indirect.**
  - ii. **State the role of each position and their qualifications.**
  - iii. **State the proposed salary for each position.**

## BOONE COUNTY CHILDRENS FUNDS BUDGET NARRATIVE

### EXPENSES

Salary & fringe benefit line items include a 3% increase for years 2-3 to allow for minimal salary raises and any nominal increase in other costs.

<b>Salary</b>	<u>Annual Salary</u>	<u>FTE</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
Project Supervisor - Greg Carbins	\$ 35,000	0.2	\$7,000	\$ 7,210	\$7,426
Clinical Supervisor - Andrew Taegel	\$ 33,000	0.1	\$3,300	\$ 3,399	\$3,501
Adolescent Therapist - Kara Harris	\$ 32,000	0.5	\$16,000	\$ 16,480	\$16,974
Outcomes/Evaluation Manager - Sarah Smith	\$ 39,000	0.15	\$0	\$ 5,850	\$6,026
Community Liaison - Heather Harlan	\$ 42,000	0.1	\$4,200	\$ 4,326	\$4,456
<b>Total Salary</b>			<u>\$30,500</u>	<u>\$37,265</u>	<u>\$38,383</u>

**Fringe Benefits:** (includes: health, dental and professional liability insurance, sick pay, holidays, taxes, etc.; based on a rate of 24%)

	<u>Annual Salary</u>	<u>FTE</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
Project Supervisor - Greg Carbins			\$1,680	\$1,730	\$1,782
Clinical Supervisor - Andrew Taegel	\$ 35,000	0.2	\$792	\$816	\$840
Adolescent Therapist - Kara Harris	\$ 33,000	0.1	\$3,840	\$3,955	\$4,074
Outcomes/Evaluation Manager - Sarah Smith	\$ 32,000	0.5	\$0	\$1,404	\$1,446
Community Liaison - Heather Harlan	\$ 39,000	0.15	\$1,008	\$1,038	\$1,069
<b>Total Fringe Benefits</b>	\$ 42,000	0.1	<u>\$7,320</u>	<u>\$8,944</u>	<u>\$9,212</u>

### Supplies:

	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
Breathalyzer	\$300		\$300
Evaluation tools (CLFC)	\$300	\$300	\$300
Program Manuals and curriculum for trainers and participants	\$2,381	\$2,381	\$2,381
<b>Total Supplies</b>	<u>\$2,981</u>	<u>\$2,681</u>	<u>\$2,981</u>

### Training

	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
CLFC Implementation on site at Phoenix Programs:			
Training fee = \$7,500	\$7,500	\$0	\$0
Airfare: \$450 * 2 staff = \$900	\$900	\$0	\$0
Hotel: 2 staff * \$125 * 5 nights = \$1,250	\$1,250	\$0	\$0
Per diem: 2 staff * \$50 * 5 days = \$500	\$500	\$0	\$0
Rental Car: \$50 per day * 5 days = \$250	\$250	\$0	\$0
<b>Total Travel</b>	<u>\$10,400</u>	<u>\$0</u>	<u>\$0</u>

<b>Total Direct Charges</b>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
	<u>\$51,201</u>	<u>\$48,890</u>	<u>\$50,576</u>

### Indirect Expense: based on 15%

	<u>Annual Salary</u>	<u>FTE</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
Project Supervisor - Greg Carbins	\$ 35,000	0.2	\$1,050	\$1,082	\$1,114
Clinical Supervisor - Andrew Taegel	\$ 33,000	0.1	\$495	\$510	\$525
Adolescent Therapist - Kara Harris	\$ 32,000	0.5	\$2,400	\$2,472	\$2,546
Outcomes/Evaluation Manager - Sarah Smith	\$ 39,000	0.15	\$0	\$878	\$904
Community Liaison - Heather Harlan	\$ 42,000	0.1	\$630	\$649	\$668
<b>Total Indirect Expense</b>			<u>\$4,575</u>	<u>\$5,590</u>	<u>\$5,757</u>

<b>Total Expenses</b>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
	<u>\$55,776</u>	<u>\$54,479</u>	<u>\$56,333</u>





Boone County Juvenile Office  
705 East Walnut  
Columbia, Missouri 65201

Phone: (573) 886-4200  
Fax: (573) 886-4030

Callaway County Juvenile Office  
PO Box 465  
Fulton, Missouri 65251

Phone: (573) 642-7992  
Fax: (573) 642-6036

**Thirteenth Judicial Circuit Court  
Family Court  
Juvenile Division**

July 1, 2014

Deborah L. Beste, Executive Director  
Phoenix Programs, Inc.  
90 East Leslie Ln  
Columbia, MO 65202

Dear Deborah,

I understand that you are applying for funds from the Boone County Children's Services Board. The proposed program is initially geared to youth with parents in treatment at Phoenix Programs. Many of us in the community come into contact with these at-risk youth. It is my understanding that Phoenix Programs will accept referrals to this Prevention Program from any agency in Boone County as program interest grows during its first year, and will conduct outreach and expect that community referrals will grow significantly in the following years of the initiative.

This letter of support recognizes that Phoenix Programs has delivered high quality youth services for over eight years in Boone County. We have seen the impact of your efforts and applaud the professionals who work for Phoenix Programs and would agree to consider referring youth and families to the initiative that you will be offering to promote the mental health and sobriety of youth and their families in our community.

Sincerely,

*Cindy Danett*

Chief Juvenile Officer



1002 Fay St. Columbia, MO 65201 Ph: 573-256-1896 Fax: 573-256-1882

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July 1, 2014

Deborah L. Beste, Executive Director  
Phoenix Programs, Inc.  
90 East Leslie Ln  
Columbia, MO 65202

Dear Deborah,

I understand that you are applying for funds from the Boone County Children's Services Board. The proposed program is initially geared to youth with parents in treatment at Phoenix Programs. You will virtually need no start-up time during the first year of operation as the families are currently identified. Many of us in the community come into contact with these at-risk youth. You will however accept referrals to this Prevention Program from any agency in Boone County as program interest grows during its first year, and you will conduct outreach and expect that community referrals will grow significantly in the following years of the initiative.

The Prevention Program you propose is a family-focused, evidenced-based and award winning prevention model for youth and families. This new prevention program will seek to help youth in families where parents have sought treatment for their own chemical dependency. The group of at-risk youth will also be living in homes where legal disruption and domestic violence situations and/or other trauma has occurred. The youth being targeted for your program have been witness to extreme adult problems. Your plan is to utilize your existing youth program, Project Apex, as one of the sources of treatment for youth who have already begun harmful use of substances.

The program title, Creating Lasting Family Connections, is a structured curriculum for youth ages 9-17 and their parents, and other family members to improve the parents' ability to provide a nurturing environment in a very effective and meaningful way. Research demonstrates that youth and parents completing this program will experience these outcomes: they will use community resources more effectively, the parents will gain knowledge and beliefs about alcohol and drug abuse, their children will decrease the age of onset of use of alcohol and other drugs, and their children will decrease the frequency of alcohol and other drug use if already using illegal substances.

This letter of support recognizes that Phoenix Programs has delivered high quality youth services for over eight years in Boone County. We have seen the impact of your efforts and applaud the professionals who work for Phoenix Programs. The program you propose will fill an existing gap in our community.

Sincerely,

  
Lorenzo Lawson, Executive Director



July 1, 2014

Deborah L. Beste, Executive Director  
Phoenix Programs, Inc.  
90 East Leslie Ln  
Columbia, MO 65202

Dear Deborah,

I understand that you are applying for funds from the Boone County Children's Services Board. The proposed program is initially geared to youth with parents in treatment at Phoenix Programs. You will virtually need no start-up time during the first year of operation as the families are currently identified. Many of us in the community come into contact with these at-risk youth. You will however accept referrals to this Prevention Program from any agency in Boone County as program interest grows during its first year, and you will conduct outreach and expect that community referrals will grow significantly in the following years of the initiative.

The Prevention Program you propose is a family-focused, evidenced-based and award winning prevention model for youth and families. This new prevention program will seek to help youth in families where parents have sought treatment for their own chemical dependency. The group of at-risk youth will also be living in homes where legal disruption and domestic violence situations and/or other trauma has occurred. The youth being targeted for your program have been witness to extreme adult problems. Your plan is to utilize your existing youth program, Project Apex, as one of the sources of treatment for youth who have already begun harmful use of substances.

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This letter of support recognizes that Phoenix Programs has delivered high quality youth services for over eight years in Boone County. We have seen the impact of your efforts and applaud the professionals who work for Phoenix Programs. The program you propose will fill an existing gap in our community.

In closing, I would like to express my gratitude for all of your partnership in working with the Youth Community Coalition. We are excited to partner with you on this project and to serve the families of Boone County together.

Sincerely,

A handwritten signature in black ink, appearing to read "Deborah Beste", is written over the word "Sincerely,".

**ATTACHMENT A**  
**Program Performance Measures**

<b>Activity</b>	<b>Output(s)</b>	<b>Outcome(s)</b>	<b>Indicator(s)</b>	<b>Method of Measurement</b>
<p>Provide the <b>Creating Lasting Family Connections (CLFC)</b> program to 24 youth ages 9-18 and their parents.</p> <p>CLFC program is an evidence based, effective and comprehensive program designed to reduce the use of alcohol and illegal drug use among youth while strengthening the bond of family by providing youth and adult participants with the appropriate skills for family growth and enhancement and improved interpersonal communication.</p> <p>This program and associated measurement tools were rated 3.0 (out of 4.0) by the SAMHSA's National Registry of Evidence-based Programs and Practices.</p>	<p>During the first year of the pilot program, PPI will provide two 4 month programs.</p> <p>Each 4 month program will have a 2 hour session one time per week (16 x 2-hour sessions)</p> <p>The program will serve 24 youth and their families in one year.</p>	<p>After the 4 month intervention (2 hours per week) participants will experience the following changes:</p> <p>1: Delayed onset of youth alcohol and other drug (AOD) use</p> <p>2: Decreased frequency of youth alcohol and other drug (AOD) use.</p> <p>3: Increased parent knowledge and beliefs about alcohol and other drug (AOD) use</p> <p>4: Increased use and knowledge of community services and resources for youth</p> <p>(See SAMHSA's National Registry of Evidence Based Programs: <a href="http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=82">http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=82</a>)</p>	<p>After the 4 month intervention (2 hours per week) participants will experience the following levels of success:</p> <p>1: 64% of youth participants will increase refusal skills after participating in the program.</p> <p>2: Youth will decrease frequency of AOD use by 63% after participating in the program.</p> <p>3: 65% of parents participating will demonstrate an increase in knowledge and beliefs about AOD use after participation in the program.</p> <p>4: 70% of participants will demonstrate an increase in use and knowledge of community services and resources after participating in the CLFC program.</p>	<p>The CLFC programs comes with a Survey Toolkit for outcomes evaluation in each of the 4 outcomes areas.</p> <p>Tool #1: Creating Lasting Family Connection©: Adult Relationship Skills Survey</p> <p>Tool #2: Creating Lasting Family Connections©: Youth Relationship Skills Survey</p> <p>These are administered before and after the intervention as a pre/post test to the entire cohort of 24 youth and their parents. The survey kit comes with full instructions on administering the surveys and coding and analyzing the results. A copy of the survey tool is attached to this proposal.</p> <p>CLFC youth and parent surveys were designed specifically to capture the onset and frequency of use of alcohol, tobacco, and other drug involvement youth. The surveys identify key risk and resiliency or protective factors among youth and parents that may predict substance use among youth, as well as access to community resources.</p>

**ATTACHMENT B**

**AGENCY FINANCIAL INFORMATION**

AGENCY NAME:

AGENCY REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way	128,862	118,213	98,886	3.28%	-16.35%
B. Other United Ways				0.00%	#DIV/0!
C. Capital Campaigns				0.00%	#DIV/0!
D. Grants (non-governmental)	190,117	178,700	306,108	10.17%	71.30%
E. Fund Raising & Other Direct Support	138,410	131,141	157,681	5.24%	20.24%
<b>TOTAL DIRECT SUPPORT (sub-totals)</b>	<b>457,389</b>	<b>428,053</b>	<b>562,675</b>	<b>0.186868477</b>	
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding	4,487	6,124	6,126	0.20%	0.03%
B. Boone County - Other			55,776	1.85%	#DIV/0!
C. Other Counties				0.00%	#DIV/0!
D. City of Columbia - Social Service Funding	67,295	61,681	70,670	2.35%	14.57%
E. City of Columbia - Other			40,000	1.33%	#DIV/0!
F. Other Cities				0.00%	#DIV/0!
G. Federal (Medicaid, Title III, etc.)	1,859,022	1,344,095	980,282	32.56%	-27.07%
H. State (Purchase of Services, Grants, etc.)	588,379	905,115	952,953	31.65%	5.29%
I. Other (Schools, Courts, etc.)			90,000	2.99%	#DIV/0!
<b>TOTAL GOV'T CONTRACTS/SUPPORT (sub-totals)</b>	<b>2,519,183</b>	<b>2,317,016</b>	<b>2,195,807</b>	<b>\$1</b>	
3. Program Service Fees	134,253	160,066	252,595	8.39%	57.81%
4. Investment Income (realized & unrealized)		1		0.00%	-100.00%
5. Other Revenue Items	4,220	9,551		0.00%	-100.00%
<b>TOTAL AGENCY REVENUE</b>	<b>\$3,115,045</b>	<b>\$2,914,686</b>	<b>\$3,011,077</b>		<b>3.31%</b>

AGENCY EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
Expenses for Program Services	2690637	2338572.84	2470647.61	82.02%	5.65%
Expenses for Management and General	538019	554032.26	540338.8	17.94%	-2.47%
Expenses for Fundraising	813	250	1300	0.04%	420.00%
<b>TOTAL AGENCY EXPENSES</b>	<b>3229469</b>	<b>2892855.1</b>	<b>3012286.41</b>		<b>4.13%</b>
% of Management and Fundraising Expenses	16.68%	19.16%	17.98%		420.00%

NET ASSETS	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% CHANGE CURRENT TO PROPOSED
Net Assets, End of Year	\$2,947,483	\$2,969,314	\$2,968,105	-0.04%

CASH FLOWS	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% CHANGE CURRENT TO PROPOSED
Cash, End of Year	\$38,140	-\$15,055	\$30,721	-304.06%

**ATTACHMENT C**

**PROGRAM BUDGET WORKSHEET**

PROGRAM NAME:

TOTAL PROGRAM REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way				0.00%	#DIV/0!
B. Other United Ways				0.00%	#DIV/0!
C. Capital Campaigns				0.00%	#DIV/0!
D. Grants (non-governmental)				0.00%	#DIV/0!
E. Fund Raising & Other Direct Support	0	0	7,680	34.78%	#DIV/0!
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding				0.00%	#DIV/0!
B. Boone County - Other				0.00%	#DIV/0!
C. Other Counties				0.00%	#DIV/0!
D. City of Columbia - Social Service Funding				0.00%	#DIV/0!
E. City of Columbia - Other				0.00%	#DIV/0!
F. Other Cities				0.00%	#DIV/0!
G. Federal (Medicaid, Title III, etc.)	0	0	5,224	23.66%	#DIV/0!
H. State (Purchase of Services, Grants, etc.)	0	0	9,176	41.56%	#DIV/0!
I. Other (Schools, Courts, etc.)				0.00%	#DIV/0!
3. Program Service Fees				0.00%	#DIV/0!
4. Investment Income (realized & unrealized)				0.00%	#DIV/0!
5. Other Revenue Items				0.00%	#DIV/0!
<b>TOTAL PROGRAM REVENUE</b>	<b>\$0</b>	<b>\$0</b>	<b>\$22,080</b>		

PROGRAM EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
1. Personnel	0	0	58,126	74.66%	#DIV/0!
2. Non-Personnel	0	0	19,730	25.34%	#DIV/0!
<b>TOTAL PROGRAM EXPENSES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$77,856</b>		

NUMBER OF DIRECT PROGRAM STAFF (FTE)	ACTUAL	CURRENT	PROPOSED
<i>FTE = number of direct program service hours worked by employee per year/2080 (e.g. 1040/2080= .5 FTE)</i>	0	0	1.2

## ATTACHMENT D

### **2014 AGENCY ASSURANCE SHEET**

**(Please complete and return with Proposal Response)**

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Proof of 501(c)(3)
- Certificate of Corporate Good Standing
- Most Recent 990 Federal Form
- Agency Strategic Plan
- Copies of Agency Accreditations
- Most Recent Agency Independent Audit
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality
- Memorandums of Understanding (not currently needed for Contingency Funds Request)

Deborah Beste

Printed Name - Agency Executive Director/President/CEO

7-8-14

Date

[Signature]

Signature - Agency Executive Director/President/CEO

7-8-14

Date

Nelly Roach

Printed Name - Agency Board Chair

7/9/2014

Date

[Signature]

Signature - Agency Board Chair

7/9/2014

Date

**ATTACHMENT E**

**(Please complete and return with Proposal Response)**

Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR  
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, 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.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Deborah Beste, Executive Director  
Name and Title of Authorized Representative

  
Signature

7-8-14  
Date



**ATTACHMENT F**

**WORK AUTHORIZATION CERTIFICATION  
PURSUANT TO 285.530 RSMo  
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

County of Boone )  
 )ss  
State of Missouri )

My name is Deborah Beste. I am an authorized agent of Phoenix Programs, Inc. (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

Deborah Beste 7-8-14  
Affiant Date

Deborah Beste  
Printed Name

Subscribed and sworn to before me this 08 day of July, 2014.

Shannon Guest  
Notary Public

**Attach to this form the *E-Verify Memorandum of Understanding* that you completed when enrolling.**

SHANNON GUEST  
Notary Public - Notary Seal  
State of Missouri  
County of Boone  
My Commission Expires March 20, 2016  
Commission #12317311



### Employment Eligibility Verification



Welcome  
Mindy Stuck

User ID  
MSTU0856

Last Login  
08:23 AM - 05/02/2014

Log Out

Click any for help

- Home
- My Cases
- New Case
- View Cases
- Search Cases
- My Profile
- Edit Profile
- Change Password
- Change Security Questions
- My Company
- Edit Company Profile
- Add New User
- View Existing Users
- Close Company Account
- My Reports
- View Reports
- My Resources
- View Essential Resources
- Take Tutorial
- View User Manual
- Share Ideas
- Contact Us

## Company Information

**Company Name:** Phoenix Programs, Inc.

[View / Edit](#)

**Company ID Number:** 304583

**Doing Business As (DBA) Name:**

**DUNS Number:**

### Physical Location:

**Address 1:** 90 E. Leslie Lane

**Address 2:**

**City:** Columbia

**State:** MO

**Zip Code:** 65202

**County:** BOONE

### Mailing Address:

**Address 1:**

**Address 2:**

**City:**

**State:**

**Zip Code:**

### Additional Information:

**Employer Identification Number:** 431047634

**Total Number of Employees:** 20 to 99

**Parent Organization:**

**Administrator:**

### Organization Designation:

**Employer Category:** None of these categories apply

**NAICS Code:** 624 - SOCIAL ASSISTANCE

[View / Edit](#)

**Total Hiring Sites:** 1

[View / Edit](#)

**Total Points of Contact:** 1

[View / Edit](#)

[View MOU](#)



Employment Eligibility Verification



Welcome  
Mindy Stuck

User ID  
MSTU0856

Last Login  
08:10 AM - 05/02/2014

Log Out

Click any for help

- Home
- My Cases
  - New Case
  - View Cases
  - Search Cases
- My Profile
  - Edit Profile
  - Change Password
  - Change Security Questions
- My Company
  - Edit Company Profile
  - Add New User
  - View Existing Users
  - Close Company Account
- My Reports
  - View Reports
- My Resources
  - View Essential Resources
  - Take Tutorial
  - View User Manual
  - Share Ideas
- Contact Us

### Points of Contact Summary List

		First Name	Last Name	Middle Name	Phone Number	Fax Number	E-mail Address
Previous Next							
<input type="button" value="Add"/>							
<input type="button" value="Edit"/> <input type="button" value="Delete"/>		Mindy	Stuck	S	(573) 875 - 8880 ext. 2143	(573) 442 - 8095	mstuck@phoenixpro
Previous Next							



Company ID Number: 304583

**THE E-VERIFY PROGRAM FOR EMPLOYMENT VERIFICATION  
MEMORANDUM OF UNDERSTANDING**

**ARTICLE I**

**PURPOSE AND AUTHORITY**

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Department of Homeland Security (DHS) and **Phoenix Programs, Inc.** (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). This MOU explains certain features of the E-Verify program and enumerates specific responsibilities of DHS, the Social Security Administration (SSA), and the Employer. E-Verify is a program that electronically confirms an employee's eligibility to work in the United States after completion of the Employment Eligibility Verification Form (Form I-9). For covered government contractors, E-Verify is used to verify the employment eligibility of all newly hired employees and all existing employees assigned to Federal contracts.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note). Authority for use of the E-Verify program by Federal contractors and subcontractors covered by the terms of Subpart 22.18, "Employment Eligibility Verification", of the Federal Acquisition Regulation (FAR) (hereinafter referred to in this MOU as a "Federal contractor") to verify the employment eligibility of certain employees working on Federal contracts is also found in Subpart 22.18 and in Executive Order 12989, as amended.

**ARTICLE II**

**FUNCTIONS TO BE PERFORMED**

**A. RESPONSIBILITIES OF SSA**

1. SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all employees verified under this MOU and the employment authorization of U.S. citizens.
2. SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).



Company ID Number: 304583

4. SSA agrees to provide a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility within 3 Federal Government work days of the initial inquiry.

5. SSA agrees to provide a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

## **B. RESPONSIBILITIES OF DHS**

1. After SSA verifies the accuracy of SSA records for aliens through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct, to the extent authorized by this MOU:

- Automated verification checks on alien employees by electronic means, and
- Photo verification checks (when available) on employees.

2. DHS agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.

3. DHS agrees to provide to the Employer a manual (the E-Verify User Manual) containing instructions on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify. DHS agrees to provide training materials on E-Verify.

4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, U.S. Department of Justice.

5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by alien employees with DHS's database.

6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of alien employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and Nationality Act (INA) and Federal criminal laws, and to administer Federal contracting requirements.

7. DHS agrees to provide a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative



E-VERIFY IS A SERVICE OF DHS

Company ID Number: 304583

nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.

8. DHS agrees to provide a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

### **C. RESPONSIBILITIES OF THE EMPLOYER**

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees and all employees who are to be verified through the system.

2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.

3. The Employer agrees to become familiar with and comply with the most recent version of the E-Verify User Manual.

4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.

A. The Employer agrees that all Employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify, including any tutorials for Federal contractors if the Employer is a Federal contractor.

B. Failure to complete a refresher tutorial will prevent the Employer from continued use of the program.

5. The Employer agrees to comply with current Form I-9 procedures, with two exceptions:

- If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2(b)(1)(B)) can be presented during the Form I-9 process to establish identity.) If an employee objects to the photo requirement for religious reasons, the Employer should contact E-Verify at 888-464-4218.

- If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The employer will use the photocopy to verify the photo and to assist DHS with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.

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6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, including the obligation to comply with the antidiscrimination requirements of section 274B of the INA with respect to Form I-9 procedures, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in compliance with the terms and conditions of E-Verify; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$550 and \$1,100 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ an employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any action taken in good faith based on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures for new employees within 3 Employer business days after each employee has been hired (but after both sections 1 and 2 of the Form I-9 have been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify User Manual. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. In all cases, the Employer must use the SSA verification procedures first, and use DHS verification procedures and photo screening tool only after the SSA verification response has been given. Employers may initiate verification by notating the Form I-9 in circumstances where the employee has applied for a Social Security Number (SSN) from the SSA and is waiting to receive the SSN, provided that the Employer performs an E-Verify employment verification query using the employee's SSN as soon as the SSN becomes available.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, in support of any unlawful employment practice, or for any other use not authorized by this MOU. Employers must use E-Verify for all new employees, unless an Employer is a Federal contractor that qualifies for the exceptions described in Article II.D.1.c. Except as provided in Article II.D, the Employer will not verify selectively and will not verify employees hired before the effective date of this MOU. The Employer understands that if the Employer uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III. below) regarding tentative nonconfirmations, including notifying employees of the finding, providing written referral instructions to employees, allowing employees to contest the finding, and not taking



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adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's perceived employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1(l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification system to verify work authorization, a tentative nonconfirmation, a case in continuance (indicating the need for additional time for the government to resolve a case), or the finding of a photo non-match, does not establish, and should not be interpreted as evidence, that the employee is not work authorized. In any of the cases listed above, the employee must be provided a full and fair opportunity to contest the finding, and if he or she does so, the employee may not be terminated or suffer any adverse employment consequences based upon the employee's perceived employment eligibility status (including denying, reducing, or extending work hours, delaying or preventing training, requiring an employee to work in poorer conditions, refusing to assign the employee to a Federal contract or other assignment, or otherwise subjecting an employee to any assumption that he or she is unauthorized to work) until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match or if a secondary verification is completed and a final nonconfirmation is issued, then the Employer can find the employee is not work authorized and terminate the employee's employment. Employers or employees with questions about a final nonconfirmation may call E-Verify at 1-888-464-4218 or OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

11. The Employer agrees to comply with Title VII of the Civil Rights Act of 1964 and section 274B of the INA by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify except as provided in part D below, or discharging or refusing to hire employees because they appear or sound "foreign" or have received tentative nonconfirmations. The Employer further understands that any violation of the unfair immigration-related employment practices provisions in section 274B of the INA could subject the Employer to civil penalties, back pay awards, and other sanctions, and violations of Title VII could subject the Employer to back pay awards, compensatory and punitive damages. Violations of either section 274B of the INA or Title VII may also lead to the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

13. The Employer agrees that it will use the information it receives from SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of employees as





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authorized by this MOU. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU, except for such dissemination as may be authorized in advance by SSA or DHS for legitimate purposes.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a(i)(1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to cooperate with DHS and SSA in their compliance monitoring and evaluation of E-Verify, including by permitting DHS and SSA, upon reasonable notice, to review Forms I-9 and other employment records and to interview it and its employees regarding the Employer's use of E-Verify, and to respond in a timely and accurate manner to DHS requests for information relating to their participation in E-Verify.

#### **D. RESPONSIBILITIES OF FEDERAL CONTRACTORS**

1. The Employer understands that if it is a Federal contractor subject to the employment verification terms in Subpart 22.18 of the FAR it must verify the employment eligibility of any "employee assigned to the contract" (as defined in FAR 22.1801) in addition to verifying the employment eligibility of all other employees required to be verified under the FAR. Once an employee has been verified through E-Verify by the Employer, the Employer may not reverify the employee through E-Verify.

a. Federal contractors not enrolled at the time of contract award: An Employer that is not enrolled in E-Verify as a Federal contractor at the time of a contract award must enroll as a Federal contractor in the E-Verify program within 30 calendar days of contract award and, within 90 days of enrollment, begin to use E-Verify to initiate verification of employment eligibility of new hires of the Employer who are working in the United States, whether or not assigned to the contract. Once the Employer begins verifying new hires, such verification of new hires must be initiated within 3 business days after the date of hire. Once enrolled in E-Verify as a Federal contractor, the Employer must initiate verification of employees assigned to the contract within 90 calendar days after the date of enrollment or within 30 days of an employee's assignment to the contract, whichever date is later.

b. Federal contractors already enrolled at the time of a contract award: Employers enrolled in E-Verify as a Federal contractor for 90 days or more at the time of a contract award must use E-Verify to initiate verification of employment eligibility for new hires of the Employer who are working in the United States, whether or not assigned to the contract, within 3 business days after the date of hire. If the Employer is enrolled in E-Verify as a Federal contractor for 90 calendar days or less at the time of contract award, the Employer must, within 90 days of enrollment, begin to use E-Verify to initiate verification of new hires of the contractor who are working in the United States, whether or not assigned to the contract. Such verification of new hires must be initiated within 3 business days after the date of hire. An Employer enrolled as a Federal contractor in E-Verify must initiate verification of each employee assigned to the

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contract within 90 calendar days after date of contract award or within 30 days after assignment to the contract, whichever is later.

c. Institutions of higher education, State, local and tribal governments and sureties: Federal contractors that are institutions of higher education (as defined at 20 U.S.C. 1001(a)), State or local governments, governments of Federally recognized Indian tribes, or sureties performing under a takeover agreement entered into with a Federal agency pursuant to a performance bond may choose to only verify new and existing employees assigned to the Federal contract. Such Federal contractors may, however, elect to verify all new hires, and/or all existing employees hired after November 6, 1986. The provisions of Article II.D, paragraphs 1.a and 1.b of this MOU providing timeframes for initiating employment verification of employees assigned to a contract apply to such institutions of higher education, State, local and tribal governments, and sureties.

d. Verification of all employees: Upon enrollment, Employers who are Federal contractors may elect to verify employment eligibility of all existing employees working in the United States who were hired after November 6, 1986, instead of verifying only those employees assigned to a covered Federal contract. After enrollment, Employers must elect to do so only in the manner designated by DHS and initiate E-Verify verification of all existing employees within 180 days after the election.

e. Form I-9 procedures for Federal contractors: The Employer may use a previously completed Form I-9 as the basis for initiating E-Verify verification of an employee assigned to a contract as long as that Form I-9 is complete (including the SSN), complies with Article II.C.5, the employee's work authorization has not expired, and the Employer has reviewed the information reflected in the Form I-9 either in person or in communications with the employee to ensure that the employee's stated basis in section 1 of the Form I-9 for work authorization has not changed (including, but not limited to, a lawful permanent resident alien having become a naturalized U.S. citizen). If the Employer is unable to determine that the Form I-9 complies with Article II.C.5, if the employee's basis for work authorization as attested in section 1 has expired or changed, or if the Form I-9 contains no SSN or is otherwise incomplete, the Employer shall complete a new I-9 consistent with Article II.C.5, or update the previous I-9 to provide the necessary information. If section 1 of the Form I-9 is otherwise valid and up-to-date and the form otherwise complies with Article II.C.5, but reflects documentation (such as a U.S. passport or Form I-551) that expired subsequent to completion of the Form I-9, the Employer shall not require the production of additional documentation, or use the photo screening tool described in Article II.C.5, subject to any additional or superseding instructions that may be provided on this subject in the E-Verify User Manual. Nothing in this section shall be construed to require a second verification using E-Verify of any assigned employee who has previously been verified as a newly hired employee under this MOU, or to authorize verification of any existing employee by any Employer that is not a Federal contractor.

2. The Employer understands that if it is a Federal contractor, its compliance with this MOU is a performance requirement under the terms of the Federal contract or subcontract, and the Employer consents to the release of information relating to compliance with its verification responsibilities under this MOU to contracting officers or other officials authorized to review the Employer's compliance with Federal contracting requirements.



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### ARTICLE III

#### REFERRAL OF INDIVIDUALS TO SSA AND DHS

##### **A. REFERRAL TO SSA**

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.
3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a system-generated referral letter and instruct the employee to visit an SSA office within 8 Federal Government work days. SSA will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.
4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

##### **B. REFERRAL TO DHS**

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. If the Employer finds a photo non-match for an employee who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding.
3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible



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after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact DHS through its toll-free hotline (as found on the referral letter) within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (furnished and paid for by DHS).

7. The Employer understands that if it cannot determine whether there is a photo match/non-match, the Employer is required to forward the employee's documentation to DHS by scanning and uploading, or by sending the document as described in the preceding paragraph, and resolving the case as specified by the Immigration Services Verifier at DHS who will determine the photo match or non-match.

#### **ARTICLE IV**

#### **SERVICE PROVISIONS**

SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access the E-Verify System, an Employer will need a personal computer with Internet access.

#### **ARTICLE V**

#### **PARTIES**

A. This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify User Manual. Even without changes to E-Verify, DHS reserves the right to require employers to take



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mandatory refresher tutorials. An Employer that is a Federal contractor may terminate this MOU when the Federal contract that requires its participation in E-Verify is terminated or completed. In such a circumstance, the Federal contractor must provide written notice to DHS. If an Employer that is a Federal contractor fails to provide such notice, that Employer will remain a participant in the E-Verify program, will remain bound by the terms of this MOU that apply to non-Federal contractor participants, and will be required to use the E-Verify procedures to verify the employment eligibility of all newly hired employees.

B. Notwithstanding Article V, part A of this MOU, DHS may terminate this MOU if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. The Employer understands that if it is a Federal contractor, termination of this MOU by any party for any reason may negatively affect its performance of its contractual responsibilities.

C. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine necessary. By separate agreement with DHS, SSA has agreed to perform its responsibilities as described in this MOU.

D. Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

E. Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

F. The Employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, determinations of compliance with Federal contractual requirements, and responses to inquiries under the Freedom of Information Act (FOIA).

G. The foregoing constitutes the full agreement on this subject between DHS and the Employer.

H. The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.



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To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 888-464-4218.

Employer Phoenix Programs, Inc.

**Judy Prevo**

Name (Please Type or Print)

Title

*Electronically Signed*

Signature

**02/16/2010**

Date

Department of Homeland Security – Verification Division

**USCIS Verification Division**

Name (Please Type or Print)

Title

*Electronically Signed*

Signature

**02/16/2010**

Date



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### Information Required for the E-Verify Program

#### Information relating to your Company:

Company Name: Phoenix Programs, Inc.

Company Facility Address: 90 E. Leslie Lane

Columbia, MO 65202

Company Alternate  
Address:

County or Parish: BOONE

Employer Identification  
Number: 431047634

North American Industry  
Classification Systems  
Code: 624

Parent Company: \_\_\_\_\_

Number of Employees: 20 to 99

Number of Sites Verified  
for: 1

Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State:

- MISSOURI 1 site(s)

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**Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:**

Name:	Judy A Prevo		
Telephone Number:	(573) 875 - 8880 ext. 2143	Fax Number:	(573) 442 - 8095
E-mail Address:	jprevo@phoenixprogramsinc.org		





Phoenix Programs, Inc.

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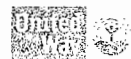
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**MEMBER**

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**Creating Lasting Family Connections®**  
**Adult Relationship Skills Survey**

Date: \_\_\_\_\_

ID #: \_\_\_\_\_

Please answer the following questions to help us understand your relationship experiences. Please choose only one answer per question. No one else will be told how you answer any of these questions. Your participation in this survey is voluntary and you may choose not to answer any questions that make you feel uncomfortable.

Questions 1-8 deal with your knowledge and use of communication skills.

1. I am able to express my true feelings to those whom I trust.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

2. It is hard for me to ask those I trust for what I want.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

3. I am very satisfied with how those I trust and I talk together.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

4. It is difficult for me to share negative feelings with those I trust.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

5. I feel capable of saying “no” when I need to.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

6. I have confidence to say “no” when I need to.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

7. I have confidence that people I know might be able to hear me and respect me when I say “no” in a “getting real” way.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

8. I believe I am prepared to help my children to say no when it is in their best interest to do so.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

Questions 9-14 ask you about your knowledge and use of **conflict resolution skills**.

9. To avoid conflict, I tend to give in too quickly.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

10. Other people and I have very different ideas about the best way to solve disagreements.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

11. When I discuss problems with people I trust, they often understand my opinions and ideas.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

12. Even when in a conflict with someone I trust, I can respectfully share my thoughts and feelings.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

13. I go out of my way to avoid conflict in my relationships.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

14. To avoid hurting the feelings of those whom I trust during a disagreement, I tend to say nothing.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

Questions 15-23 ask you about your knowledge and use of effective **intra-personal skills**.

15. I tend to rely on my own judgment.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

16. I am honest with myself about what I feel and need.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

17. When someone gives me feedback about myself, I hear what they're saying, analyze the information and make changes if needed.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

18. I criticize myself harshly for mistakes I make.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

19. If someone respectfully asks me to look inside, I'm able to do it and I can learn from it.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

20. I tend to overlook my accomplishments and don't believe most compliments I receive.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

21. I can listen when someone else tells me how they feel about my behavior.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

22. I tend to believe that anything less than perfect is not good enough.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

23. I tend to avoid trying new things.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

Questions 24-32 ask you about your knowledge and use of **emotional awareness skills**.

24. Those I trust can really understand my hurts and joys.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

25. I feel neglected at times by others.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

26. I know and understand the differences between the emotions I feel.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

27. I try to examine and name my emotions before I react.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

28. I notice how my body feels before I react to someone else's behavior.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

29. I am honest with myself about what I need and how I feel.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

30. I find emotions difficult to handle.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree



31. I recognize the different emotions I feel.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

32. I am aware of my feelings.

- Strongly agree
- Agree
- Disagree
- Strongly Disagree

Questions 33-41 pertain to your knowledge and use of **emotional expression skills**.

33. People I trust listen to me when I need someone to talk to.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

34. I am able to talk about my emotions without blaming others.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

35. I often let others know what I am feeling.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

36. When it's in my best interest, I express my opinion if I disagree with someone.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

37. I have the right to say "No" without feeling guilty.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

38. I am able to put my feelings into words.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

39. I have a rich feelings vocabulary.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

40. I know how to tell someone how I feel about their behavior without blaming them for how I feel.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

41. I know how to express my emotions.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

Questions 42-49 relate to your knowledge and use of **inter-personal skills**.

42. I can discuss my opinions with those I trust even when I feel a little uncomfortable.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

43. People that I trust really listen to me.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

44. When we are having a problem, I often give others the silent treatment.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

45. I'm open and honest with what I say to those I trust.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

46. When I ask questions, I get honest answers from the people I trust.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

47. The people I trust try to understand my point of view.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

48. I find it helpful to discuss problems with those I trust.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

49. It is easy for me to express my true feelings to those I trust.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

Questions 50-57 deal with your knowledge and use of **relationship management skills**.

50. There are people in my life who know what I mean when I say something.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

51. When I'm upset, people whom I trust know what's bothering me.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

52. There are people in my life who let me be myself.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

53. I am tired of being blamed for problems.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

54. I'm available when those I trust want to talk to me.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

55. I know I can count on some of the people in my life.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

56. If I think there is a problem developing in a relationship, I let the other person know what I think and how I feel.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

57. If someone asks me a favor that is inconvenient or difficult for me to carry out, I say no.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

Questions 58-64 ask about your **relationship satisfaction**.

58. I am happy with how decisions are made in my relationships.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

59. I am happy with how conflict is resolved in my relationships.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

60. Responsibilities are clearly defined in my important relationships.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

61. I get what I need in my personal relationships.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

62. I am happy with my close, personal relationships with others.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

63. I usually feel happy in my close, personal relationships.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

64. My partner accepts me for myself.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

Questions 65-71 relate to your **relationship commitment**.

65. I trust my partner enough to stay with them.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

66. I value sticking with someone who knows me well, helps me grow, and whom I can trust.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

67. I work hard to maintain my relationship with those I trust.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

68. I can accept others as they are.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

69. I value maintaining healthy relationships.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

70. I can recognize and accept flaws in others.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

71. I am confident that I can trust a current or future partner.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

**Questions 72 – 85 ask you to describe yourself so that we will be able to make comparisons among those participating in the *CLFC* program. Your responses will remain anonymous and will only be used for summary purposes.**

72. How would you describe yourself? (Gender)

- Male
- Female



73. How old are you?

---

74. Are you Hispanic or Latino?

- Yes
- No

75. What is your race?

- White
- Black or African American
- American Indian
- Native Hawaiian
- Asian
- Alaskan Native
- Other

76. With whom do you live?

- Alone
- With my mother
- With my father
- With my brother(s) and/or sister(s)
- With my grandparents
- With other relatives or guardian
- With my spouse or significant other
- With roommates
- other

77. Describe where you live

- In my own home or apartment
- In a relative's home
- In a group home
- In a foster home
- Homeless or in a shelter
- Other

78. At what age did you have your first child?

- No children
- 9 – 13 years old
- 14 – 18 years old
- 19 – 25 years old
- 26 – 34 years old
- 35 years old or older

79. How many of your children under the age of 18 are living with you?

- 0
- 1 – 2
- 3 – 4
- 5 – 6
- More than 6

80. How many of your children under the age of 18 are NOT living with you?

- 0
- 1 – 2
- 3 – 4
- 5 – 6
- More than 6

81. What is the highest level of education you have completed, whether or not you received a degree?

- 8<sup>th</sup> grade or lower
- 12<sup>th</sup> grade or lower
- Some college
- College completion

82. If less than 12 years of education, do you have a GED (General Equivalency Diploma)?

- Yes
- No

83. Which of the following best describes you?

- Employed fulltime, 35+ hours per week
- Employed part-time
- Unemployed (looking for work)
- Unemployed (disabled)
- Unemployed (volunteer work)
- Unemployed (retired)
- Unemployed (full-time student)
- Unemployed (full-time homemaker)
- Unemployed (other reason)

84. Think about the household members that live with you right now. About how much income have you and/or your family members made in the last year before taxes (Include child support, and/or cash payments from the government, for example welfare (TANF), SSI, or unemployment compensation

- \$0 - \$10,000
- \$10,001 – \$20,000
- \$20,001 - \$30,000
- \$30,001 - \$40,000
- \$40,001 - \$50,000
- \$50,001 - \$60,000
- More than \$60,000

85. Do you have health care or medical insurance?

- Yes
- No

**Creating Lasting Family Connections®**  
**Youth Relationship Skills Survey**

Date: \_\_\_\_\_

ID #: \_\_\_\_\_

**Please answer the following questions to help us understand your relationship experiences. Please choose only one answer per question. No one else will be told how you answer any of these questions. Your participation in this survey is voluntary and you may choose not to answer any questions that make you feel uncomfortable.**

Questions 1-4 deal with your knowledge and use of **communication skills**.

1. I am able to share my true feelings with those whom I trust.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. I am able to say "no" when I need to.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. It is hard for me to ask those I trust for what I want.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. I am okay with how I talk to those I trust.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions 5-7 ask you about your knowledge and use of **conflict resolution skills**.

5. I can share my thoughts and feelings with someone I trust, even when we have a disagreement.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. When I discuss problems with people I trust, they often understand my opinions and ideas.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. I go out of my way to avoid disagreements in my relationships.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions 8-10 ask you about your knowledge and use of effective **intra-personal skills**.

8. I am honest with myself about what I feel and need.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. When someone tells me how they feel about what I have done, I hear what they're saying, I think about it, and I make changes if needed.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. I like to avoid trying new things.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions 11-16 ask you about your knowledge and use of **emotional awareness skills**.

11. I am honest with myself about what I need and how I feel.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. I recognize the different emotions I feel.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. I am aware of my feelings.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. I know the differences between most of the emotions I feel.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. I notice how my body feels before I react to someone else's behavior.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. I try to name my emotions before I react.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions 17-20 pertain to your knowledge and use of **emotional expression skills**.

17. I am able to put my feelings into words.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. I often let others know what I am feeling.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. I know how to tell someone how I feel about what they did without blaming them for how I feel.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. I know how to express my emotions.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions 21-25 relate to your knowledge and use of **inter-personal skills**.

21. I can discuss my thoughts with those I trust even when I feel a little uncomfortable.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. The people I trust try to understand my point of view.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. I find it helpful to discuss problems with those I trust.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. I'm open and honest with what I say to those I trust.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. When I ask questions, I get honest answers from the people I trust.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions 26-29 deal with your knowledge and use of **relationship management skills**.

26. I'm able to listen when people I trust want to talk to me.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. It is easy for me to say my true feelings to those I trust.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. There are people in my life who understand me when I say something.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. There are people in my life that let me be myself.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions 30-33 ask about your **relationship satisfaction**.

30. I am generally happy in my close relationships with others.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. I get what I need in my close relationships.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. What I am supposed to do is clear in my close relationships.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. I am happy with how disagreements are resolved in my close relationships.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions 34-37 relate to your **relationship commitment**.

34. In close relationships, I can accept others as they are without trying to change them.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35. I like staying in close relationships that help me to grow.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36. I work hard to keep my close relationships with those I trust.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37. When I notice something I do not like about someone (that they may not be able to change) in a close relationship, I can accept it.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Finally, please answer the following questions about yourself.

38. Are you male or female?

Male	Female
<input type="checkbox"/>	<input type="checkbox"/>



39. How old are you?

\_\_\_\_\_

40. What grade are you in now? (take out any of the following that are not needed)

4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>	Not in school
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41. What category would you call yourself (choose one best answer)?

White	Black or African- American	American Indian	Native Hawaiian	Asian	Alaskan Native	Hispanic or Latino	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Creating Lasting Family Connections®***  
**Raising Resilient Youth**  
**Retrospective Survey**  
© 2004 by RFN, LLC

**Location:** \_\_\_\_\_ **ID #:** \_\_\_\_\_  
(optional)

**Date:** \_\_\_\_\_

**Please answer the following questions about your experience in the Raising Resilient Youth training. Please choose only one answer per question. No one else will be told how you answer any of these questions. You do not have to fill out this survey if you don't want to do so.**

1. Overall, has your involvement in this training been a positive experience?

- Yes, definitely
- Yes
- Unsure
- No
- Definitely not

2. Do you feel better about yourself now than you did before the training started?

- Yes, definitely
- Yes
- Unsure
- No
- Definitely not

3. Do you feel more support from others outside your family now than you did before the training started?

- Yes, definitely
- Yes
- Unsure
- No
- Definitely not

4. Are you providing more emotional support and validation to other family members, especially children, now than you did before the training started?

- Yes, definitely
- Yes
- Unsure
- No
- Definitely not

5. Would you recommend this program to friends?

- Yes, definitely
- Yes
- Unsure
- No
- Definitely not

The following questions are about family enhancement. The first column asks you to respond regarding your attitudes or behavior **BEFORE** participating in the program and the second column asks you to respond regarding your attitudes or behavior **NOW** after participating in the program.

Please respond to both questions.

6. My family and I have the ability to listen to each other's thoughts and feelings.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly disagree      | <input type="checkbox"/> Strongly disagree    |

7. You actively listen to your children's thoughts and feelings when your family discusses family concerns and issues.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly disagree      | <input type="checkbox"/> Strongly disagree    |

8. My family and I have the ability to manage conflict well.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly disagree      | <input type="checkbox"/> Strongly disagree    |

9. My family and I have the ability to increase our family bonding.

<b>BEFORE THE PROGRAM I WOULD HAVE SAID</b>		<b>NOW, AFTER THE PROGRAM I WOULD SAY</b>	
<input type="checkbox"/>	Strongly agree	<input type="checkbox"/>	Strongly agree
<input type="checkbox"/>	Agree	<input type="checkbox"/>	Agree
<input type="checkbox"/>	Unsure	<input type="checkbox"/>	Unsure
<input type="checkbox"/>	Disagree	<input type="checkbox"/>	Disagree
<input type="checkbox"/>	Strongly disagree	<input type="checkbox"/>	Strongly disagree

10. How likely are you to involve your child in helping to make the family rules on the following items?

<b>BEFORE THE PROGRAM I WOULD HAVE SAID</b>				<b>NOW, AFTER THE PROGRAM I WOULD SAY</b>			
Very Unlikely	Somewhat Unlikely	Somewhat Likely	Very Likely	Very Unlikely	Somewhat Unlikely	Somewhat Likely	Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. If your child/children breaks an important family rule, how likely is it that you would:

<b>BEFORE THE PROGRAM I WOULD HAVE SAID</b>				<b>NOW, AFTER THE PROGRAM I WOULD SAY</b>			
Very Unlikely	Somewhat Unlikely	Somewhat Likely	Very Likely	Very Unlikely	Somewhat Unlikely	Somewhat Likely	Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. If your child/children follows an important family rule, how likely is it that you would:

**BEFORE THE PROGRAM I WOULD  
HAVE SAID**

**NOW, AFTER THE PROGRAM I  
WOULD SAY**

Very Unlikely	Somewhat Unlikely	Somewhat Likely	Very Likely		Very Unlikely	Somewhat Unlikely	Somewhat Likely	Very Likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Verbally praise them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Reward them with a special non-monetary reward?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Give them more privileges (i.e., letting them go to the mall with friends)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. How often do you ...?

**BEFORE THE PROGRAM I WOULD  
HAVE SAID**

**NOW, AFTER THE PROGRAM I  
WOULD SAY**

Rarely	Sometimes	Usually	Almost Always		Rarely	Sometimes	Usually	Almost Always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. find time to listen to your child/children when your child/children want to talk to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. share your thoughts and feelings with your child/children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. ask your child/children what your child/children thinks before family decisions are made?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. talk to your child/children about how your child/children did on a test or project in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. listen to each other's feelings when you and your child/children have a disagreement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Has your participation in this program impacted how likely you would do any of the following?

	<u>Much</u> <u>Less</u> <u>Likely</u>	<u>Somewhat</u> <u>Less</u> <u>Likely</u>	<u>No</u> <u>Change</u>	<u>Somewhat</u> <u>More</u> <u>Likely</u>	<u>Much</u> <u>More</u> <u>Likely</u>
a) Speak with a trusted friend about a personal or family problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Speak with a trusted spiritual advisor about a personal or family problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Speak with a trusted professional person or service organization about a personal or family problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Speak with a trusted adult family member about a personal or family problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Speak with a trusted self-help group, like Hospice, Tough Love, or Alcoholics Anonymous (AA), about a personal or family problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Overall, I feel better about creating expectations and consequences in my family since I have attended this program.

- Strongly Disagree
- Disagree
- Unsure
- Agree
- Strongly Agree

16. Because of this training, I have improved my skills in giving positive feedback which includes validating and affirming my children when they express their emotions or feelings.

- Strongly Disagree
- Disagree
- Unsure
- Agree
- Strongly Agree

**For items 17-23, please indicate how much you agree or disagree with each item about the group facilitators/leaders.**

17. The group facilitators/leaders are organized and prepared.

- Strongly Disagree
- Disagree
- Unsure
- Agree
- Strongly Agree

18. The group facilitators/leaders make the program interesting.
- Strongly Disagree
  - Disagree
  - Unsure
  - Agree
  - Strongly Agree
19. The group facilitators/leaders really care about me.
- Strongly Disagree
  - Disagree
  - Unsure
  - Agree
  - Strongly Agree
20. The group facilitators/leaders manage the group well.
- Strongly Disagree
  - Disagree
  - Unsure
  - Agree
  - Strongly Agree
21. The group facilitators/leaders are optimistic about my abilities.
- Strongly Disagree
  - Disagree
  - Unsure
  - Agree
  - Strongly Agree
22. The group facilitators/leaders reward and praise me for my efforts.
- Strongly Disagree
  - Disagree
  - Unsure
  - Agree
  - Strongly Agree
23. The group facilitators/leaders are dedicated and really work hard with me.
- Strongly Disagree
  - Disagree
  - Unsure
  - Agree
  - Strongly Agree

24. Finally, what is your overall rating of the group facilitators/leaders?

- Very Poor
- Poor
- Fair
- Good
- Excellent



*Creating Lasting Family Connections®*

**Adult Getting Real  
Retrospective Survey**

© 2004 by RFN, LLC

**Location:** \_\_\_\_\_ **ID #:** \_\_\_\_\_  
(optional)

**Date:** \_\_\_\_\_

**Please answer the following questions about your experience in our Adult Getting Real training program. Please choose only one answer per question. No one else will be told how you answer any of these questions. You do not have to fill out this survey if you don't want to do so.**

1. Overall, has your involvement in this training been a positive experience?

- Yes, definitely
- Yes
- Unsure
- No
- Definitely not

2. Do you feel better about yourself now than you did before the training started?

- Yes, definitely
- Yes
- Unsure
- No
- Definitely not

3. Do you feel more support from others outside your family now than you did before the training started?

- Yes, definitely
- Yes
- Unsure
- No
- Definitely not

4. Are you providing more emotional support and validation to other family members, especially children, now than you did before the training started?

- Yes, definitely
- Yes
- Unsure
- No
- Definitely not

5. Would you recommend this program to friends?

- Yes, definitely
- Yes
- Unsure
- No
- Definitely not

The following questions are about “getting real”. The first column asks you to respond regarding your attitudes or behavior **BEFORE** participating in the program and the second column asks you to respond regarding your attitudes or behavior **NOW** after participating in the program.

**Please respond to both questions.**

6. I feel capable of saying “no” when I need to.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly Disagree      | <input type="checkbox"/> Strongly Disagree    |

7. I have confidence to say “no” when I need to.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly Disagree      | <input type="checkbox"/> Strongly Disagree    |

8. I have confidence that some other people might be able to hear me and respect me when I say “no” in a “getting real” way.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly Disagree      | <input type="checkbox"/> Strongly Disagree    |

9. I believe I am prepared to help my children to say no when it is in their best interest to do so.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly Disagree      | <input type="checkbox"/> Strongly Disagree    |

The following questions are some situations that might happen to you. First, read the description of the situation. Then, decide which of the four choices comes closest to how you would have acted and felt BEFORE participating in the program then respond to the same question as you think you would act and feel NOW after participating in the program.

Please respond to both questions.

10. Your teenager's curfew is 12 midnight on the weekends. You recently had to give them consequences because they were late. It is 10 minutes till midnight when your child calls and wants you to let them come home at 12:30 a.m. You have already told them that you do not want to extend the deadline. They tell you that all of their friends can stay out till 12:30 a.m. What would you say?

- |  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>Before the program I<br/>would say...</b>     | <u>no</u>                | <u>no</u>                | <u>yes</u>               | <u>yes</u>               |
|  | and                      | and                      | and                      | and                      |
|  | feel                     | feel                     | feel                     | feel                     |
|  | <u>good</u>              | <u>bad</u>               | <u>bad</u>               | <u>good</u>              |
|  | about<br>myself          | about<br>myself          | about<br>myself          | about<br>myself          |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Now, after the program I<br/>would say...</b> | <u>no</u>                | <u>no</u>                | <u>yes</u>               | <u>yes</u>               |
|  | and                      | and                      | and                      | and                      |
|  | feel                     | feel                     | feel                     | feel                     |
|  | <u>good</u>              | <u>bad</u>               | <u>bad</u>               | <u>good</u>              |
|  | about<br>myself          | about<br>myself          | about<br>myself          | about<br>myself          |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

11. You are at Wal-Mart and your child wants you to buy them a new outfit. They know you just cashed a bonus check from work. You do not want to buy them the outfit because you have made plans to pay off your credit card bills. What would you say?

<b>Before the program I would say...</b>	<u>no</u>	<u>no</u>	<u>yes</u>	<u>yes</u>
	and feel <u>good</u> about myself <input type="checkbox"/>	and feel <u>bad</u> about myself <input type="checkbox"/>	and feel <u>bad</u> about myself <input type="checkbox"/>	and feel <u>good</u> about myself <input type="checkbox"/>
<b>Now, after the program I would say...</b>	<u>no</u>	<u>no</u>	<u>yes</u>	<u>yes</u>
	and feel <u>good</u> about myself <input type="checkbox"/>	and feel <u>bad</u> about myself <input type="checkbox"/>	and feel <u>bad</u> about myself <input type="checkbox"/>	and feel <u>good</u> about myself <input type="checkbox"/>

12. Suppose you are at a party and someone you have been wanting to get to know offers you alcohol/drugs and you don't want to have any. What would you say?

<b>Before the program I would say...</b>	<u>no</u>	<u>no</u>	<u>yes</u>	<u>yes</u>
	and feel <u>good</u> about myself <input type="checkbox"/>	and feel <u>bad</u> about myself <input type="checkbox"/>	and feel <u>bad</u> about myself <input type="checkbox"/>	and feel <u>good</u> about myself <input type="checkbox"/>
<b>Now, after the program I would say...</b>	<u>no</u>	<u>no</u>	<u>yes</u>	<u>yes</u>
	and feel <u>good</u> about myself <input type="checkbox"/>	and feel <u>bad</u> about myself <input type="checkbox"/>	and feel <u>bad</u> about myself <input type="checkbox"/>	and feel <u>good</u> about myself <input type="checkbox"/>

13. You are at a party and the person who is supposed to drive you home has had too much to drink or is high and is making a scene in front of other people. This person insists on driving anyway and tells you to get into the car. What would you say?

<b>Before the program I would say...</b>	<i>no</i>	<i>no</i>	<i>yes</i>	<i>yes</i>
	and	and	and	and
	feel	feel	feel	feel
	<i>good</i>	<i>bad</i>	<i>bad</i>	<i>good</i>
	about myself	about myself	about myself	about myself
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Now, after the program I would say...</b>	<i>no</i>	<i>no</i>	<i>yes</i>	<i>yes</i>
	and	and	and	and
	feel	feel	feel	feel
	<i>good</i>	<i>bad</i>	<i>bad</i>	<i>good</i>
	about myself	about myself	about myself	about myself
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**For items 14-20, please indicate how much you agree or disagree with each item about the group facilitators/leaders.**

14. The group facilitators/leaders are organized and prepared.
- Strongly Disagree
  - Disagree
  - Unsure
  - Agree
  - Strongly Agree
15. The group facilitators/leaders make the program interesting.
- Strongly Disagree
  - Disagree
  - Unsure
  - Agree
  - Strongly Agree
16. The group facilitators/leaders really care about me.
- Strongly Disagree
  - Disagree
  - Unsure
  - Agree
  - Strongly Agree

17. The group facilitators/leaders manage the group well.
- Strongly Disagree
  - Disagree
  - Unsure
  - Agree
  - Strongly Agree
18. The group facilitators/leaders are optimistic about my abilities.
- Strongly Disagree
  - Disagree
  - Unsure
  - Agree
  - Strongly Agree
19. The group facilitators/leaders reward and praise me for my efforts.
- Strongly Disagree
  - Disagree
  - Unsure
  - Agree
  - Strongly Agree
20. The group facilitators/leaders are dedicated and really work hard with me.
- Strongly Disagree
  - Disagree
  - Unsure
  - Agree
  - Strongly Agree
21. Finally, what is your overall rating of the group facilitators/leaders?
- Very Poor
  - Poor
  - Fair
  - Good
  - Excellent

***Creating Lasting Family Connections®***  
**Developing Positive Parental Influences**  
**Retrospective Survey**

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**Location:** \_\_\_\_\_ **ID #:** \_\_\_\_\_  
(optional)

**Date:** \_\_\_\_\_

**Please answer the following questions about your experience in the Developing Positive Parental Influences training. Please choose only one answer per question. No one else will be told how you answer any of these questions. You do not have to fill out this survey if you don't want to do so.**

1. Overall, has your involvement in this training been a positive experience?

- Yes, definitely
- Yes
- Unsure
- No
- Definitely not

2. Do you feel better about yourself now than you did before the training started?

- Yes, definitely
- Yes
- Unsure
- No
- Definitely not

3. I feel like I know a lot more about alcoholism and chemical dependency now that I have completed this training program.

- Yes, definitely
- Yes
- Unsure
- No
- Definitely not

4. Do you feel more support from others outside your family now than you did before the training started?

- Yes, definitely
- Yes
- Unsure
- No
- Definitely not

5. Are you providing more emotional support and validation to other family members, especially children, now than you did before the training started?

- Yes, definitely
- Yes
- Unsure
- No
- Definitely not

6. Would you recommend this program to friends?

- Yes, definitely
- Yes
- Unsure
- No
- Definitely not

The following questions are about alcohol and drugs. The first column asks you to respond regarding your attitudes or behavior **BEFORE** participating in the program and the second column asks you to respond regarding your attitudes or behavior **NOW** after participating in the program.

Please respond to both questions.

7. A 12-ounce can of beer has about the same amount of alcohol as a one-and-a-half ounce shot of hard liquor.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly Disagree      | <input type="checkbox"/> Strongly Disagree    |

8. Probably the best way to recognize if a person is alcoholic is to determine if there is repeated trouble in their life related to drinking alcoholic beverages.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly Disagree      | <input type="checkbox"/> Strongly Disagree    |



9. A person can get “high” without using drugs or alcohol.

**BEFORE THE PROGRAM I  
WOULD HAVE SAID**

- Strongly agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

**NOW, AFTER THE  
PROGRAM I WOULD SAY**

- Strongly agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

10. If you knew someone with an alcohol or drug problem, you would suggest they get help.

**BEFORE THE PROGRAM I  
WOULD HAVE SAID**

- Strongly agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

**NOW, AFTER THE  
PROGRAM I WOULD SAY**

- Strongly agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

11. Alcoholism is a disease.

**BEFORE THE PROGRAM I  
WOULD HAVE SAID**

- Strongly agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

**NOW, AFTER THE  
PROGRAM I WOULD SAY**

- Strongly agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

12. It is healthy for people who drink to do so to escape from problems, loneliness, and depression.

**BEFORE THE PROGRAM I  
WOULD HAVE SAID**

- Strongly agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

**NOW, AFTER THE  
PROGRAM I WOULD SAY**

- Strongly agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

13. There are both healthy and unhealthy reasons to drink.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly Disagree      | <input type="checkbox"/> Strongly Disagree    |

14. I believe someone who has repeated trouble with alcohol should have an assessment for alcoholism.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly Disagree      | <input type="checkbox"/> Strongly Disagree    |

15. Children of alcoholics seem more likely to become alcoholics themselves than do children of low-risk drinkers.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly Disagree      | <input type="checkbox"/> Strongly Disagree    |

16. People can be alcoholics without it affecting their lives.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly Disagree      | <input type="checkbox"/> Strongly Disagree    |

17. Most spouses of people with alcoholism need support and help to understand and cope with the destructive nature of alcoholism.

- | <b>BEFORE THE PROGRAM I<br/>WOULD SAY</b>  | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|--|---|
| <input type="checkbox"/> Strongly agree    | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree             | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure            | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree          | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly Disagree | <input type="checkbox"/> Strongly Disagree    |

18. I can support people who choose to abstain from drug and alcohol use for any reason.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly Disagree      | <input type="checkbox"/> Strongly Disagree    |

19. Children who have parents who are alcoholic or chemically dependent often feel responsible for the problems in their home.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly Disagree      | <input type="checkbox"/> Strongly Disagree    |

20. Sooner or later, some children who have parents who are alcoholic may be able to get help for themselves even if their parents do not.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly Disagree      | <input type="checkbox"/> Strongly Disagree    |

21. I believe some grown adults (who are not alcoholic) can drink up to 2 drinks (using standard bar measure) per day and still be considered low-risk drinkers.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly Disagree      | <input type="checkbox"/> Strongly Disagree    |

22. I have confidence in my ability to influence my own children regarding alcohol and drug related decisions.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly Disagree      | <input type="checkbox"/> Strongly Disagree    |

23. I feel empowered to make positive changes for my family.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly Disagree      | <input type="checkbox"/> Strongly Disagree    |

24. I have positive parental influence with my children.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly Disagree      | <input type="checkbox"/> Strongly Disagree    |

25. Having learned more about alcohol and drugs during this program, I would say that my personal use of alcohol and/or drugs has gone down since I started these classes.

- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree
- It couldn't go down because I never use alcohol or drugs.

**For items 26-32, please indicate how much you agree or disagree with each item about the group facilitators/leaders.**

26. The group facilitators/leaders are organized and prepared.

- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

27. The group facilitators/leaders make the program interesting.

- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

28. The group facilitators/leaders really care about me.

- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

29. The group facilitators/leaders manage the group well.

- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

30. The group facilitators/leaders are optimistic about my abilities.

- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

31. The group facilitators/leaders reward and praise me for my efforts.

- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

32. The group facilitators/leaders are dedicated and really work hard with me.

- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

33. Finally, what is your overall rating of the group facilitators/leaders?

- Excellent
- Good
- Fair
- Poor
- Very Poor

***Creating Lasting Family Connections®***  
**Developing Independence and Responsibility (YOUTH)**  
**Retrospective Survey**

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**Location:** \_\_\_\_\_

**ID #:** \_\_\_\_\_  
(optional)

**Date:** \_\_\_\_\_

**Please answer the following questions about your experience in the Developing Independence and Responsibility training. Please choose only one answer per question. No one else will be told how you answer any of these questions. You do not have to fill out this survey if you don't want to so.**

1. Overall, has your involvement in this training been a positive experience?

- Yes, definitely
- Yes
- Unsure
- No
- Definitely not

2. Do you feel better about yourself now than you did before the training started?

- Yes, definitely
- Yes
- Unsure
- No
- Definitely not

3. Do you feel more support from others outside your family now than you did before the training started?

- Yes, definitely
- Yes
- Unsure
- No
- Definitely not

4. Are you providing more emotional support and validation to other family members (brothers, sisters, parents, grandparents etc.), now than you did before the training started?

- Yes, definitely
- Yes
- Unsure
- No
- Definitely not

5. Would you recommend this program to friends?

- Yes, definitely
- Yes
- Unsure
- No
- Definitely not

The following questions are about family enhancement. The first column asks you to respond regarding your attitudes or behavior **BEFORE** participating in the program and the second column asks you to respond regarding your attitudes or behavior **NOW** after participating in the program.

**Please respond to both questions.**

6. I believe that it is important to recognize and name my feelings and emotions?

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly Disagree      | <input type="checkbox"/> Strongly Disagree    |

7. I believe it is important to share honest thoughts and feelings in a healthy family.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly Disagree      | <input type="checkbox"/> Strongly Disagree    |

8. I have the necessary skills to reduce conflicts in my family.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly Disagree      | <input type="checkbox"/> Strongly Disagree    |



9. I have the necessary skills to help me have closer bonding and better relationships in my family.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly Disagree      | <input type="checkbox"/> Strongly Disagree    |

10. I believe that it is helpful for parents to share clear expectations about their children's behaviors.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly Disagree      | <input type="checkbox"/> Strongly Disagree    |

11. I believe that it is helpful for parents to share and give clear consequences to impact their child's behavior.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly Disagree      | <input type="checkbox"/> Strongly Disagree    |

12. I have the necessary skills to manage my own life and in responding to how others treat me.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly Disagree      | <input type="checkbox"/> Strongly Disagree    |

13. I recognize how difficult parenting and managing others can be.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly Disagree      | <input type="checkbox"/> Strongly Disagree    |

14. I have the necessary skills to help me manage other people when I am in a leadership position.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly Disagree      | <input type="checkbox"/> Strongly Disagree    |

15. I have a sense of personal power.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly Disagree      | <input type="checkbox"/> Strongly Disagree    |

16. I understand how my decisions impact my freedom and independence.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly Disagree      | <input type="checkbox"/> Strongly Disagree    |

**For items 17-24 please indicate how much you agree or disagree with each item about the group facilitators/leaders.**

17. The group facilitators/leaders are organized and prepared.

- Strongly Disagree
- Disagree
- Unsure
- Agree
- Strongly Agree

18. The group facilitators/leaders make the program interesting.

- Strongly Disagree
- Disagree
- Unsure
- Agree
- Strongly Agree

19. The group facilitators/leaders really care about me.

- Strongly Disagree
- Disagree
- Unsure
- Agree
- Strongly Agree

20. The group facilitators/leaders manage the group well.

- Strongly Disagree
- Disagree
- Unsure
- Agree
- Strongly Agree

21. The group facilitators/leaders are optimistic about my abilities.

- Strongly Disagree
- Disagree
- Unsure
- Agree
- Strongly Agree

22. The group facilitators/leaders reward and praise me for my efforts.

- Strongly Disagree
- Disagree
- Unsure
- Agree
- Strongly Agree

23. The group facilitators/leaders are dedicated and really work hard with me.

- Strongly Disagree
- Disagree
- Unsure
- Agree
- Strongly Agree

24. Finally, what is your overall rating of the group facilitators/leaders.

- Very Poor
- Poor
- Fair
- Good
- Excellent

***Creating Lasting Family Connections®***  
**Youth Getting Real**  
**Retrospective Survey**

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**Location:** \_\_\_\_\_ **ID #:** \_\_\_\_\_  
(optional)

**Date:** \_\_\_\_\_

**Please answer the following questions about your experience in the Youth Getting Real training. Please choose only one answer per question. No one else will be told how you answer any of these questions. You do not have to fill out this survey if you don't want to do so.**

1. Overall, has your involvement in this training been a positive experience?

- Yes, definitely
- Yes
- Unsure
- No
- Definitely not

2. Do you feel better about yourself now than you did before the training started?

- Yes, definitely
- Yes
- Unsure
- No
- Definitely not

3. Do you feel more support from others outside your family now than you did before the training started?

- Yes, definitely
- Yes
- Unsure
- No
- Definitely not

4. Are you providing more emotional support and validation to other family members (brothers, sisters, parents, grandparents etc.), now than you did before the training started?

- Yes, definitely
- Yes, somewhat
- Unsure
- No
- Definitely not

5. Would you recommend this program to friends?

- Yes, definitely
- Yes
- Unsure
- No
- Definitely not

The following questions are about “getting real”. The first column asks you to respond regarding your attitudes or behavior **BEFORE** participating in the program and the second column asks you to respond regarding your attitudes or behavior **NOW** after participating in the program.

Please respond to both questions.

6. I feel capable of saying “no” when I need to.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly Disagree      | <input type="checkbox"/> Strongly Disagree    |

7. I have confidence to say “no” when I need to.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly Disagree      | <input type="checkbox"/> Strongly Disagree    |

8. I have confidence that some other people might be able to hear me and respect me when I say “no” in a “getting real” way.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly Disagree      | <input type="checkbox"/> Strongly Disagree    |

The following questions are some situations that might happen to you. First, read the description of the situation. Then, decide which of the six choices comes closest to how you would have acted and felt BEFORE participating the in program then respond to the same question as you think you would act and feel NOW after participating in the program.

**Please respond to both questions.**

9. You are at a party and the person who is supposed to drive you home has had too much to drink or is high. This person insists on driving anyway and tells you to get into the car. What would you say?

<b>Before the program I would say...</b>	<u>no</u>	<u>no</u>	<u>yes</u>	<u>yes</u>
	and	and	and	and
	feel	feel	feel	feel
	<u>good</u>	<u>bad</u>	<u>bad</u>	<u>good</u>
	about myself	about myself	about myself	about myself
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Now, after the program I would say...</b>	<u>no</u>	<u>no</u>	<u>yes</u>	<u>yes</u>
	and	and	and	and
	feel	feel	feel	feel
	<u>good</u>	<u>bad</u>	<u>bad</u>	<u>good</u>
	about myself	about myself	about myself	about myself
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. You are at a party and the person who is supposed to drive you home has had too much to drink or is high and is making a scene in front of other people. This person insists on driving anyway and tells you to get into the car. What would you say?

<b>Before the program I would say...</b>	<u>no</u>	<u>no</u>	<u>yes</u>	<u>yes</u>
	and	and	and	and
	feel	feel	feel	feel
	<u>good</u>	<u>bad</u>	<u>bad</u>	<u>good</u>
	about myself	about myself	about myself	about myself
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Now, after the program I would say...</b>	<u>no</u>	<u>no</u>	<u>yes</u>	<u>yes</u>
	and	and	and	and
	feel	feel	feel	feel
	<u>good</u>	<u>bad</u>	<u>bad</u>	<u>good</u>
	about myself	about myself	about myself	about myself
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Suppose a good friend is asking you to copy your schoolwork and you don't want to allow this. What would you say?

<b>Before the program I would say...</b>	<u>no</u>	<u>no</u>	<u>yes</u>	<u>yes</u>
	and	and	and	and
	feel	feel	feel	feel
	<u>good</u>	<u>bad</u>	<u>bad</u>	<u>good</u>
	about myself	about myself	about myself	about myself
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Now, after the program I would say...</b>	<u>no</u>	<u>no</u>	<u>yes</u>	<u>yes</u>
	and	and	and	and
	feel	feel	feel	feel
	<u>good</u>	<u>bad</u>	<u>bad</u>	<u>good</u>
	about myself	about myself	about myself	about myself
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Suppose you are at a party and someone you don't know very well offers you alcohol / drugs and you don't want it. What would you say?

<b>Before the program I would say...</b>	<u>no</u>	<u>no</u>	<u>yes</u>	<u>yes</u>
	and	and	and	and
	feel	feel	feel	feel
	<u>good</u>	<u>bad</u>	<u>bad</u>	<u>good</u>
	about myself	about myself	about myself	about myself
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Now, after the program I would say...</b>	<u>no</u>	<u>no</u>	<u>yes</u>	<u>yes</u>
	and	and	and	and
	feel	feel	feel	feel
	<u>good</u>	<u>bad</u>	<u>bad</u>	<u>good</u>
	about myself	about myself	about myself	about myself
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



13. Suppose you are at a party and a good friend offers you alcohol/drugs and you don't want it. What would you say?

<b>Before the program I would say...</b>	<u>no</u>	<u>no</u>	<u>yes</u>	<u>yes</u>
	and	and	and	and
	feel	feel	feel	feel
	<u>good</u>	<u>bad</u>	<u>bad</u>	<u>good</u>
	about myself	about myself	about myself	about myself
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Now, after the program I would say...</b>	<u>no</u>	<u>no</u>	<u>yes</u>	<u>yes</u>
	and	and	and	and
	feel	feel	feel	feel
	<u>good</u>	<u>bad</u>	<u>bad</u>	<u>good</u>
	about myself	about myself	about myself	about myself
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Suppose you are at a party and someone you have been wanting to get to know offers you alcohol/drugs and you don't want them. What would you say?

<b>Before the program I would say...</b>	<u>no</u>	<u>no</u>	<u>yes</u>	<u>yes</u>
	and	and	and	and
	feel	feel	feel	feel
	<u>good</u>	<u>bad</u>	<u>bad</u>	<u>good</u>
	about myself	about myself	about myself	about myself
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Now, after the program I would say...</b>	<u>no</u>	<u>no</u>	<u>yes</u>	<u>yes</u>
	and	and	and	and
	feel	feel	feel	feel
	<u>good</u>	<u>bad</u>	<u>bad</u>	<u>good</u>
	about myself	about myself	about myself	about myself
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Some people are smoking or dipping tobacco products. They ask you to join them and you don't want to. What would you say?

<b>Before the program I would say...</b>	<u>no</u>	<u>no</u>	<u>yes</u>	<u>yes</u>
	and	and	and	and
	feel	feel	feel	feel
	<u>good</u>	<u>bad</u>	<u>bad</u>	<u>good</u>
	about myself	about myself	about myself	about myself
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Now, after the program I would say...</b>	<u>no</u>	<u>no</u>	<u>yes</u>	<u>yes</u>
	and	and	and	and
	feel	feel	feel	feel
	<u>good</u>	<u>bad</u>	<u>bad</u>	<u>good</u>
	about myself	about myself	about myself	about myself
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Your best friends are smoking or dipping tobacco products. They ask you to join them and you don't want to. What would you say?

<b>Before the program I would say...</b>	<u>no</u>	<u>no</u>	<u>yes</u>	<u>yes</u>
	and	and	and	and
	feel	feel	feel	feel
	<u>good</u>	<u>bad</u>	<u>bad</u>	<u>good</u>
	about myself	about myself	about myself	about myself
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Now, after the program I would say...</b>	<u>no</u>	<u>no</u>	<u>yes</u>	<u>yes</u>
	and	and	and	and
	feel	feel	feel	feel
	<u>good</u>	<u>bad</u>	<u>bad</u>	<u>good</u>
	about myself	about myself	about myself	about myself
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. I have the ability to say "no" to friends and others

<b>BEFORE THE PROGRAM I WOULD HAVE SAID</b>		<b>NOW, AFTER THE PROGRAM I WOULD SAY</b>	
<input type="checkbox"/>	Strongly agree	<input type="checkbox"/>	Strongly agree
<input type="checkbox"/>	Agree	<input type="checkbox"/>	Agree
<input type="checkbox"/>	Unsure	<input type="checkbox"/>	Unsure
<input type="checkbox"/>	Disagree	<input type="checkbox"/>	Disagree
<input type="checkbox"/>	Strongly Disagree	<input type="checkbox"/>	Strongly Disagree

18. I have the skills to help me to avoid violence.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly Disagree      | <input type="checkbox"/> Strongly Disagree    |

19. I have the skills and ability to avoid pressure to use drugs.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly Disagree      | <input type="checkbox"/> Strongly Disagree    |

**For items 20-27 please indicate how much you agree or disagree with each item about the group facilitators/leaders.**

20. The group facilitators/leaders are organized and prepared.

- Strongly Disagree
- Disagree
- Unsure
- Agree
- Strongly Agree

21. The group facilitators/leaders make the program interesting.

- Strongly Disagree
- Disagree
- Unsure
- Agree
- Strongly Agree

22. The group facilitators/leaders really care about me.

- Strongly Disagree
- Disagree
- Unsure
- Agree
- Strongly Agree

23. The group facilitators/leaders manage the group well.
- Strongly Disagree
  - Disagree
  - Unsure
  - Agree
  - Strongly Agree
24. The group facilitators/leaders are optimistic about my abilities.
- Strongly Disagree
  - Disagree
  - Unsure
  - Agree
  - Strongly Agree
25. The group facilitators/leaders reward and praise me for my efforts.
- Strongly Disagree
  - Disagree
  - Unsure
  - Agree
  - Strongly Agree
26. The group facilitators/leaders are dedicated and really work hard with me.
- Strongly Disagree
  - Disagree
  - Unsure
  - Agree
  - Strongly Agree
27. Finally, what is your overall rating of the group facilitators/leaders.
- Very Poor
  - Poor
  - Fair
  - Good
  - Excellent

***Creating Lasting Family Connections®***  
**Developing a Positive Response (YOUTH)**  
**Retrospective Survey**

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**Location:** \_\_\_\_\_ **ID #:** \_\_\_\_\_  
(optional)

**Date:** \_\_\_\_\_

**Please answer the following questions about your experience in the Developing a Positive Response training. Please choose only one answer per question. No one else will be told how you answer any of these questions. You do not have to fill out this survey if you don't want to.**

1. Overall, has your involvement in this training been a positive experience?

- Yes, definitely
- Yes
- Unsure
- No
- Definitely not

2. Do you feel better about yourself now than you did before the training started?

- Yes, definitely
- Yes
- Unsure
- No
- Definitely not

3. I feel like I know a lot more about alcoholism and chemical dependency now that I have completed this training program.

- Yes, definitely
- Yes
- Unsure
- No
- Definitely not

4. Do you feel more support from others outside your family now than you did before the training started?

- Yes, definitely
- Yes
- Unsure
- No
- Definitely not

5. Are you providing more emotional support and validation to other family members (brothers, sisters, parents, grandparents etc.), now than you did before the training started?

- Yes, definitely
- Yes
- Unsure
- No
- Definitely not

6. Would you recommend this program to friends?

- Yes, definitely
- Yes
- Unsure
- No
- Definitely not

**The following questions are about alcohol and drugs. The first column asks you to respond regarding your attitudes or behavior BEFORE participating in the program and the second column asks you to respond regarding your attitudes or behavior NOW after participating in the program.**

**Please respond to both questions.**

7. A 12-ounce can of beer has about the same amount of alcohol as a one-and-a-half ounce shot of hard liquor.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly Disagree      | <input type="checkbox"/> Strongly Disagree    |

8. Probably the best way to recognize if a person is alcoholic is to determine if there is repeated trouble in their life related to drinking alcoholic beverages.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly Disagree      | <input type="checkbox"/> Strongly Disagree    |

9. A person can get “high” without using drugs or alcohol.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly Disagree      | <input type="checkbox"/> Strongly Disagree    |

10. If you knew someone with an alcohol or drug problem, you would suggest they get help.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly Disagree      | <input type="checkbox"/> Strongly Disagree    |

11. Alcoholism is a disease.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly Disagree      | <input type="checkbox"/> Strongly Disagree    |

12. It is healthy for people who drink to do so to escape from problems, loneliness, and depression.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly Disagree      | <input type="checkbox"/> Strongly Disagree    |

13. There are both healthy and unhealthy reasons for some people to choose to drink sometimes.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly Disagree      | <input type="checkbox"/> Strongly Disagree    |

14. I believe someone who has repeated trouble with alcohol should have an assessment for alcoholism.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly Disagree      | <input type="checkbox"/> Strongly Disagree    |

15. Children of alcoholics seem more likely to become alcoholics themselves than do children of low-risk drinkers.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly Disagree      | <input type="checkbox"/> Strongly Disagree    |

16. People can be alcoholics without it affecting their lives.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly Disagree      | <input type="checkbox"/> Strongly Disagree    |



17. Most spouses of people with alcoholism are as much in need of help as the alcoholic.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly Disagree      | <input type="checkbox"/> Strongly Disagree    |

18. I can support people who choose to abstain from drug and alcohol use for any reason.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly Disagree      | <input type="checkbox"/> Strongly Disagree    |

19. Children who have parents who are alcoholic or chemically dependent often feel responsible for the problems in their home.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly Disagree      | <input type="checkbox"/> Strongly Disagree    |

20. Sooner or later, some children who have parents who are alcoholic may be able to get help for themselves even if their parents do not.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly Disagree      | <input type="checkbox"/> Strongly Disagree    |

21. The THC from marijuana stays in the body for only a few hours if someone smokes it.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly Disagree      | <input type="checkbox"/> Strongly Disagree    |

22. I believe that it is probably best for young people to avoid the harmful effects of illegal alcohol and drug abuse.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly Disagree      | <input type="checkbox"/> Strongly Disagree    |

23. I think alcohol and drugs can be harmful to people my age.

- | <b>BEFORE THE PROGRAM I<br/>WOULD HAVE SAID</b> | <b>NOW, AFTER THE<br/>PROGRAM I WOULD SAY</b> |
|---|---|
| <input type="checkbox"/> Strongly agree         | <input type="checkbox"/> Strongly agree       |
| <input type="checkbox"/> Agree                  | <input type="checkbox"/> Agree                |
| <input type="checkbox"/> Unsure                 | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Disagree               | <input type="checkbox"/> Disagree             |
| <input type="checkbox"/> Strongly Disagree      | <input type="checkbox"/> Strongly Disagree    |

24. As a result of this program, your desire and intention of using drugs has been...

- Greatly decreased
- Slightly decreased
- Unsure
- Slightly increased
- Greatly increased
- No change because I don't use

25. Now that you've had this program, if you thought a friend of yours had an alcohol or drug problem what is the likelihood that you would recommend that they get help?

- Much more likely
- A little more likely
- Unsure
- Less likely
- Much less likely
- No change

**For items 26-33 please indicate how much you agree or disagree with each item about the group facilitators/leaders.**

26. The group facilitators/leaders are organized and prepared.

- Strongly Disagree
- Disagree
- Unsure
- Agree
- Strongly Agree

27. The group facilitators/leaders make the program interesting.

- Strongly Disagree
- Disagree
- Unsure
- Agree
- Strongly Agree

28. The group facilitators/leaders really care about me.

- Strongly Disagree
- Disagree
- Unsure
- Agree
- Strongly Agree

29. The group facilitators/leaders manage the group well.

- Strongly Disagree
- Disagree
- Unsure
- Agree
- Strongly Agree

30. The group facilitators/leaders are optimistic about my abilities.

- Strongly Disagree
- Disagree
- Unsure
- Agree
- Strongly Agree

31. The group facilitators/leaders reward and praise me for my efforts.

- Strongly Disagree
- Disagree
- Unsure
- Agree
- Strongly Agree

32. The group facilitators/leaders are dedicated and really work hard with me.

- Strongly Disagree
- Disagree
- Unsure
- Agree
- Strongly Agree

33. Finally, what is your overall rating of the group facilitators/leaders.

- Very Poor
- Poor
- Fair
- Good
- Excellent



Creating Lasting  
Family Connections

**Parent Survey**

# IMPORTANT POINTS

- Do NOT write your name on the survey.
- The answers you give will be entirely confidential, that is, no one in your family or community will ever know how you answered the questions. We will keep your responses secret because if the study is to be helpful, it is important that you answer each question honestly and truthfully.
- This survey is completely voluntary, which means that you may choose not to fill out the questionnaire or any part of it. This is not a test, so there are no right or wrong answers.
- Answer each question by filling in the circle of your choice.
- Please use black or dark blue ink and shade circles like this: ○ ○ ● ○ ○  

Not like this: ○ ○ ⊗ ○ ○

Not like this: ○ ○ ∅ ○ ○
- To change your answer, place an “x” through the incorrect response and shade the **correct circle like this:**  

⊗ ○ ● ○ ○
- Answer every question unless there is a box next to the answer instructing you to skip the next question(s).
- If you don’t find an answer that fits exactly, choose the one that comes closest. If any question does not apply to you, or if you are not sure what it means, leave it blank. **Unless instructed on the questionnaire, do not mark more than one response for any item.**
- When answering questions that refer to your child or children, please answer about the child or children in your family who are participating in the Creating Lasting Family Connections Program.
- *Thank you for completing this survey.*

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**The first group of questions is about family matters. Questions asking about your child/children refer only to those participating in the Creating Lasting Family Connections Program.**

**1. In the past 30 days, how many times did your family have a special get together just to discuss concerns and issues?**

- Never                       1       2       3       4       5       6 or more

**IF NEVER, GO TO QUESTION #3**

**2. When your family got together to discuss family concerns and issues, how many of these get togethers did your child/children attend?**

- All of them           Most of them           Some of them           None of them

**3. Families have different ways of deciding on rules for youth. For some things, parents make the rules themselves; and for some things parents ask their children to help make the rules.**

**Did your child/children help make the family rules on the following items:**

	<u>Yes</u>	<u>No</u>
a) smoking cigarettes?	<input type="radio"/>	<input type="radio"/>
b) dipping snuff?	<input type="radio"/>	<input type="radio"/>
c) chewing tobacco?	<input type="radio"/>	<input type="radio"/>
d) drinking alcohol?	<input type="radio"/>	<input type="radio"/>
e) using illegal drugs?	<input type="radio"/>	<input type="radio"/>
f) doing homework?	<input type="radio"/>	<input type="radio"/>
g) being in at a certain time of night?	<input type="radio"/>	<input type="radio"/>
h) helping around the house?	<input type="radio"/>	<input type="radio"/>

**4. If you learned that your child/children had broken an important family rule, how likely is it that you would:**

	<u>Extremely Likely</u>	<u>Quite Likely</u>	<u>Somewhat Likely</u>	<u>Not Very Likely</u>	<u>Not Likely At All</u>
a) Take away some of their freedom (for example, ground them for a week)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Tell them how you feel about their breaking the rule (for example, tell them you are frustrated or you are disappointed)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Call them names (such as stupid or dumb)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Give them added responsibilities (for example, extra household chores)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Use physical discipline (for example, slap them)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. If your child/children had regularly followed an important family rule, how likely is it that you would:

	Extremely Likely	Quite Likely	Somewhat Likely	Not Very Likely	Not Likely At All
a) Verbally praise them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Reward them with money or objects (such as new video games, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Give them more privileges (for example, letting them go to the mall with friends)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*The following questions are about communication with your child/children.*

6. In the past month (30 days) how often did you...

	Very Often	Fairly Often	Sometimes	Seldom	Never
a) find time to listen to your child/children when your child/children wanted to talk to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) share your thoughts and feelings with your child/children?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) ask your child/children what your child/children thinks before family decisions were made?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) talk to your child/children about how your child/children did on a test or project in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) listen to each other's feelings when you and your child/children had a disagreement?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*The following questions are about tobacco use.*

7. In the LAST MONTH (30 DAYS), which of the following best describes how often you smoked cigarettes?

- |   |   |
|---|---|
| <input type="radio"/> Never                 | <input type="radio"/> Once a day                              |
| <input type="radio"/> Less than once a week | <input type="radio"/> Several times a day                     |
| <input type="radio"/> Once a week           | <input type="radio"/> Nearly all day                          |
| <input type="radio"/> Several times a week  | <input type="radio"/> All day except when eating and sleeping |

8. In the LAST MONTH (30 DAYS), which of the following best describes how often you chewed tobacco or dipped snuff?

- |   |   |
|---|---|
| <input type="radio"/> Never                 | <input type="radio"/> Once a day                              |
| <input type="radio"/> Less than once a week | <input type="radio"/> Several times a day                     |
| <input type="radio"/> Once a week           | <input type="radio"/> Nearly all day                          |
| <input type="radio"/> Several times a week  | <input type="radio"/> All day except when eating and sleeping |

9. In the LAST MONTH (30 DAYS), how often did you and/or other adults in your house go outside or to another room to smoke cigarettes or to use smokeless tobacco when your child/children was present?

- |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Never                 | Sometimes             | Most of the time      | All of the time       | No adults smoke       |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



**The following questions are about alcohol use. (Alcoholic beverages include beer, wine, liquor, and mixed alcoholic drinks. A drink means a can of beer, a glass of wine, a wine cooler, or a drink with hard liquor. These questions refer to the use of alcohol for other than religious purposes.)**

**10. In the LAST MONTH (30 DAYS), how many DAYS did you have an alcoholic drink? (For example, if you drank alcohol each weekend night, that would be 8 days – 4 weekends times 2 days each weekend)**

- None **IF NONE, GO TO QUESTION #13**  6 to 9 days  
 1 or 2 days  10 to 19 days  
 3 to 5 days  20 to 30 days

**11. In the LAST MONTH (30 DAYS), how many DAYS did you have THREE OR MORE alcoholic drinks in a day?**

- None  6 to 9 days  
 1 or 2  10 to 19 days  
 3 to 5 days  20 to 30 days

**12. In the LAST MONTH (30 DAYS), how many DAYS did you have FIVE OR MORE alcoholic drinks in a day?**

- None  6 to 9 days  
 1 or 2 days  10 to 19 days  
 3 to 5  20 to 30 days

**13. In the LAST MONTH (30 DAYS), how often did the adults in your family express anger toward your child/children while drinking?**

- Never  Sometimes  Most of the time  All of the time  No adults drink

**The following questions are about the use of other drugs.**

**14. In the LAST MONTH (30 DAYS), how often have you used marijuana?**

- None  About 1 or 2 days a week  
 1 to 2 times a month  Almost daily or 3 to 6 days a week  
 Several times a month  Daily

**15. In the LAST MONTH (30 DAYS), how often did you or another adult in your family use marijuana in front of your child/children?**

- Never  Sometimes  Most of the time  All of the time  No adults use marijuana

**16. In the LAST MONTH (30 DAYS), how often have you used one or more other drugs, such as cocaine, crack, uppers, downers, inhalants, heroin, or PCP?**

- None  About 1 or 2 days a week  
 1 to 2 times a month  Almost daily or 3 to 6 days a week  
 Several times a month  Daily

**17. In the LAST MONTH (30 DAYS), how often did an adult in your family use other illegal drugs in front of your child/children?**

- Never  Sometimes  Most of the time  All of the time  No adults use other illegal drugs

**The next set of questions is about getting help for a personal or family problem. For each item, please mark the answer that best describes how many times you spoke with each of the following people during the last 30 days about a personal or family problem.**

**18. In the past month (30 days), how many times did you...**

	<u>Many</u>	<u>Several</u>	<u>A Few</u>	<u>Never</u>
a) speak with a friend about a personal or family problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) speak with a minister or priest about a personal or family problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) speak with a professional counselor or social worker about a personal or family problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) speak with an adult family member about a personal or family problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) speak with a self-help group, like Hospice, Tough Love, or Alcoholics Anonymous (AA), about a personal or family problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) speak with a legal aid worker or lawyer about a personal or family problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) speak with a medical clinic worker, doctor, or nurse about a personal or family problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) speak with a person at your child's school, like a teacher or family resource / youth service center worker about a personal or family problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) speak with a police officer or another person who works for a police department about a personal or family problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) speak with a hairdresser or barber about a personal or family problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) speak to a co-worker about a personal or family problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**The last few questions are for background information and are used only for statistical purposes.**

**19. Are you male or female?**

- Male       Female

**20. What year were you born?**

19

21. What category would you call yourself (choose one best answer)?

- White, not of Hispanic origin
- African-American, not of Hispanic origin
- Asian or Pacific Islander
- Hispanic
- Native American or Alaskan Native
- Other

22. Including yourself, how many people live in the household with you?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more

23. What is the highest level of schooling you completed?

- Completed grade school or less
- Some high school
- Completed high school
- Some college
- Completed college
- Graduate or professional school after college
- Don't know
- Does not apply

24. What is the highest level of schooling your spouse completed?

- Completed grade school or less
- Some high school
- Completed high school
- Some college
- Completed college
- Graduate or professional school after college
- Don't know
- Does not apply

25. How long have you lived in this community (city or county)?

years

26. How many places or locations have you lived in since your child/children started the first grade?

places or locations

27. What is your present marital status? Are you:

- Married
- Divorced
- Separated
- Widowed
- Never married

28. Approximately what is your family's total yearly income before taxes?

- Under \$10,000
- \$10,000 up to \$15,000
- \$15,000 up to \$20,000
- \$20,000 up to \$30,000
- \$30,000 up to \$40,000
- \$40,000 or more



**CELEBRATION**

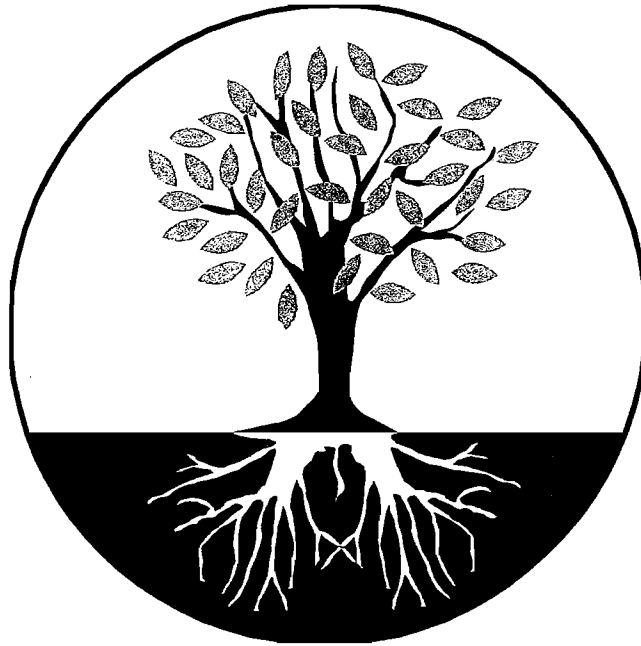
You have finished the  
survey!!!

Thank you so much for your  
help!



**FOR OFFICE USE ONLY**

FID			PID	DATE (Month / Day / Year)												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/	<input type="checkbox"/>	<input type="checkbox"/>	/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
①	①	①	①	①	①	①		①	①		①	①	①	①	①	①
②	②	②	②	②	②	②		②	②		②	②	②	②	②	②
③	③	③	③	③	③	③		③	③		③	③	③	③	③	③
④	④	④	④	④	④	④		④	④		④	④	④	④	④	④
⑤	⑤	⑤	⑤	⑤	⑤	⑤		⑤	⑤		⑤	⑤	⑤	⑤	⑤	⑤
⑥	⑥	⑥	⑥	⑥	⑥	⑥		⑥	⑥		⑥	⑥	⑥	⑥	⑥	⑥
⑦	⑦	⑦	⑦	⑦	⑦	⑦		⑦	⑦		⑦	⑦	⑦	⑦	⑦	⑦
⑧	⑧	⑧	⑧	⑧	⑧	⑧		⑧	⑧		⑧	⑧	⑧	⑧	⑧	⑧
⑨	⑨	⑨	⑨	⑨	⑨	⑨		⑨	⑨		⑨	⑨	⑨	⑨	⑨	⑨
⑩	⑩	⑩	⑩	⑩	⑩	⑩		⑩	⑩		⑩	⑩	⑩	⑩	⑩	⑩



Creating Lasting  
Family Connections

**Youth Survey**

# IMPORTANT POINTS

- Do **NOT** write your name on the survey.
- The answers you give will be entirely confidential, that is, no one in your school, family, or community will ever know how you answered the questions. We will keep your responses secret because if the study is to be helpful, it is important that you answer each question honestly and truthfully.
- This survey is completely voluntary, which means that you may choose not to fill out the questionnaire or any part of it. This is not a test, so there are no right or wrong answers.
- Answer each question by filling in the circle of your choice.
- Please use **black or dark blue ink** and shade circles like this: ○ ○ ● ○ ○  

Not like this: ○ ○ ⊗ ○ ○

Not like this: ○ ○ ∅ ○ ○
- To change your answer, place an “X” through the incorrect response and shade the correct circle like this:  

⊗ ○ ○ ● ○
- Answer every question unless there is a box next to the answer instructing you to skip the next question(s).
- If you don’t find an answer that fits exactly, choose the one that comes closest. If any question does not apply to you, or if you are not sure what it means, leave it blank. **Unless instructed on the questionnaire, do not mark more than one response for any item.**
- ***Thank you for completing this survey.***

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1300 South Fourth Street, Suite 300  
Louisville, KY 40208  
(502) 634-3694

*The first questions are some situations that might happen to you. First, read the description of the situation. Then, decide which of the six choices comes closest to how you would act and feel if the situation actually happened to you.*

I would say...

<i>no</i>	<i>no</i>	<i>no</i>	<i>yes</i>	<i>yes</i>	<i>yes</i>
and	and feel	and	and	and feel	and
feel	a little	feel real	feel real	a little	feel
<u>good</u>	<u>upset</u>	<u>upset</u>	<u>upset</u>	<u>upset</u>	<u>good</u>

- |  |                       |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. You are at a party and the person who is supposed to drive you home has had too much to drink or is high. This person insists on driving anyway and tells you to get into the car. What would you say?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. You are at a party and the person who is supposed to drive you home has had too much to drink or is high <u>and is making a scene in front of other people</u> . This person insists on driving anyway and tells you to get into the car. What would you say? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Suppose a good friend keeps asking you to copy your schoolwork. What would you say?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Suppose you are at a party and someone you don't know very well offers you alcohol / drugs and you don't want it. What would you say?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Suppose you are at a party and a <u>good friend</u> offers you alcohol / drugs and you don't want it. What would you say?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Suppose you are at a party and someone you have been wanting to get to know offers you alcohol / drugs and you don't want to. What would you say?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Some people are smoking or dipping tobacco products. They ask you to join them and you don't want to. What would you say?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Your best friends are smoking or dipping tobacco products. They ask you to join them and you don't want to. What would you say?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

***Now think about the relationship you have with your mother (or the female you identify with as the person acting as your mother).***

**9. How much do you depend on your mother for advice and guidance?**

- A lot                      Quite a bit                      Some                      A little                      Not at all
- 

**10. How often do you share your thoughts and feelings with your mother?**

- Very often                      Fairly often                      Sometimes                      Seldom                      Never
- 

**11. How close is your relationship with your mother?**

- Extremely close                      Quite close                      Somewhat close                      Not very close                      Not at all close
- 

**12. How often do you and your mother do things together?**

- Very often                      Fairly often                      Sometimes                      Seldom                      Never
- 

***Now think about the relationship you have with your father (or the male you identify with as the person acting as your father).***

**13. How much do you depend on your father for advice and guidance?**

- A lot                      Quite a bit                      Some                      A little                      Not at all
- 

**14. How often do you share your thoughts and feelings with your father?**

- Very often                      Fairly often                      Sometimes                      Seldom                      Never
- 

**15. How close is your relationship with your father?**

- Extremely close                      Quite close                      Somewhat close                      Not very close                      Not at all close
- 

**16. How often do you and your father do things together?**

- Very often                      Fairly often                      Sometimes                      Seldom                      Never
- 

***The next group of questions is about family matters.***

**17. In the past 30 days, how many times did your family have a special get together just to discuss concerns and issues?**

- Never                      1                      2                      3                      4                      5                      6 or more
- 

**IF NEVER, GO TO QUESTION # 19**

**18. When your family got together to discuss family concerns and issues, how many of these get togethers did you attend?**

- All of them                      Most of them                      Some of them                      None of them
- 

**KEEP GOING... YOU'RE DOING GREAT!!!**



19. Families have different ways of deciding on rules for youth. For some things, parents make the rules themselves; and for some things parents ask their children to help make the rules.

Have you helped make the family rules on the following items:

- |   | <u>Yes</u>            | <u>No</u>             |
|---|-----------------------|-----------------------|
| a) smoking cigarettes?                  | <input type="radio"/> | <input type="radio"/> |
| b) dipping snuff?                       | <input type="radio"/> | <input type="radio"/> |
| c) chewing tobacco?                     | <input type="radio"/> | <input type="radio"/> |
| d) drinking alcohol?                    | <input type="radio"/> | <input type="radio"/> |
| e) using illegal drugs?                 | <input type="radio"/> | <input type="radio"/> |
| f) doing homework?                      | <input type="radio"/> | <input type="radio"/> |
| g) being in at a certain time of night? | <input type="radio"/> | <input type="radio"/> |
| h) helping around the house?            | <input type="radio"/> | <input type="radio"/> |

- |  | <u>Definitely No</u>  | <u>No</u>             | <u>Yes</u>            | <u>Definitely Yes</u> |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| 20. My parents ask if I've gotten my homework done.                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21. My parents want me to call if I'm going to be late getting home.             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22. Would your parents know if you did not come home on time?                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23. When I am not at home, one of my parents know where I am and whom I am with. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24. The rules in my family are clear.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25. My family has clear rules about alcohol and drug use.                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

*The following questions are about what you think about someone your age using alcohol, tobacco, and other illegal drugs.*

- |  | <u>Very Wrong</u>     | <u>Wrong</u>          | <u>A Little Bit Wrong</u> | <u>Not Wrong at All</u> | <u>Don't Know</u>     |
|--|-----------------------|-----------------------|---------------------------|-------------------------|-----------------------|
| 26. How wrong do you think it is for someone your age to drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>   | <input type="radio"/> |
| 27. How wrong do you think it is for someone your age to smoke cigarettes?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>   | <input type="radio"/> |

	Very <u>Wrong</u>	<u>Wrong</u>	A Little Bit <u>Wrong</u>	Not Wrong <u>at All</u>	Don't <u>Know</u>
28. How wrong do you think it is for someone your age to smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. How wrong do you think it is for someone your age to use LSD, cocaine, amphetamines, or another illegal drug?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*The next questions are about the use of alcohol, tobacco, and other drugs by adults in your family.*

30. In the past month (30 days), how often did the adults (18 years or older) in your family go outside or to another room in the house to smoke cigarettes or to use smokeless tobacco when you were present?
- Never     Sometimes     Most of the time     All of the time     No adults smoke
31. How often in the past month (30 days), did the adults (18 years or older) in your family express anger toward you while they were drinking?
- Never     Sometimes     Most of the time     All of the time     No adults drink
32. How often in the past month (30 days), did an adult (18 years or older) in your family use marijuana in front of you?
- Never     Sometimes     Most of the time     All of the time     No adults use marijuana
33. How often in the past month (30 days), did an adult (18 years or older) in your family use other illegal drugs in front of you?
- Never     Sometimes     Most of the time     All of the time     No adults use other illegal drugs

*This section deals with the use of alcohol, tobacco, and other illegal drugs.*

34. Have you ever used smokeless tobacco (chew, snuff, plug, dipping tobacco, or chewing tobacco)?

- Never     Once or twice     Once in a while but not regularly     Regularly in the past     Regularly now

**IF NEVER, GO TO QUESTION # 37**

35. How frequently have you used smokeless tobacco during the last 12 months?

- Never     Once or twice     Once or twice per week     About once a day     More than once a day

36. How frequently have you used smokeless tobacco during the last 30 days?

- Never     Once or twice     Once or twice per week     About once a day     More than once a day

37. Have you ever smoked cigarettes?

- Never     Once or twice     Once in a while but not regularly     Regularly in the past     Regularly now

**IF NEVER, GO TO QUESTION # 40**

38. How frequently have you smoked cigarettes during the last 12 months?

- Not at all
- Less than one cigarette per day
- One to five cigarettes per day
- About one-half pack per day
- About one pack per day
- About one and one-half packs per day
- Two packs or more per day

39. How frequently have you smoked cigarettes during the last 30 days?

- Not at all
- Less than one cigarette per day
- One to five cigarettes per day
- About one-half pack per day
- About one pack per day
- About one and one-half packs per day
- Two packs or more per day

40. On how many occasions (if any) have you had alcoholic beverages (beer, wine, or hard liquor) to drink in your lifetime – more than just a few sips?

- 0 Occasions → IF "0", GO TO QUESTION # 44
- 1-2 Occasions
- 3-5 Occasions
- 6-9 Occasions
- 10-19 Occasions
- 20-39 Occasions
- 40 or more Occasions

41. On how many occasions (if any) have you had beer, wine, or hard liquor during the last 12 months?

- 0 Occasions → IF "0", GO TO QUESTION # 44
- 1-2 Occasions
- 3-5 Occasions
- 6-9 Occasions
- 10-19 Occasions
- 20-39 Occasions
- 40 or more Occasions

42. On how many occasions (if any) have you had beer, wine, or hard liquor during the last 30 days?

- 0 Occasions
- 1-2 Occasions
- 3-5 Occasions
- 6-9 Occasions
- 10-19 Occasions
- 20-39 Occasions
- 40 or more Occasions

43. Think back over the last two weeks. How many times have you had five or more alcoholic drinks in a row?

- None
- Once
- Twice
- 3-5 times
- 6-9 times
- 10 or more times

44. On how many occasions (if any) have you used marijuana in your lifetime?

- 0 Occasions → IF "0", GO TO QUESTION # 47
- 1-2 Occasions
- 3-5 Occasions
- 6-9 Occasions
- 10-19 Occasions
- 20-39 Occasions
- 40 or more Occasions

45. On how many occasions (if any) have you used marijuana during the last 12 months?

- 0 Occasions → IF "0", GO TO QUESTION # 47
- 1-2 Occasions
- 3-5 Occasions
- 6-9 Occasions
- 10-19 Occasions
- 20-39 Occasions
- 40 or more Occasions

46. On how many occasions (if any) have you used marijuana during the last 30 days?

- |                                     |  |
|-------------------------------------|--|
| <input type="radio"/> 0 Occasions   | <input type="radio"/> 10-19 Occasions      |
| <input type="radio"/> 1-2 Occasions | <input type="radio"/> 20-39 Occasions      |
| <input type="radio"/> 3-5 Occasions | <input type="radio"/> 40 or more Occasions |
| <input type="radio"/> 6-9 Occasions |  |

47. On how many occasions (if any) have you used cocaine or crack in your lifetime?

- |   |  |
|---|--|
| <input type="radio"/> 0 Occasions → IF "0", GO TO QUESTION # 50 | <input type="radio"/> 10-19 Occasions      |
| <input type="radio"/> 1-2 Occasions                             | <input type="radio"/> 20-39 Occasions      |
| <input type="radio"/> 3-5 Occasions                             | <input type="radio"/> 40 or more Occasions |
| <input type="radio"/> 6-9 Occasions                             |  |

48. On how many occasions (if any) have you used cocaine or crack during the last 12 months?

- |   |  |
|---|--|
| <input type="radio"/> 0 Occasions → IF "0", GO TO QUESTION # 50 | <input type="radio"/> 10-19 Occasions      |
| <input type="radio"/> 1-2 Occasions                             | <input type="radio"/> 20-39 Occasions      |
| <input type="radio"/> 3-5 Occasions                             | <input type="radio"/> 40 or more Occasions |
| <input type="radio"/> 6-9 Occasions                             |  |

49. On how many occasions (if any) have you used cocaine or crack during the last 30 days?

- |                                     |  |
|-------------------------------------|--|
| <input type="radio"/> 0 Occasions   | <input type="radio"/> 10-19 Occasions      |
| <input type="radio"/> 1-2 Occasions | <input type="radio"/> 20-39 Occasions      |
| <input type="radio"/> 3-5 Occasions | <input type="radio"/> 40 or more Occasions |
| <input type="radio"/> 6-9 Occasions |  |

50. On how many occasions (if any) have you sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high in your lifetime?

- |   |  |
|---|--|
| <input type="radio"/> 0 Occasions → IF "0", GO TO QUESTION # 53 | <input type="radio"/> 10-19 Occasions      |
| <input type="radio"/> 1-2 Occasions                             | <input type="radio"/> 20-39 Occasions      |
| <input type="radio"/> 3-5 Occasions                             | <input type="radio"/> 40 or more Occasions |
| <input type="radio"/> 6-9 Occasions                             |  |

51. On how many occasions (if any) have you sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high during the last 12 months?

- |   |  |
|---|--|
| <input type="radio"/> 0 Occasions → IF "0", GO TO QUESTION # 53 | <input type="radio"/> 10-19 Occasions      |
| <input type="radio"/> 1-2 Occasions                             | <input type="radio"/> 20-39 Occasions      |
| <input type="radio"/> 3-5 Occasions                             | <input type="radio"/> 40 or more Occasions |
| <input type="radio"/> 6-9 Occasions                             |  |

52. On how many occasions (if any) have you sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high during the last 30 days?

- |                                     |  |
|-------------------------------------|--|
| <input type="radio"/> 0 Occasions   | <input type="radio"/> 10-19 Occasions      |
| <input type="radio"/> 1-2 Occasions | <input type="radio"/> 20-39 Occasions      |
| <input type="radio"/> 3-5 Occasions | <input type="radio"/> 40 or more Occasions |
| <input type="radio"/> 6-9 Occasions |  |

53. On how many occasions (if any) have you used other illegal drugs in your lifetime?

- 0 Occasions → IF "0", GO TO QUESTION # 56
  10-19 Occasions  
 1-2 Occasions
  20-39 Occasions  
 3-5 Occasions
  40 or more Occasions  
 6-9 Occasions

54. On how many occasions (if any) have you used other illegal drugs in the last 12 months?

- 0 Occasions → IF "0", GO TO QUESTION # 56
  10-19 Occasions  
 1-2 Occasions
  20-39 Occasions  
 3-5 Occasions
  40 or more Occasions  
 6-9 Occasions

55. On how many occasions (if any) have you used other illegal drugs in the last 30 days?

- 0 Occasions
  10-19 Occasions  
 1-2 Occasions
  20-39 Occasions  
 3-5 Occasions
  40 or more Occasions  
 6-9 Occasions

56. How old were you when you first...

AGE

	Never <u>Have</u>	10 or <u>Younger</u>	<u>11</u>	<u>12</u>	<u>13</u>	<u>14</u>	<u>15</u>	<u>16</u>	17 or <u>Older</u>
a) used smokeless tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) smoked a cigarette, even just a puff?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) had more than a sip or two of beer, wine, or hard liquor, (for example, vodka, whiskey, or gin)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) smoked marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) used cocaine or crack?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) used other illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*The next section concerns ways that you may have behaved during the past month. Please mark the answer that best describes how many times you did the following in the past 30 days.*

57. In the past month (30 days)...

	<u>Never</u>	<u>Once</u>	<u>Twice</u>	More Than <u>Twice</u>
a) I was mean and hurt someone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) I did what I wanted, even if I thought I would be sorry later.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

57. (continued)	<u>Never</u>	<u>Once</u>	<u>Twice</u>	<u>More Than Twice</u>
c) I ignored rules that got in my way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) I did the opposite of what people told me, just to get them mad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) I liked to see how much I could get away with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) I used or threatened to use a weapon to get something from somebody.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) I broke into a locked home or building.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) I damaged someone else's property on purpose.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) I hit or threatened to hit an adult, such as a teacher or parent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) I was in a fight where someone else was seriously hurt.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) I was arrested for something besides a traffic violation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*The next set of questions is about getting help for a personal or family problem. For each item, please mark the answer that best describes how many times you spoke with each of the following people during the last 30 days about a personal or family problem.*

58. In the past 30 days, how many times did you speak with...	<u>Many</u>	<u>Several</u>	<u>A Few</u>	<u>Never</u>
a) a friend about a personal or family problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) a minister or priest about a personal or family problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) a professional counselor or social worker about a personal or family problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) an adult family member about a personal or family problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

58. ... (continued)

	<u>Many</u>	<u>Several</u>	<u>A Few</u>	<u>Never</u>
e) a self-help group, like Hospice, Tough Love, or Alcoholics Anonymous (AA), about a personal or family problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) a legal aid worker or lawyer about a personal or family problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) a medical clinic worker, doctor, or nurse about a personal or family problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) a person at your school, like a teacher or family resource/youth service center worker about a personal or family problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) a police officer or another person who works for a police department about a personal or family problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) a hairdresser or barber about a personal or family problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*The last few questions are for background information only.*

59. Who do you live with? (please mark all of the adult (18 years or older) family members that you live with most of the time)

- |   |                                       |   |
|---|---------------------------------------|---|
| <input type="radio"/> Natural mother                      | <input type="radio"/> Adoptive mother | <input type="radio"/> Live-in partner of parent |
| <input type="radio"/> Natural father                      | <input type="radio"/> Adoptive father | <input type="radio"/> Grandparent               |
| <input type="radio"/> Stepmother                          | <input type="radio"/> Foster mother   | <input type="radio"/> Other relative            |
| <input type="radio"/> Stepfather                          | <input type="radio"/> Foster father   | <input type="radio"/> Other unrelated adults    |
| <input type="radio"/> Older brothers and/or older sisters |                                       |   |

60. Which of your parents (or persons acting as your parents) are also attending the Creating Lasting Family Connections Program?

- |   |                                       |   |
|---|---------------------------------------|---|
| <input type="radio"/> Natural mother                      | <input type="radio"/> Adoptive mother | <input type="radio"/> Live-in partner of parent |
| <input type="radio"/> Natural father                      | <input type="radio"/> Adoptive father | <input type="radio"/> Grandparent               |
| <input type="radio"/> Stepmother                          | <input type="radio"/> Foster mother   | <input type="radio"/> Other relative            |
| <input type="radio"/> Stepfather                          | <input type="radio"/> Foster father   | <input type="radio"/> Other unrelated adults    |
| <input type="radio"/> Older brothers and/or older sisters |                                       | <input type="radio"/> None                      |

61. Are you male or female?

- |                       |                       |
|-----------------------|-----------------------|
| Male                  | Female                |
| <input type="radio"/> | <input type="radio"/> |

62. What year were you born?

19

63. What grade are you in now?

5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup> Not in School

64. What category would you call yourself (choose one best answer)?

- White, not of Hispanic origin
- African-American, not of Hispanic origin
- Asian or Pacific Islander
- Hispanic
- Native American or Alaskan Native
- Other

65. How many brothers (or stepbrothers) and sisters (or stepsisters) live in the household with you?

0 1 2 3 4 5 6 7 8 or more

66. What is the highest level of schooling your mother (or the person acting as your mother) completed?

- Completed grade school or less
- Some high school
- Completed high school
- Some college
- Completed college
- Graduate or professional school after college
- Don't know
- Does not apply

67. What is the highest level of schooling your father (or the person acting as your father) completed?

- Completed grade school or less
- Some high school
- Completed high school
- Some college
- Completed college
- Graduate or professional school after college
- Don't know
- Does not apply

CONGRATULATIONS! YOU'VE FINISHED THE SURVEY!  
THANK YOU SO MUCH FOR YOUR HELP!

## FOR OFFICE USE ONLY

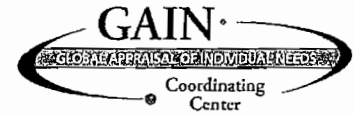
FID

YID

DATE (Month / Day / Year)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
①	①	①	①	①	①		①	①		①	①	①	①
②	②	②	②	②	②		②	②		②	②	②	②
③	③	③	③	③	③		③	③		③	③	③	③
④	④	④	④	④	④		④	④		④	④	④	④
⑤	⑤	⑤	⑤	⑤	⑤		⑤	⑤		⑤	⑤	⑤	⑤
⑥	⑥	⑥	⑥	⑥	⑥		⑥	⑥		⑥	⑥	⑥	⑥
⑦	⑦	⑦	⑦	⑦	⑦		⑦	⑦		⑦	⑦	⑦	⑦
⑧	⑧	⑧	⑧	⑧	⑧		⑧	⑧		⑧	⑧	⑧	⑧
⑨	⑨	⑨	⑨	⑨	⑨		⑨	⑨		⑨	⑨	⑨	⑨
⑩	⑩	⑩	⑩	⑩	⑩		⑩	⑩		⑩	⑩	⑩	⑩





**GAIN Short Screener (GAIN-SS)**  
Version [GVER]: GAIN-SS ver. 3.0

What is your name? a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_  
(First name) (M.I.) (Last name)

What is today's date? (MM/DD/YYYY) |\_\_|/|\_\_|/20|\_\_|

<p>The following questions are about common psychological, behavioral, and personal problems. These problems are considered <b>significant</b> when you have them for two or more weeks, when they keep coming back, when they keep you from meeting your responsibilities, or when they make you feel like you can't go on.</p> <p>After each of the following questions, please tell us the last time, if ever, you had the problem by answering whether it was in the past month, 2 to 3 months ago, 4 to 12 months ago, 1 or more years ago, or never.</p>	Past month	2 to 3 months ago	4 to 12 months ago	1+ years ago	Never
	4	3	2	1	0

- IDScr 1. When was the last time that you had significant problems with...**
- a. feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?.....4 3 2 1 0
  - b. sleep trouble, such as bad dreams, sleeping restlessly, or falling asleep during the day?.....4 3 2 1 0
  - c. feeling very anxious, nervous, tense, scared, panicked, or like something bad was going to happen?.....4 3 2 1 0
  - d. becoming very distressed and upset when something reminded you of the past?.....4 3 2 1 0
  - e. thinking about ending your life or committing suicide?.....4 3 2 1 0
  - f. seeing or hearing things that no one else could see or hear or feeling that someone else could read or control your thoughts? .....4 3 2 1 0
- EDScr 2. When was the last time that you did the following things two or more times?**
- a. Lied or conned to get things you wanted or to avoid having to do something.....4 3 2 1 0
  - b. Had a hard time paying attention at school, work, or home. ....4 3 2 1 0
  - c. Had a hard time listening to instructions at school, work, or home. ....4 3 2 1 0
  - d. Had a hard time waiting for your turn. ....4 3 2 1 0
  - e. Were a bully or threatened other people.....4 3 2 1 0
  - f. Started physical fights with other people .....4 3 2 1 0
  - g. Tried to win back your gambling losses by going back another day. ....4 3 2 1 0
- SDScr 3. When was the last time that...**
- a. you used alcohol or other drugs weekly or more often?.....4 3 2 1 0
  - b. you spent a lot of time either getting alcohol or other drugs, using alcohol or other drugs, or recovering from the effects of alcohol or other drugs (e.g., feeling sick)? .....4 3 2 1 0
  - c. you kept using alcohol or other drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people? .....4 3 2 1 0
  - d. your use of alcohol or other drugs caused you to give up or reduce your involvement in activities at work, school, home, or social events?..... 4 3 2 1 0
  - e. you had withdrawal problems from alcohol or other drugs like shaky hands, throwing up, having trouble sitting still or sleeping, or you used any alcohol or other drugs to stop being sick or avoid withdrawal problems?.....4 3 2 1 0



(Continued)

After each of the following questions, please tell us the last time, if ever, you had the problem by answering whether it was in the past month, 2 to 3 months ago, 4 to 12 months ago, 1 or more years ago, or never.

	Past month	2 to 3 months ago	4 to 12 months ago	1+ years ago	Never
	4	3	2	1	0

- CVScr 4. **When was the last time** that you...
- a. had a disagreement in which you pushed, grabbed, or shoved someone?.....4 3 2 1 0
  - b. took something from a store without paying for it? .....4 3 2 1 0
  - c. sold, distributed, or helped to make illegal drugs?.....4 3 2 1 0
  - d. drove a vehicle while under the influence of alcohol or illegal drugs?.....4 3 2 1 0
  - e. purposely damaged or destroyed property that did not belong to you?.....4 3 2 1 0
5. Do you have other **significant** psychological, behavioral, or personal problems that you want treatment for or help with? (**Please describe**) ..... Yes No  
 1 0
- v1. \_\_\_\_\_
6. What is your gender? (If other, please describe below) 1 - Male 2 - Female 99 - Other  
 v1. \_\_\_\_\_
7. How old are you today?   Age
- 7a. How many minutes did it take you to complete this survey?    Minutes

Staff Use Only	
8. Site ID: _____	Site name v. _____
9. Staff ID: _____	Staff name v. _____
10. Client ID: _____	Comment v. _____
11. Mode: 1 - Administered by staff 2 - Administered by other 3 - Self-administered	
13. Referral: MH ___ SA ___ ANG ___ Other ___ 14. Referral codes: _____	
15. Referral comments: v1. _____	

Scoring					
Screeners	Items	Past month (4)	Past 90 days (4, 3)	Past year (4, 3, 2)	Ever (4, 3, 2, 1)
IDScr	1a – 1f				
EDScr	2a – 2g				
SDScr	3a – 3e				
CVScr	4a – 4e				
TDSr	1a – 4e				

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**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services**

**ADDENDUM #1 - Issued May 23, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. If any Offeror is interested in obtaining a copy of the RFP in Word format and the Budget Worksheets in Excel, please e-mail request to [mbobbitt@boonecountymmo.org](mailto:mbobbitt@boonecountymmo.org).

II. The County has received the following questions and is providing a response:

1. Can our organization apply as a lead organization with community collaborations as long as MOU's are in place?

**Response: Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies. The contracting agency must comply with terms for entering into subcontracts with other agencies.**

2. Is there a length of service established for both RFP's?

**Response: The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

3. Are there parameters around levels of funding? How much is available for each RFP? Funding ceiling or floor?

**Response: Parameters around levels of funding have not been established at this time.**

4. How are Innovative Pilot Services defined?

**Response: Further information regarding Pilot Programs may be found in the Boone County Community Service Board's (BCCSB) Funding Policy.**

a. Would an evidence-based program already in place in another location, qualify for this RFP if we are adapting and implementing the program for the first time in Boone County?

**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy.**

5. Will evidence-based program training be funded under both of the RFP's?

**Response: Evidence-based program training may be considered for funding, provided the program training complies with the BCCSB's Funding Policy and the parameters established for funding by the Request For Proposal.**

- a. Are there any restrictions on the % of training costs?

**Response: No restrictions have been established at this time.**

- b. Are there any restrictions on the % of administration costs?

**Response: Administration costs/indirect expenses will be considered up to a maximum of 15% of salary expense only.**

7. Can funding be used for rent or the purchase of a physical building (i.e. a community center) in either RFP?

**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy. For Pilot Program proposals these expenses fall under indirect expenses. See above answer regarding allowance of indirect expenses.**

8. Can you explain the indirect cost 15% of salary expense that is allowable on pilot programs?

**Response: Agencies may be funded for indirect expenses up to 15% of the total salary expenses for direct staff positions for the project.**

9. Does the general liability insurance requirement and worker's compensation insurance requirement need to be in place before applying for the grant? Can this be an allowed expenditure in the budget of the request for funding proposal or is this at the expense of the organization? Do applicants need to provide an indemnity clause with their application, or only if selected for an award?

**Response: Insurance certificate does not have to be provided to submit a proposal response. It will be required at contract execution. The Offeror has discretion as to whether to itemize this expense or include it in their overall unit pricing. Indemnity clause may be provided with application or after selected for award.**

10. Can you clarify what specifically you are seeking in the anticipated outcomes, outcomes, indicators, and measurement sections (or how these differ)? Some of this information seems repetitive – is that okay?

Response: **There are excellent resources available on-line that provide detailed explanations of these terms. One resource to find this information is <http://www.cdc.gov/eval/resources/index.htm>.**

11. May we submit letters of support with our proposals?

Response: **Letters of support are not required. Letters of support will be considered as part of the Application Narrative. Consideration should be given to page limitations outlined in the Request for Proposals.**

12. Are the awarded contracts going to be fee for services (we get reimbursed for the services we provide) or cost-based? If they are fee for service, how are the rates determined?

Response: **For pilot program proposals, funding terms will be established during contract negotiation.**

13. Attachment B - Our fiscal year runs from July to June. With that in mind, here is how I feel the years should run: Prior Year- July 2012- June 2013, Current Year July 2013-June 2014, and Proposed Year July 2014-June 2015. Is this correct? If so, our July 2013- June 2014 information will be incomplete (missing May and June numbers), should we project those numbers to show 12 months? Our agency wide budget is not completed for the upcoming year (July 2014-June 2015). Should we provide a preliminary budget?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

14. Attachment C - Where do we include the funding we are requesting from the Children's Service Funds?

Response: **The amount requested from the Children's Services Fund should not be included on Attachment C.**

15. Attachment C - In the bottom box, what is the difference between "Actual" and "Current"?

Response: **The bottom box should read from left to right, "Prior Actual Year", "Current Year", and "Proposed Year". An amended Attachment C is attached.**

16. What is the maximum amount of funds that can be requested for each RFP? Is there a range of funding for each project/RFP that the evaluation/reviewers desire?

Response: **There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

17. Can funding be used to support services, or supportive services/wrap-around services to children and youth who are currently enrolled in a residential chemical dependency program?

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy.**

18. Should all proposals be for a twelve month period? I see that there is the option for negotiation to renew funded proposals, but in our original design for programming, should we limit programming to twelve months?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. Agencies should define proposed program terms in the application and budget narratives.**

19. How many times can organizations re-apply? Is it on an Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

20. When is the start date and end date of the funding?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

21. If a new non-profit organization has applied for their 501(3)(c) designation but it is still pending by the deadline date of the grant, will some consideration be given to the non-profits as long as they can document their application for 501(3)(c)?

Response: **Consideration may be given to a non-profit organization that has not yet obtained a 501(c)(3) designations; however, an organization must have obtained the 501(c)(3) designations prior to entering into a contract.**

22. Can an organization submit more than one pilot program?

Response: **Yes**

23. Can an organization apply for the pilot program and the purchase for services contracts?

Response: **Organizations may apply for both the pilot program and purchase of services contracts.**

24. What is the funding cap request per proposal for the pilot program? Is it a set amount or is it variable?

Response: **There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

25. Is there a list of “allowable expenditures” of what can be requested for the proposal? Or a list of things that are “not allowable”? That would be helpful to have if it is available.

Response: **There is not currently a list of “allowable” or “not allowable” expenditures.**

26. For the pilot program, can participants/subjects in the research pilot be paid for their participation for completing surveys, classes, etc. as part of the funding? For example, “each participant who completes the pre- and post surveys and the classes on advocacy will have their name entered into a drawing to win a \$100.00 gift card to \_\_\_\_\_.”

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB’s Funding Policy.**

27. If a new non-profit has just been certified the state and Jason Kander’s office sent a letter stating that their independent audit is not due to the state until August of 2015, is this letter allowable to present in lieu of doing an independent audit prior to submission as required by the grant?

Response: **Yes.**

28. Section I - Overview:

Must offerors submit proposals providing services throughout Boone County, or may proposals focus on certain geographic areas such as the City of Columbia?

Response: **Please reference the “Beneficiaries and Outcomes” section of the BCCSB’s Funding Policy.**

29. Attachment C Program Budget Worksheet

- a. Because Section VII - Term; Termination of Contract Agreement indicates that the initial term of contract will be negotiated, should the offeror assume that the Program Budget Worksheet is to be filled out on a calendar year basis?

Response: **As the contract term has not yet been established, agencies may use the agency’s fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

- b. The Worksheet requires Program Revenue and Expenses for Prior (2013), Current (2014), and Proposed Year (2015). Because revenue from certain sources (such as United Way) are contractually committed on calendar year basis, some revenue shown for Current year may not be available for Proposed Year. How should offerors treat this type of revenue on Exhibit C?

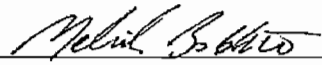
Response: **See above.**

30. My question is about the kinds of services that are eligible for funding. We would like to know whether funds could be awarded to a program that identifies key community-level student outcomes (such as kindergarten readiness and psycho-social well-being at the transition out of middle school), identifies local data with which to measure progress on those outcomes, and

assembles collaborative action networks of public and private entities to improve those community outcomes. We would apply under the RFP for pilot projects as a collaborative effort that will make a meaningful impact on children by fostering revision of existing services that target and building the capacity of local providers to use data in their decision-making. To you more detail, the collaborative action networks will collect, share, and analyze data on local newborn, child, and youth outcomes in order to identify local root causes, promising leverage points for improving youth outcomes, and strategies that are especially effective locally. The networks will create action plans based on that data and will measure the impact of their plans on student success to determine whether those strategies should be expanded, refined or replaced.

Our question is whether the organization that convenes these networks, provides the data assistance needed for the networks to do data-based decision-making, and publishes annual community report cards is eligible for partial funding, assuming that the proposal is otherwise meritorious?

Response: **The offeror should thoroughly explain how the organization's proposed pilot program falls under a statutorily eligible service area in order for the BCCSB to make an informed decision.**

By:   
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

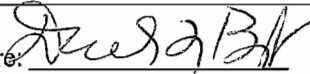
OFFEROR has examined copy of Addendum #1 to Request for Proposal **28-24JUN14 -- Pilot Programs that Provide Innovative Service - Boone County Community Children's Services** receipt of which is hereby acknowledged:

Company Name: Phoenix Programs, Inc.

Address: 90 E. Leslie Ln. Columbia, MO 65202

Phone Number: 573-875-8880 Fax Number: 573-442-3830

E-mail: deborah.beste@phoenixprogramsinc.org

Authorized Representative Signature:  Date: 7-8-14

Authorized Representative Printed Name: Deborah Beste





**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children’s Services**

**ADDENDUM #2 - Issued May 28, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Change Bid Due Date and Opening Date to the following:

**Response Submission Deadline: July 10, 2014, 1:15 p.m. Central Time**  
**Proposal Opening: July 10, 2014, 1:30 p.m. Central Time**

- II. Attached for informational purpose are the pre-proposal conference sign-in sheets from the conferences that were held on May 23, 2014.
- III. Provided for informational purpose is the evaluation weighted criteria that will be used by the Children’s Services Board to evaluate the proposal responses received.

<b>Agency and Service Information</b>	<b>15%</b>
<b>Evaluation</b>	<b>50%</b>
<b>Budget</b>	<b>35%</b>

- IV. The County has received the following questions and is providing a response:

1. Can the “Board of Directors” be submitted as an attachment to our RFP response?

**Response: Yes. Any time you see the word “attached,” you may submit that requirement as an attachment.**

2. If our agency does not have a Board of Directors, is an advisory board acceptable?

**Response: Yes, please explain your agency’s organizational structure in your application narrative.**

3. The Thompson Center is affiliated with the University of Missouri. The Federal 990 is hundreds of pages. Can we submit a URL where that can be viewed rather than attach those pages?

**Response: The 990 should not be attached, it is, however, required to be available upon request.**

4. Will the Board consider proposals for programs that will not work directly with Boone County children, youth, and families, but instead will work with agencies that directly provide statutorily

defined services, such as home-based and community-based family intervention programs and psychological evaluations and mental health screening? The pilot program will facilitate the formation of collaborative action networks and will then mentor the networks and the participating agencies in the use of local data, agency outcomes data, and national research to identify practices that are especially effective and, through their use, confer larger and more meaningful benefits to Boone County children, youth and families.

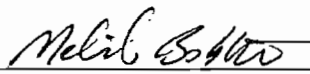
Response: **The offeror should thoroughly explain how the organization's proposed pilot program falls under a statutorily eligible service area in order for the BCCSB to make an informed decision. Please also see the "Examples of Types of Funding Classifications Envisioned" section of the Boone County Children's Services Board (BCCSB) Funding Policy which may be found at <http://www.showmcboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>**

5. Should in-kind services supplied by a partner be included on Attachment C as revenue and expenses and, if so, would you like them to be identified as such?

Response: **No, do not include in-kind services on Attachment C. You should explain partner collaborations in the application narrative where appropriate.**

6. With respect to Measurement, could you further explain the difference between 2.d.iv. "Describe the approach that will be used to evaluate the pilot program" and 2.d.v. "Describe the approach that will be used to evaluate the effectiveness of the program"? Is iv about evaluating the process and v about evaluating the outcomes?

Response: **2.d.iv. is seeking information regarding the pilot program itself in regard to the principles expressed in the BCCSB Funding Policy, please see "Examples of Types of Funding Classifications Envisioned" section. 2.d.v. is seeking information regarding how the outcomes proposed will be measured.**

By:   
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

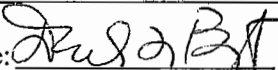
OFFEROR has examined copy of Addendum #2 to Request for Proposal 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services receipt of which is hereby acknowledged:

Company Name: Phoenix Programs, Inc.

Address: 90 E. Leslis Ln. Columbia, MO 65202

Phone Number: 573-875-8880 Fax Number: 573-442-3830

E-mail: deborah.beste@phoenixprogramsinc.org

Authorized Representative Signature:  Date: 7-8-14

Authorized Representative Printed Name: Deborah Beste

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

27-10JUN14 – Service Contracts for Boone County Children’s Services  
 May 23, 2014, 10:00 a.m. central time

28-24JUN14 – Pilot Programs that Provide Innovative Service Friday  
 May 23, 2014, 11:00 a.m. central time

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	Kelly Wallis	Children's Services Board	886-7218	
3.	Joanne Nelson	Children's Services Board	886-4298	
4.	Erika Waller	MU Psychological Services Clinic	882-2686	882-7583
5.	J. Arment	BBH	777-8317	
6.	Rachel Jones	BBH	777 8338	777 8388
7.	Julia Adair	GC	843-8331	-
8.	Carole Schatz	MUPC	424-2287	
9.	Cynthia Jobs	MU		
10.	Viki Pruitt	T		
11.	Isabel Rife	Project LAUNCH		
12.	Jessica Wilby	J		
13.	Jack Jensen	First Chance for Children		
14.	Angie Zislak	Great Circle		
15.	Paolo Parana	Preferential Family Health		
16.	Wos toine	"		
17.	Sara Mork	"		
	Kelly Treiter	"		

18.	Jan Stode	Rainbow House	474-6600	474-5992
19.	Philip Peters	Cradle to Caree	882-8274	
20.	Ryan Worley	Youth Community Coalition	449-1993	268-0543
21.	Marianne House	Russell	777 8336	
22.	Craig Valone	" "	777 8451	
23.	Brian Martin	Patross Community Health	317-9100	
24.	Holly Staley	SSM Health Care	314-979-8462	314-402-5925
25.	Bryan White	Central Mo Community Action	443 8706	
26.	Ric Douber	See	356-6397	
27.	Amya Drake	Agent of Missouri CARA	(573) 442-4670	NA
28.	Marissa Embar	Assessment + Consultation Clinic	573-884-3101	573-884-3397
29.	Steve Hollis	City/County HHS	874-7428	
30.	Patricia Williams	All Rivers Health	573 268-7746	
31.	Heather Smith	Big River Pregnancy	573-874-3627 x.201	
32.	GRANT BRACKEL	UPSTANDER INITIATIVE	573-999-9166	
33.	BONDI WOOD	THE THOMPSON CENTER FOR AUTISM	573-489-7312	
34.	Chuck Bordin	U. Missouri	573-882-4578	
35.	William Hoss	CMH-CAP	573-353-0529	
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PH.

FAX

41.	Erandy Talana	CMCA	443-8706	
42.	Pamela Berry	CMCA	443-8706	
43.	Randy Hill	Love (NC)	256-7662 ext. 29	256-7665
44.	Donna Lamer Jones	CPS	214 3462	214-3402
45.	Megan Carney	MIU ACC	573-884-6856	573-884-3399
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3.	Joanne Nelson	Children's Services Board	886-4298	
4.	Paulette Foerster	Lutheran Family and children's services	815-9955	449-4640
5.	Christina Purviance	"	"	"
6.	Paula Fleming	Great Circle	356-0022	442-8330
7.	Peppy Howard-Witt	Great Circle	314-623-6589	314-968-8308
8.	Helen Zoloth	Great Circle	314-626-6242	
9.	Misty O'Keefe	Child Care Aware of Missouri	314-952-9716	314-754-0730
10.	Shelly Lock	Child Care Aware of MD	573-353-1930	314-754-0330
11.	Whitney Jones	Youth Empowerment Zone	(773) 677-215	
12.	Chrissy Mayer	DCCCA / Tallgrass Family Services	(785) 841-4138 cmayer@dcca.org	785-841-5177
13.	Anita Kierling-Cover	PCHAS	573-289-7590	
14.	Becky Markt	CHA Low Income Services	573-443-2556	
15.	Andrea Topala	" HCV	" 627-1400	
16.				
17.				



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services**

**ADDENDUM #3 - Issued June 16, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Last date to submit questions is June 27, 2014 at 12:00 p.m.
- II. The County has received the following questions and is providing a response:
  1. Under Section II Funding Goals, would you please define match funding opportunities?

**Response: Information regarding match funding may be found in the BCCSB's Funding Policy. The BCCSB's Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

2. Is an annual independent audit necessary for our small agency? We have received state grants for our afterschool program for nine years and have never been required to do this because our level of funding has never exceeded \$100,000.

**Response: If the agency is not required or is exempt from conducting an annual independent financial audit, please explain this in your Application Narrative.**

3. We currently have no paid employees under our organization. We are all volunteers. In the past, we have only had five part-time employees. Under our proposal we would request employment for 3 to 5 employees. Would we still be required to carry Worker's Comp. Insurance?

**Response: It would be acceptable to provide evidence of monopolistic state coverage and the County would provide a form for you to complete at time of contract execution.**

4. We carry Comprehensive General Liability Insurance for \$1,000,000. To increase our coverage to \$2,000,000.00, would be an increase in our annual budget. Is this a non-negotiable requirement?

**Response: The Commercial General Liability Insurance requirements have been reduced to \$1,000,000.000. Please replace the Insurance Requirements that were in the original RFP with the attached.**

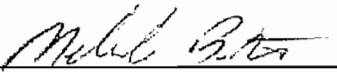
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Response: **The Business Automobile Liability Insurance requirements have been reduced to \$1,000,000.00. Please replace the Insurance Requirements that were in the original RFP with the attached.**

6. One of the required attachments is a Certificate of Good Standing from the Missouri Secretary of State's office. May we attach a screen shot of the MO SOS webpage that shows our organization's standing or are you requiring an official Certificate?

Response: **A Certificate of Good Standing is not a required attachment; please do not attach it to your proposal. Attachment D, 2014 Agency Assurance Sheet, states: "I, the undersigned, further certify I have and will make available, upon request, of the following documents...."**

By:

  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

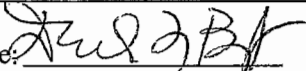
OFFEROR has examined copy of Addendum #3 to Request for Proposal *28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services* receipt of which is hereby acknowledged:

Company Name: Phoenix Programs, Inc.

Address: 90 E. Leslie Ln. Columbia, MO 65202

Phone Number: 573-875-8880 Fax Number: 573-442-3830

E-mail: deborah.beste@phoenixprogramsinc.org

Authorized Representative Signature:  Date: 7-8-14

Authorized Representative Printed Name: Deborah Beste



**Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County, nor shall the Contractor allow any subcontractor to commence work on their subcontract until all similar insurance required of subcontractor has been so obtained and approved. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide. Insurance limits indicated below may be lowered at the discretion of the County.

**Employers Liability and Workers Compensation Insurance -** The Contractor shall take out and maintain during the life of this contract, **Employers Liability and Workers Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Workers Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor. Workers Compensation coverage shall meet Missouri statutory limits or provide evidence of monopolistic state coverage. Employers Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit. In case any class of employees engaged in hazardous work under this Contract at the site of the work is not protected under the Workers Compensation Statute, the Contractor shall provide and shall cause each subcontractor to provide Employers Liability Insurance for the protection of their employees not otherwise protected.

**Commercial General Liability Insurance -** The Contractor shall take out and maintain during the life of this contract, such commercial general liability insurance as shall protect them and any subcontractor performing work covered by this contract, from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or for any subcontractor or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 combined single limit for any one occurrence covering both bodily injury and property damage, including accidental death. If the Contract involves any underground/digging operations, the general liability certificate shall include X, C, and U (Explosion, Collapse, and Underground) coverage. If providing Commercial General Liability Insurance, then the Proof of Coverage of Insurance shall also be included.

Contractor may satisfy the minimum liability limits required for Commercial General Liability or Business Auto Liability under an Umbrella or Excess Liability policy. There is no minimum per occurrence limit of liability under the umbrella or Excess Liability; however, the Annual Aggregate limit shall not be less than the highest "Each Occurrence" limit for either Commercial General Liability or Business Auto Liability. Contractor agrees to endorse the County as an Additional Insured on the umbrella or Excess Liability, unless the Certificate of Insurance state the Umbrella or Excess Liability provides coverage on a "Follow-Form" basis.

**Business Automobile Liability -** The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; non-owned and both on and off the site of work.

**Subcontractors:** Contractor shall cause each Subcontractor to purchase and maintain insurance of the types and amounts specified herein. Limits of such coverage may be reduced only upon written agreement of Owner. Contractor shall provide to Owner copies of certificates evidencing coverage for each Subcontractor. Subcontractors' commercial general liability and business automobile liability insurance shall name Owner as Additional Insured and have the Waiver of Subrogation endorsements added.

**Proof of Carriage of Insurance -** The Contractor shall furnish the County with Certificate(s) of Insurance which name the County as additional insured in an amount as required in this contract, contain

a description of the project or work to be performed and provided for Commercial General Liability, Business Auto Liability, and Umbrella or Excess Liability (not on Workers Compensation). The Certificate of Insurance shall provide that there will be no cancellation or reduction of coverage without 30 days prior written notice to the Owner. In addition, such insurance shall be on occurrence basis and shall remain in effect until such time as the County has made final acceptance of the facility contracted.

**INDEMNITY AGREEMENT:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, officers, agents, and employees from and against all claims, damages, losses and expenses (including but not limited to attorney's fees) arising by reason of any act or failure to act, negligent or otherwise, of Contractor, of any subcontractor (meaning anyone, including but not limited to consultants having a contract with contractor or a subcontract for part of the services), of anyone directly or indirectly employed by contractor or by any subcontractor, or of anyone for whose acts the contractor or its subcontractor may be liable, in connection with providing these services. This provision does not, however, require contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

Failure to maintain the required insurance in force may be cause for contract termination. In the event the Agency/Service fails to maintain and keep in force the required insurance or to obtain coverage from its subcontractors, the County shall have the right to cancel and terminate the contract without notice.



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children’s Services**

**ADDENDUM #4 - Issued June 24, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. The County has received the following questions and is providing a response:

1. Where it references "require annual background checks, including child abuse and neglect screenings on all employees and volunteers", we wondered if that pertained to all employees of our organization (Central Missouri Community Action) or only to those who work directly with children and families. Some of our staff, including those from our finance/IT departments, who don't interact directly with our clientele, are at this time not required to undergo annual child abuse/background screenings. In order to be eligible for funding associated with this RFP, are we required to conduct those screens on non-project related employees and volunteers?

**Response: Any position funded by the Children’s Services Fund in whole or in part, must complete an annual background check. Any volunteers associated with any programs funded by the Children’s Services Fund must also complete an annual background check.**

2. The question is in regards to measurement in both RFP’s. “Include copies of any evaluation tools you will be using”. Some of the materials we will be proposing have not been purchased, some are quite lengthy and several use multiple methods. How should we approach these issues? We can easily include why we are using these tools as opposed to others and if it would be satisfactory I would be happy to put together a description of any evaluation tool we have not purchased or is overwhelming in length. And just to verify these evaluation tools do NOT count towards are page limit, correct?

**Response: Copies of the evaluation tools do not count towards the page limit. If there are no examples of the evaluation tools, please provide a description of the evaluation tool and why it will be utilized.**

3. Regarding the Financial Information Attachment sheets. If our agency runs only one program, wouldn't the information be exactly the same for both sheets? If so, do we fill them both out?

Response: **If the agency and program budget are the same, please fill out only one worksheet and provide detailed information in the Budget Narrative.**

4. When looking at the timeline of implementation, what is the approximate date for funding? If we are looking to implement our pilot project in a school year, I am not sure if we should say our implementation would begin this fall (2014 - 15 school year) or the next school year?

Response: **The timeline will be determined during contract negotiations. For prudent planning, agencies could plan on the next school year (2015-2016) but there may be an opportunity to receive funding prior to the next school year.**

5. In both of the above referenced RFPs there is a statement "Revenues collected and deposited in the children's services fund **may not be expended** . . . or, for transportation services".

While we do not intend to propose a transportation service per se in serving youth in the County's bedroom communities there will be expenses incurred in staff reaching out to them and transporting participants to proposed services and activities. Are these costs in anyway allowable? Can expenses incurred while using existing vehicles for gas, insurance and maintenance be included in the unit cost? How about mileage reimbursement for proposed staff?

Response: **All expenses incurred by staff in providing services are allowed and should be included in the unit cost. However, the costs of transporting participants cannot be reimbursed through the Children's Services Fund.**

6. Am I correct in understanding staffing for the proposed project may not exceed 15 % of the total project request? For example, if the total project were \$1000, \$150 would be the maximum allowable for personnel.

Response: **For the Pilot Programs for Innovative Services RFP, the 15% of salary expenses is referring strictly to indirect expenses. Salary expenses include wages, payroll taxes, unemployment, and worker's comp. Indirect expenses include general organizational expenses such as executive management time, finance, human resources or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc.**

7. Will the 15% administration percentage be based on the "Personnel Costs" line on the budget or strictly just the salary portion of that line?

Response: **The 15% administrative percentage or indirect expenses are based on the salary expenses (salary expenses does not include benefits) only.**

8. What is included in Personnel expenses? Wages, payroll taxes, health insurance, and retirement are included but how about unemployment, work comp, and staff training?

Response: **Personnel expenses should include wages, payroll taxes, health insurance, retirement, unemployment, worker's comp and staff training. Please provide a detailed explanation in the Budget Narrative.**

By: Melinda Bobbitt  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #4 to Request for Proposal 28-24JUN14 – *Pilot Programs that Provide Innovative Service - Boone County Community Children's Services* receipt of which is hereby acknowledged:

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Address: 90 E. Leslie Ln. Columbia, MO 65202

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Authorized Representative Signature: Deborah Beste Date: 7-8-14

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**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children’s Services**

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By: Melinda Bobbitt  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #4 to Request for Proposal *28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children’s Services* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_





**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services**

**ADDENDUM #3 - Issued June 16, 2014**

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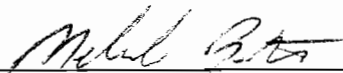
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Response: **A Certificate of Good Standing is not a required attachment; please do not attach it to your proposal. Attachment D, 2014 Agency Assurance Sheet, states: "I, the undersigned, further certify I have and will make available, upon request, of the following documents...."**

By:   
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #3 to Request for Proposal **28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services** receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_

**Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County, nor shall the Contractor allow any subcontractor to commence work on their subcontract until all similar insurance required of subcontractor has been so obtained and approved. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide. Insurance limits indicated below may be lowered at the discretion of the County.

**Employers Liability and Workers Compensation Insurance** - The Contractor shall take out and maintain during the life of this contract, **Employers Liability and Workers Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Workers Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor. Workers Compensation coverage shall meet Missouri statutory limits or provide evidence of monopolistic state coverage. Employers Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit. In case any class of employees engaged in hazardous work under this Contract at the site of the work is not protected under the Workers Compensation Statute, the Contractor shall provide and shall cause each subcontractor to provide Employers Liability Insurance for the protection of their employees not otherwise protected.

**Commercial General Liability Insurance** - The Contractor shall take out and maintain during the life of this contract, such commercial general liability insurance as shall protect them and any subcontractor performing work covered by this contract, from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or for any subcontractor or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 combined single limit for any one occurrence covering both bodily injury and property damage, including accidental death. If the Contract involves any underground/digging operations, the general liability certificate shall include X, C, and U (Explosion, Collapse, and Underground) coverage. If providing Commercial General Liability Insurance, then the Proof of Coverage of Insurance shall also be included.

Contractor may satisfy the minimum liability limits required for Commercial General Liability or Business Auto Liability under an Umbrella or Excess Liability policy. There is no minimum per occurrence limit of liability under the umbrella or Excess Liability; however, the Annual Aggregate limit shall not be less than the highest "Each Occurrence" limit for either Commercial General Liability or Business Auto Liability. Contractor agrees to endorse the County as an Additional Insured on the umbrella or Excess Liability, unless the Certificate of Insurance state the Umbrella or Excess Liability provides coverage on a "Follow-Form" basis.

**Business Automobile Liability** – The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; non-owned and both on and off the site of work.

**Subcontractors:** Contractor shall cause each Subcontractor to purchase and maintain insurance of the types and amounts specified herein. Limits of such coverage may be reduced only upon written agreement of Owner. Contractor shall provide to Owner copies of certificates evidencing coverage for each Subcontractor. Subcontractors' commercial general liability and business automobile liability insurance shall name Owner as Additional Insured and have the Waiver of Subrogation endorsements added.

**Proof of Carriage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name the County as additional insured in an amount as required in this contract, contain

a description of the project or work to be performed and provided for Commercial General Liability, Business Auto Liability, and Umbrella or Excess Liability (not on Workers Compensation). The Certificate of Insurance shall provide that there will be no cancellation or reduction of coverage without 30 days prior written notice to the Owner. In addition, such insurance shall be on occurrence basis and shall remain in effect until such time as the County has made final acceptance of the facility contracted.

**INDEMNITY AGREEMENT:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, officers, agents, and employees from and against all claims, damages, losses and expenses (including but not limited to attorney's fees) arising by reason of any act or failure to act, negligent or otherwise, of Contractor, of any subcontractor (meaning anyone, including but not limited to consultants having a contract with contractor or a subcontract for part of the services), of anyone directly or indirectly employed by contractor or by any subcontractor, or of anyone for whose acts the contractor or its subcontractor may be liable, in connection with providing these services. This provision does not, however, require contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

Failure to maintain the required insurance in force may be cause for contract termination. In the event the Agency/Service fails to maintain and keep in force the required insurance or to obtain coverage from its subcontractors, the County shall have the right to cancel and terminate the contract without notice.



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children’s Services**

**ADDENDUM #2 - Issued May 28, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Change Bid Due Date and Opening Date to the following:

**Response Submission Deadline: July 10, 2014, 1:15 p.m. Central Time**  
**Proposal Opening: July 10, 2014, 1:30 p.m. Central Time**

- II. Attached for informational purpose are the pre-proposal conference sign-in sheets from the conferences that were held on May 23, 2014.
- III. Provided for informational purpose is the evaluation weighted criteria that will be used by the Children’s Services Board to evaluate the proposal responses received.

<b>Agency and Service Information</b>	<b>15%</b>
<b>Evaluation</b>	<b>50%</b>
<b>Budget</b>	<b>35%</b>

- IV. The County has received the following questions and is providing a response:

1. Can the “Board of Directors” be submitted as an attachment to our RFP response?

Response: **Yes. Any time you see the word “attached,” you may submit that requirement as an attachment.**

2. If our agency does not have a Board of Directors, is an advisory board acceptable?

Response: **Yes, please explain your agency’s organizational structure in your application narrative.**

3. The Thompson Center is affiliated with the University of Missouri. The Federal 990 is hundreds of pages. Can we submit a URL where that can be viewed rather than attach those pages?

Response: **The 990 should not be attached, it is, however, required to be available upon request.**

4. Will the Board consider proposals for programs that will not work directly with Boone County children, youth, and families, but instead will work with agencies that directly provide statutorily

defined services, such as home-based and community-based family intervention programs and psychological evaluations and mental health screening? The pilot program will facilitate the formation of collaborative action networks and will then mentor the networks and the participating agencies in the use of local data, agency outcomes data, and national research to identify practices that are especially effective and, through their use, confer larger and more meaningful benefits to Boone County children, youth and families.

Response: **The offeror should thoroughly explain how the organization's proposed pilot program falls under a statutorily eligible service area in order for the BCCSB to make an informed decision. Please also see the "Examples of Types of Funding Classifications Envisioned" section of the Boone County Children's Services Board (BCCSB) Funding Policy which may be found at <http://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>**

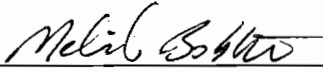
5. Should in-kind services supplied by a partner be included on Attachment C as revenue and expenses and, if so, would you like them to be identified as such?

Response: **No, do not include in-kind services on Attachment C. You should explain partner collaborations in the application narrative where appropriate.**

6. With respect to Measurement, could you further explain the difference between 2.d.iv. "Describe the approach that will be used to evaluate the pilot program" and 2.d.v. "Describe the approach that will be used to evaluate the effectiveness of the program"? Is iv about evaluating the process and v about evaluating the outcomes?

Response: **2.d.iv. is seeking information regarding the pilot program itself in regard to the principles expressed in the BCCSB Funding Policy, please see "Examples of Types of Funding Classifications Envisioned" section. 2.d.v. is seeking information regarding how the outcomes proposed will be measured.**

By:

  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #2 to Request for Proposal *28-24JUN14 - Pilot Programs that Provide Innovative Service - Boone County Community Children's Services* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

27-10JUN14 – Service Contracts for Boone County Children’s Services  
 May 23, 2014, 10:00 a.m. central time

28-24JUN14 – Pilot Programs that Provide Innovative Service Friday  
 May 23, 2014, 11:00 a.m. central time

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	Kelly Wallis	Children's Services Board	886-7218	
3.	Joanne Nelson	Children's Services Board	886-4298	
4.	Erika Waller	mu Psychological Services Clinic	882-2686	882-7583
5.	J. Arment	BBH	777-8337	
6.	Priscilla Jones	BBH	777 8330	777 8300
7.	Julia Adair	GC	643-8331	-
8.	Carole Schatz	muPC	424-2287	
9.	Cynthia Tobe	mu		
10.	Nikki Tawell	T		
11.	Isabel Rife	Project LAUNCH		
12.	Jessica Wilbey	I		
13.	Jack Jensen	First Chance for Children		
14.	Angie Zoltek	Great Circle		
15.	Paula Pavaum	Preferred Family Health		
16.	Wostoinu	"		
17.	Sara Munk	"		

Kelly Tretter "

18.	Jan Stock	Rainbow House	474-6600	474-5992
19.	Philip Peters	Cradle to Career	882-8274	
20.	Ryan Worley	Tenth Community Coalition	449-1993	268-0548
21.	Mawken House	Russell	777 8336	
22.	Craig Valone	" "	777 8451	
23.	Brian Martin	Partners Community Health	317-9100	
24.	Holly Staley	S.S.M. Health Care	314-479-8462	314-406-5925
25.	Bryson White	Central Mo Community Action	443 8206	
26.	Ric Douber	Self	356-6397	
27.	Anna Drake	AGENCY OF MISSOURI CASA	(573) 442-4670	NA
28.	Marissa Emmerich	Assessment + Consultation Clinic	573-884-3101	573 884-3377
29.	Steve Hillis	City/County HHS	874-7428	
30.	Scott Minton	Ark. Paralegal	573-268-7746	
31.	Heather Swift	Big Bros Big Sis	573-874-3677 x.221	
32.	GRANT BRACKETT	UPSTANDER INITIATIVE	573-999-9166	
33.	BONDI WOOD	THE THOMPSON CENTER FOR AUTISM	573-489-7312	
34.	Chuck Bardin	U. Missouri	573-882-4578	
35.	William Howard	CMT-CAPA	573-353-0574	
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FAX

41.	Frandy Talina	CMCA	443-8706	
42.	Pamela Berry	CMCA	443-8706	
43.	Randy Hill	Love (NC)	256-7662 ext. 29	256-7665
44.	LeAnn Grier Jones	CPS	214-3467	214-3402
45.	Megan Carney	MU ACC	573-884-6856	573-884-3399
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

27-10JUN14 – Service Contracts for Boone County Children’s Services  
 May 23, 2014, 10:00 a.m. central time

28-24JUN14 – Pilot Programs that Provide Innovative Service Friday  
 May 23, 2014, 11:00 a.m. central time

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	Kelly Wallis	Children’s Services Board	886-7218	
3.	Joanne Nelson	Children’s Services Board	886-4298	
4.	Paulette Foerster	Lutheran Family and children’s services	815-9955	4149-4640
5.	Christine Conroy	“	“	“
6.	Paula Fleming	Great Circle	356-0022	442-8330
7.	Peppy Howard	Great Circle	314-623-6589	314-968-8308
8.	Helen Zidloka	Great Circle	314-626-6242	
9.	Misty O’Keefe	Child Care Aware Missouri	314-752-2716	314-752-0830
10.	Shelly Lock	Child Care Aware of MO	573-353-1930	314-754-0830
11.	Whitney Jones	Youth Empowerment Zone	(713) 671-215	
12.	Chrissy Mayer	DCCCP   Tallgrass Family Services	(785) 841-4138 cmayer@dccc.org	785-541-5177
13.	Anita Kierling-Covez	PCHAS	573-289-7590	
14.	Becky Markt	CHA Low Income Services	573-943-2556	
15.	Andrea Tapia	“ HCV	“ 627-1400	
16.				
17.				



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services**

**ADDENDUM #1 - Issued May 23, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. If any Offeror is interested in obtaining a copy of the RFP in Word format and the Budget Worksheets in Excel, please e-mail request to [mbohbitt@boonecountymo.org](mailto:mbohbitt@boonecountymo.org).
- II. The County has received the following questions and is providing a response:
  1. Can our organization apply as a lead organization with community collaborations as long as MOU's are in place?

Response: **Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies. The contracting agency must comply with terms for entering into subcontracts with other agencies.**

2. Is there a length of service established for both RFP's?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

3. Are there parameters around levels of funding? How much is available for each RFP? Funding ceiling or floor?

Response: **Parameters around levels of funding have not been established at this time.**

4. How are Innovative Pilot Services defined?

Response: **Further information regarding Pilot Programs may be found in the Boone County Community Service Board's (BCCSB) Funding Policy.**

- a. Would an evidence-based program already in place in another location, qualify for this RFP if we are adapting and implementing the program for the first time in Boone County?

**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy.**

5. Will evidence-based program training be funded under both of the RFP's?

**Response: Evidence-based program training may be considered for funding, provided the program training complies with the BCCSB's Funding Policy and the parameters established for funding by the Request For Proposal.**

- a. Are there any restrictions on the % of training costs?

**Response: No restrictions have been established at this time.**

- b. Are there any restrictions on the % of administration costs?

**Response: Administration costs/indirect expenses will be considered up to a maximum of 15% of salary expense only.**

7. Can funding be used for rent or the purchase of a physical building (i.e. a community center) in either RFP?

**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy. For Pilot Program proposals these expenses fall under indirect expenses. See above answer regarding allowance of indirect expenses.**

8. Can you explain the indirect cost 15% of salary expense that is allowable on pilot programs?

**Response: Agencies may be funded for indirect expenses up to 15% of the total salary expenses for direct staff positions for the project.**

9. Does the general liability insurance requirement and worker's compensation insurance requirement need to be in place before applying for the grant? Can this be an allowed expenditure in the budget of the request for funding proposal or is this at the expense of the organization? Do applicants need to provide an indemnity clause with their application, or only if selected for an award?

**Response: Insurance certificate does not have to be provided to submit a proposal response. It will be required at contract execution. The Offeror has discretion as to whether to itemize this expense or include it in their overall unit pricing. Indemnity clause may be provided with application or after selected for award.**

10. Can you clarify what specifically you are seeking in the anticipated outcomes, outcomes, indicators, and measurement sections (or how these differ)? Some of this information seems repetitive – is that okay?

Response: **There are excellent resources available on-line that provide detailed explanations of these terms. One resource to find this information is <http://www.cdc.gov/eval/resources/index.htm>.**

11. May we submit letters of support with our proposals?

Response: **Letters of support are not required. Letters of support will be considered as part of the Application Narrative. Consideration should be given to page limitations outlined in the Request for Proposals.**

12. Are the awarded contracts going to be fee for services (we get reimbursed for the services we provide) or cost-based? If they are fee for service, how are the rates determined?

Response: **For pilot program proposals, funding terms will be established during contract negotiation.**

13. Attachment B - Our fiscal year runs from July to June. With that in mind, here is how I feel the years should run: Prior Year- July 2012- June 2013, Current Year July 2013-June 2014, and Proposed Year July 2014-June 2015. Is this correct? If so, our July 2013- June 2014 information will be incomplete (missing May and June numbers), should we project those numbers to show 12 months? Our agency wide budget is not completed for the upcoming year (July 2014-June 2015). Should we provide a preliminary budget?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

14. Attachment C - Where do we include the funding we are requesting from the Children's Service Funds?

Response: **The amount requested from the Children's Services Fund should not be included on Attachment C.**

15. Attachment C - In the bottom box, what is the difference between "Actual" and "Current"?

Response: **The bottom box should read from left to right, "Prior Actual Year", "Current Year", and "Proposed Year". An amended Attachment C is attached.**

16. What is the maximum amount of funds that can be requested for each RFP? Is there a range of funding for each project/RFP that the evaluation/reviewers desire?

Response: **There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

17. Can funding be used to support services, or supportive services/wrap-around services to children and youth who are currently enrolled in a residential chemical dependency program?

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy.**

18. Should all proposals be for a twelve month period? I see that there is the option for negotiation to renew funded proposals, but in our original design for programming, should we limit programming to twelve months?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. Agencies should define proposed program terms in the application and budget narratives.**

19. How many times can organizations re-apply? Is it on an Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

20. When is the start date and end date of the funding?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

21. If a new non-profit organization has applied for their 501(3)(c) designation but it is still pending by the deadline date of the grant, will some consideration be given to the non-profits as long as they can document their application for 501(3)(c)?

Response: **Consideration may be given to a non-profit organization that has not yet obtained a 501(c)(3) designations; however, an organization must have obtained the 501(c)(3) designations prior to entering into a contract.**

22. Can an organization submit more than one pilot program?

Response: **Yes**

23. Can an organization apply for the pilot program and the purchase for services contracts?

Response: **Organizations may apply for both the pilot program and purchase of services contracts.**

24. What is the funding cap request per proposal for the pilot program? Is it a set amount or is it variable?

Response: **There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

25. Is there a list of "allowable expenditures" of what can be requested for the proposal? Or a list of things that are "not allowable"? That would be helpful to have if it is available.

Response: **There is not currently a list of "allowable" or "not allowable" expenditures.**

26. For the pilot program, can participants/subjects in the research pilot be paid for their participation for completing surveys, classes, etc. as part of the funding? For example, "each participant who completes the pre- and post surveys and the classes on advocacy will have their name entered into a drawing to win a \$100.00 gift card to \_\_\_\_\_."

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's's Funding Policy.**

27. If a new non-profit has just been certified the state and Jason Kander's office sent a letter stating that their independent audit is not due to the state until August of 2015, is this letter allowable to present in lieu of doing an independent audit prior to submission as required by the grant?

Response: **Yes.**

28. Section I - Overview:

Must offerors submit proposals providing services throughout Boone County, or may proposals focus on certain geographic areas such as the City of Columbia?

Response: **Please reference the "Beneficiaries and Outcomes" section of the BCCSB's Funding Policy.**

29. Attachment C Program Budget Worksheet

- a. Because Section VII - Term; Termination of Contract Agreement indicates that the initial term of contract will be negotiated, should the offeror assume that the Program Budget Worksheet is to be filled out on a calendar year basis?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

- b. The Worksheet requires Program Revenue and Expenses for Prior (2013), Current (2014), and Proposed Year (2015). Because revenue from certain sources (such as United Way) are contractually committed on calendar year basis, some revenue shown for Current year may not be available for Proposed Year. How should offerors treat this type of revenue on Exhibit C?

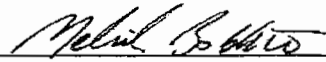
Response: **See above.**

30. My question is about the kinds of services that are eligible for funding. We would like to know whether funds could be awarded to a program that identifies key community-level student outcomes (such as kindergarten readiness and psycho-social well-being at the transition out of middle school), identifies local data with which to measure progress on those outcomes, and

assembles collaborative action networks of public and private entities to improve those community outcomes. We would apply under the RFP for pilot projects as a collaborative effort that will make a meaningful impact on children by fostering revision of existing services that target and building the capacity of local providers to use data in their decision-making. To you more detail, the collaborative action networks will collect, share, and analyze data on local newborn, child, and youth outcomes in order to identify local root causes, promising leverage points for improving youth outcomes, and strategies that are especially effective locally. The networks will create action plans based on that data and will measure the impact of their plans on student success to determine whether those strategies should be expanded, refined or replaced.

Our question is whether the organization that convenes these networks, provides the data assistance needed for the networks to do data-based decision-making, and publishes annual community report cards is eligible for partial funding, assuming that the proposal is otherwise meritorious?

Response: **The offeror should thoroughly explain how the organization's proposed pilot program falls under a statutorily eligible service area in order for the BCCSB to make an informed decision.**

By:   
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #1 to Request for Proposal *28-24JUN14 - Pilot Programs that Provide Innovative Service - Boone County Community Children's Services* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_





# COUNTY OF BOONE - MISSOURI

## REQUEST FOR PROPOSAL (RFP) #: 28-24JUN14

### Pilot Programs that Provide Innovative Services

### Boone County Children's Services Fund

### 2014 Application

#### **BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:**

*To improve the lives of children, youth and families in Boone County  
by strategically investing in the creation and maintenance of integrated systems  
that deliver effective and quality services for children and families in need.*

#### **RFP TIMELINE:**

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	<b>May 9, 2014</b>
Written Questions Due By	<a href="mailto:mbobbitt@boonecountymo.org">mbobbitt@boonecountymo.org</a>	<b>May 21, 2014</b> <b>12:00 p.m. Central Time</b>
Pre-Proposal Conference - Information Session	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	<b>May 23, 2014</b> <b>11:00 a.m. Central Time</b>
Response Submission Deadline	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	<b>June 24, 2014</b> <b>9:15 a.m. Central Time</b>
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	<b>June 24, 2014</b> <b>9:30 a.m. Central Time</b>

#### **CONTACT INFORMATION:**

Boone County Purchasing  
Boone County Annex  
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
Phone: (573) 886-4391 Fax: (573) 886-4390  
Email: [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

## I. Overview

On November 6, 2012, the citizens of Boone County passed County of Boone Proposition 1, which created a Children's Services Fund for children and youth nineteen years of age or less in Boone County. The Boone County Children's Services Board (BCCSB) has been appointed by the County Commission and entrusted to oversee this Fund. The Fund is created pursuant to RSMo §67.1775, RSMo §210.861, and the ballot language presented to the voters on November 6, 2012. RSMo §210.861 specifies the types of services that may be funded by the BCCSB. By statute, funds may be invested to address the following needs:

- up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
- respite care services
- unmarried parent services
- outpatient chemical dependency and psychiatric treatment programs
- counseling and related services as a part of transitional living programs
- home-based and community-based family intervention programs
- prevention programs which promote healthy lifestyles among children and youth and strengthen families
- crisis intervention services, inclusive of telephone hotlines
- individual, group, or family professional counseling and therapy services
- psychological evaluations
- mental health screenings.

Revenues collected and deposited in the community children's services fund **may not** be expended for inpatient medical, psychiatric, and chemical dependency services, or for transportation services.

## II. Funding Goals

The Board believes that it should invest in meaningful services to children, youth and families in a way that utilizes multiple effective strategies. To that end, the Board intends to invest its funding *appropriated for services* in the following general categories:

- Pilot programs that provide innovative services
- Purchase of service programs
- Match funding opportunities
- Strategic opportunities
- Contingency reserve to support other programs with circumstances requiring immediate attention

This RFP seeks applications for pilot programs that provide innovative services. Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth and families in need in Boone County. Preference will also be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.

### **III. Minimum Eligibility Criteria**

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit agency or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services
- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri

### **IV. Funding Available**

Applications for funding will be accepted to fund pilot programs that provide innovative services to children and youth nineteen years of age or less and their families in all service areas fundable pursuant to statute.

The proposed pilot programs may involve the creation of definitions for a class of children, youth and families, the creation of definitions for evidence-based services, and the creation of techniques to evaluate effectiveness. This may be a collaborative effort with other stakeholders to provide services that can make a meaningful impact on children that are not currently being provided. These programs could include funding to build capacity among appropriate service providers to provide these new, evidence-based practices.

For pilot programs the Board will consider indirect expenses up to a maximum of 15% of salary expense only (salary expense does not include benefits). Indirect expenses include general organizational expenses such as executive management time, finance, human resources or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc.

## V. Application

The Application Narrative cannot exceed 20 double-spaced pages, on standard white paper, with at least 12-point font and one-inch margins, excluding required attachments.

Please submit two original copies to:

Boone County Purchasing Department  
Attn: Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
Boone County Annex  
613 E. Ash, Rm. 110  
Columbia, MO 65201

Paper copies must be sealed in an envelope with RFP # and name of Offeror on the outside of the envelope. Proposals MUST be delivered no later than 9:15 a.m. central time, June 24, 2014. Proposals will not be accepted after this date and time and the County will return such late proposals to the Offeror.

Please submit an electronic copy after 9:30 a.m. central time June 24, 2014 and before 11:30 p.m. June 24 in Microsoft Word or PDF format to: [mbobbitt@boonecountymmo.org](mailto:mbobbitt@boonecountymmo.org). Please do not submit the electronic copy prior to 9:30 a.m. central time, June 24, 2014.

## VI. Contracting Agency Requirements

**Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

- **Compensation Insurance:** The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all of their employees employed at the site of work. and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.
- Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$1,000,000.00 each employee, \$1,000,000.00 each accident, and \$1,000,000.00 policy limit.
- **Comprehensive General Liability Insurance:** The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether

such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$2,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

- The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$2,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.
- The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$2,000,000.00 and naming Boone County as additional insured.
- **Commercial Automobile Liability:** The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$2,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

**Indemnity Agreement:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

**Subcontracts :** The Contractor may enter into subcontracts for components of the consulting service as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.

In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

## **VII. Instructions and General Conditions**

**Delivery of Proposals:** Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received at the Boone County Purchasing office until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- If you have obtained this proposal document from our Web Page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addenda if we do not have you on our Vendor list for this proposal.
- The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- No negotiations, decisions, or actions shall be initiated by any agency as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

### **Ambiguity, Conflict, or Other Errors in the RFP:**

- If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the Request for Proposal, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the Request for Proposals prior to submitting the proposal or it shall be waived.
- Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

**Rejection of Proposals:** The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply

information in connection with respect to responsibility may be grounds for a determination of non-responsibility.

**Acceptance of Proposals:** The County will accept for evaluation all proposals that are submitted properly. However, the County reserves the right to request clarifications or corrections to proposals.

**Requests for Clarification of Proposals:** Requests by the Purchasing Department for clarification of proposals shall be in writing.

**Validity of Proposals:** Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

**Receipt and Opening of Advertised, Sealed Proposals:** The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful firm's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, Tuesday, June 24, 2014 at 9:30 a.m. Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at [www.showmeboone.com](http://www.showmeboone.com). Select "Purchasing", then "2014 Bid Tabulations".
- Proposal responses are due by Tuesday, June 24, 2014 at 9:15 p.m. No late proposals will be accepted.

**Withdrawal of Proposals:** Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

**Guidelines for Written Questions:** All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than 12:00 p.m., May 21, 2014. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, and Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet.

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
613 E. Ash Street, Room 110  
Columbia, Missouri 65201  
Phone: (573) 886-4391 Fax: (573) 886-4390  
E-mail: [mbobbitt@boonecountymmo.org](mailto:mbobbitt@boonecountymmo.org)

**Pre-Proposal Conference:** To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for May 23, 2014 at 11:00 a.m. Central Time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri 65201.

- All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.

**Term; Termination of Contract Agreement:**

- The initial term of the resulting contract agreement from this Pilot Programs that Provide Innovative Services Request for Proposal will be negotiated. The negotiated contract may have an option for renewal.
- The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 60 days prior written notice to the Contractor.

**Competitive Negotiation of Proposals:** The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or



to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

- Negotiations may be conducted in person, in writing, or by telephone.
- Negotiations will only be conducted with potentially acceptable proposals. The County reserves the right to limit negotiations to those proposals, which received the highest rankings during the initial evaluation phase.
- Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.
- The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- The County reserves the right to contact any and all references to obtain without limitation, information regarding the Offeror's performance on previous projects. A uniform sample of references may be checked for each short-listed Offeror.

**BOONE COUNTY CHILDREN'S SERVICES FUND  
2014 APPLICATION NARRATIVE FOR FUNDING:  
PILOT PROGRAMS THAT PROVIDE INNOVATIVE SERVICES**

**Agency Name:**

**Agency Address:**

**Agency Phone Number:**

**Primary Agency Contact (include title):**

**Email Address:**

**Contact Phone Number:**

**Amount Requested:**

**Federal Tax ID (or Social Security #):**

**Signature:**

**Date:**

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**1. AGENCY AND PROGRAM INFORMATION**

**a. Background Information:**

- i. Provide a summary of your agency, including your agency's mission statement.
- ii. Attach a list of your agency's Board of Directors.
- iii. Describe why your agency is interested in implementing a pilot program to provide innovative services to children, youth and families in Boone County.

**b. Target Population:**

- i. Describe the pilot program's target population.
- ii. Discuss the rationale for selection of this target population for a pilot program.
- iii. Please state the statutorily eligible service area (see page 2) the target population falls within.

**c. Innovative Service Idea:**

- i. Discuss the issue or problem the pilot program seeks to address.
- ii. Provide a detailed description of the idea for innovative services to be developed or that has been developed into a pilot program.

- iii. Discuss what other agencies you have collaborated with in the development of the idea for the innovative service(s).

**d. Implementation:**

- i. Describe how and with what agencies you will collaborate with to implement the pilot program.
- ii. Discuss the plan for the implementation of the pilot program including how the requested funds will be used for the program in the implementation process.
- iii. Outline the timeline for key steps in the implementation process.

## 2. EVALUATION

**a. Performance Information:**

- i. Attach a Program Performance Measures Worksheet (see Attachment A).

**b. Outcomes:**

- i. Describe the outcomes of the pilot program (outcomes need to be measurable and time specific).

**c. Indicators:**

- i. Identify and describe the indicators which will measure the pilot program outcomes.
- ii. Identify your agency's performance target of these indicators.

**d. Measurement:**

- i. Discuss who will be responsible for the accomplishment of each of the outcome goals.
- ii. Discuss how the data will be collected.
- iii. Identify your agency's timeline for each outcome.
- iv. Describe the approach that will be used to evaluate the pilot program.
- v. Describe the approach that will be used to evaluate the effectiveness of the program.
- vi. Include copies of any evaluation tools you will be using and provide a description of why you are using these tools compared to other tools.

**e. Input**

**i. Clinical Expertise:**

- 1. Discuss the capacity of your agency to execute the proposed program.
- 2. Provide a list of key staff responsible for implementing the program.

**ii. Program Activity:**

- 1. Describe the innovative interventions and/or activities that will be implemented through the pilot program.
- 2. Identify and discuss the evidence-based practices that will be used and relevant research supporting the efficacy of the proposed interventions and/or activities.

3. If there is no research to support the efficacy of the proposed interventions and/or activities, please explain the rationale for utilizing the interventions and/or activities.

**f. Output:**

- i. Service to be provided.
- ii. Unit measurement, if applicable.
- iii. Unit cost, if applicable.
- iv. Amount requested.
- v. Number of individuals to be served.

**3. BUDGET**

**a. Budget Worksheets to be Attached:**

- i. Agency Financial Worksheet (see Attachment B).
- ii. Program Budget Worksheet (see Attachment C).

**b. Budget Narrative**

- i. Please explain each line of the budget worksheets from Attachments B and C.

**c. Staff Positions:**

- i. Provide a list of staff positions for the project, including direct and indirect.
- ii. State the role of each position and their qualifications.
- iii. State the proposed salary for each position.

**4. AGENCY ASSURANCE, CERTIFICATION, AND WORK AUTHORIZATION SHEETS**

Please review, sign, and return the Agency Assurance Sheet (see Attachment D), the Certification Sheet (See Attachment E), and the Work Authorization Sheet (see Attachment F) with the proposal. The sheets outline the expectations and requirements for any agencies requesting and/or receiving funds through the Boone County Children's Services Fund.

## ATTACHMENT A

### Program Performance Measures Information Worksheet

The following synonyms, definitions, and examples may help you completing the required program performance measures information:

	<b>Activity</b>	<b>Output</b>	<b>Outcome</b>	<b>Indicator</b>	<b>Method of Measurement</b>
<b>Synonyms</b>	<i>Activity</i> = Service	<i>Output</i> = Product	<i>Outcome</i> = Change	<i>Indicator</i> = Measure	<i>Method of Measurement</i> = Information gathering instrument or technique
<b>Definitions</b>	An <i>Activity</i> is the program service or sub service being provided	An <i>Output</i> is expressed as the NUMBER of things produced by an activity and the number people for whom it is provided	An <i>Outcome</i> describes a beneficial CHANGE in people	An <i>Indicator</i> is the specific item of information by which a program's LEVEL OF SUCCESS is measured	A <i>Method Of Measurement</i> is the instrument or technique used to gather the information needed to measure the program's success.
<b>Example</b>	Activity= Before/after school youth enrichment programming  Sub-Activity=Tutoring	150 hours of tutoring sessions for 30 children	Child's academic performance improves	Number and percent of participants who receive better grades following participation in program as compared to period prior to participation	Utilize school report card data pre and post participation in the program.

Activity	Output(s)	Outcome(s)	Indicator(s)	Method of Measurement

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**ATTACHMENT B**  
**AGENCY FINANCIAL INFORMATION**

**AGENCY NAME:**

<b>AGENCY REVENUE</b>	<b>PRIOR YEAR ACTUAL</b>	<b>CURRENT YEAR</b>	<b>PROPOSED YEAR</b>	<b>% OF PROPOSED TOTAL</b>	<b>% CHANGE CURRENT TO PROPOSED</b>
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way					
B. Other United Ways					
C. Capital Campaigns					
D. Grants (non-governmental)					
E. Fund Raising & Other Direct Support					
<b>TOTAL DIRECT SUPPORT (sub-totals)</b>					
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding					
B. Boone County - Other					
C. Other Counties					
D. City of Columbia - Social Service Funding					
E. City of Columbia - Other					
F. Other Cities					
G. Federal (Medicaid, Title III, etc.)					
H. State (Purchase of Services, Grants, etc.)					
I. Other (Schools, Courts, etc.)					
<b>TOTAL GOV'T CONTRACTS/SUPPORT (sub-totals)</b>					
3. Program Service Fees					
4. Investment Income (realized & unrealized)					
5. Other Revenue Items					
<b>TOTAL AGENCY REVENUE</b>					
<b>AGENCY EXPENSES</b>	<b>PRIOR YEAR ACTUAL</b>	<b>CURRENT YEAR</b>	<b>PROPOSED YEAR</b>	<b>% OF PROPOSED TOTAL</b>	<b>% CHANGE CURRENT TO PROPOSED</b>
Expenses for Program Services					
Expenses for Management and General					
Expenses for Fundraising					
<b>TOTAL AGENCY EXPENSES</b>					
% of Management and Fundraising Expenses					
<b>NET ASSETS</b>	<b>PRIOR YEAR ACTUAL</b>	<b>CURRENT YEAR</b>	<b>PROPOSED YEAR</b>	<b>% CHANGE CURRENT TO PROPOSED</b>	
Net Assets, End of Year					
<b>CASH FLOWS</b>	<b>PRIOR YEAR ACTUAL</b>	<b>CURRENT YEAR</b>	<b>PROPOSED YEAR</b>	<b>% CHANGE CURRENT TO PROPOSED</b>	
Cash, End of Year					

# ATTACHMENT C

## PROGRAM BUDGET WORKSHEET

**PROGRAM NAME:**

TOTAL PROGRAM REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way					
B. Other United Ways					
C. Capital Campaigns					
D. Grants (non-governmental)					
E. Fund Raising & Other Direct Support					
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding					
B. Boone County - Other					
C. Other Counties					
D. City of Columbia - Social Service Funding					
E. City of Columbia - Other					
F. Other Cities					
G. Federal (Medicaid, Title III, etc.)					
H. State (Purchase of Services, Grants, etc.)					
I. Other (Schools, Courts, etc.)					
3. Program Service Fees					
4. Investment Income (realized & unrealized)					
5. Other Revenue Items					
<b>TOTAL PROGRAM REVENUE</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		

PROGRAM EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
1. Personnel					
2. Non-Personnel					
<b>TOTAL PROGRAM EXPENSES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		

NUMBER OF DIRECT PROGRAM STAFF (FTE)	ACTUAL	CURRENT	PROPOSED
<i>FTE = number of direct program service hours worked by employee per year/2080 (e.g. 1040/2080= .5 FTE)</i>			



**ATTACHMENT D**

**2014 AGENCY ASSURANCE SHEET**  
**(Please complete and return with Proposal Response)**

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children’s Services Board (BCCSB) and any of the Boone County Children’s Services Fund’s conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Proof of 501(c)(3)
- Certificate of Corporate Good Standing
- Most Recent 990 Federal Form
- Agency Strategic Plan
- Copies of Agency Accreditations
- Most Recent Agency Independent Audit
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality
- Memorandums of Understanding (not currently needed for Contingency Funds Request)

\_\_\_\_\_  
Printed Name - Agency Executive Director/President/CEO

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Agency Executive Director/President/CEO

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name - Agency Board Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Agency Board Chair

\_\_\_\_\_  
Date

## ATTACHMENT E

**(Please complete and return with Proposal Response)**

Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR  
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, 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.
  
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

---

Name and Title of Authorized Representative

---

Signature

---

Date





# CERTIFICATE OF LIABILITY INSURANCE

PHOEN-2

OP ID: SE

DATE (MM/DD/YYYY)

11/20/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Winter-Dent & Company Columbia Branch P.O. Box 1046 Jefferson City, MO 65102 Steve M Tade	<b>CONTACT NAME:</b> Susie Edwards <b>PHONE (A/C, No, Ext):</b> 573-449-8100 <b>E-MAIL ADDRESS:</b> susie@winterdent.com		<b>FAX (A/C, No):</b> 573-449-3430
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> Phoenix Programs Inc 90 E Leslie Lane Columbia, MO 65202	<b>INSURER A:</b> Philadelphia Insurance Company		<b>23850</b>
	<b>INSURER B:</b> MO Employers Mutual Ins. Co.		<b>10191</b>
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X	PHPK1008266	04/22/2014	04/22/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Emp Ben \$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			PHPK1008266	04/22/2014	04/22/2015
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	MEM421310	09/16/2014	09/16/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

BOONCC1

Boone County Community Service  
 605 E Walnut Ste A  
 Columbia, MO 65201

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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# strengthening families program self-assessment

## STRATEGY 1: FACILITATE FRIENDSHIPS AND MUTUAL SUPPORT

check one box:

Facilitate Friendships and Mutual Support	5: Strongly Agree	4: Agree	3: Neither Agree nor Disagree	2: Disagree	1: Strongly Disagree	Not Applicable	Comments
1 A comfortable space is available for families to meet informally							
2 The program helps parents set up formal and informal support mechanisms, such as phone trees, car pools, babysitting co-ops, play groups, and other age-appropriate activities							
3 The program connects families with similar interests, children's ages, and circumstances (such as those with twins, parents of infants, parents with special-needs children, or those who speak the same language)							
4 The program provides opportunities for families to socialize and foster a sense of community through:							
a) Periodic events like coffee breaks and breakfasts							
b) Celebrations, graduations, and holidays							
c) Field trips and activities							
d) Events celebrating cultural customs, potlucks, and other opportunities for parents to share and learn about each other's home lives and cultural backgrounds							
e) Affordable family activities							
f) Special programs for dads, grandparents, teen moms, and other caregivers							
5 The program encourages and provides support for parent-organized social/educational events and activities, such as:							
a) Making information available on outside activities for parents to attend together—for example, gathering at playgrounds, fun fairs, or libraries							
b) Providing supports such as space, childcare, food, or other resources so that parents can participate in activities.							

PROGRAM SELF-ASSESSMENT—STRATEGY 1 (CONTINUED)

check one box:

Facilitate Friendships and Mutual Support	5: Strongly Agree	4: Agree	3: Neither Agree nor Disagree	2: Disagree	1: Strongly Disagree	Not Applicable	Comments
6 The program offers opportunities for parents to talk with each other about:							
a) Typical challenges of parenting							
b) Stages of child development							
c) Expectations and norms about child rearing							
d) Sibling rivalry							
e) Balancing work and family							
f) Parenting practices in and across cultural and ethnic groups							
7 Program staff reach out to isolated families by:							
a) Calling, sending notes, or making home visits							
b) Inviting them to social activities							
c) Offering support with transportation, childcare, or other barriers to participation in social activities							
d) Making special efforts to connect them with other families							
e) Connecting them with resources, such as mental health consultation, that can help them explore difficulties with forming social connections							
8 The program models positive social skills and community building by:							
a) Welcoming all families							
b) Inviting all children and families to parties or social events							
c) Helping to resolve issues among families							
d) Promoting understanding of different cultures and backgrounds							

# strengthening families program self-assessment

## STRATEGY 2: STRENGTHEN PARENTING

check one box:

Strengthen Parenting	5: Strongly Agree	4: Agree	3: Neither Agree nor Disagree	2: Disagree	1: Strongly Disagree	Not Applicable	Comments
1 Information on parenting is available through:							
a) Books and videos in a resource library							
b) Parenting classes and discussion groups							
c) Regular postings on bulletin boards in public spaces							
d) Take-home materials distributed regularly to parents							
e) Opportunities for parents with similar concerns to come together and share							
f) Specific information on such issues as Shaken Baby Syndrome, SIDS, scalding, toilet training, routine preventative health care, nutrition, and sleep patterns							
2 Parenting information is available in the language spoken by families							
3 Staff are knowledgeable about:							
a) The parenting practices of different cultural and ethnic groups							
b) The parenting styles of both mothers and fathers and the strengths of each							
c) Parent-child relationships, attachment, and bonding							
d) Promoting positive relationships between children living in the same household							
4 Opportunities are created for parents to explore:							
a) Cultural/ethnic expectations and practices about parenting							
b) How they were parented							
c) New parenting practices							
d) Their relationship with their child(ren)							

PROGRAM SELF-ASSESSMENT—STRATEGY 2 (CONTINUED)

check one box:

Strengthen Parenting	5: Strongly Agree	4: Agree	3: Neither Agree nor Disagree	2: Disagree	1: Strongly Disagree	Not Applicable	Comments
5 Staff share parenting tips and discuss parenting issues with parents when:							
a) Families are arriving and departing							
b) Staff are meeting one-on-one with parents							
c) A parent appears to be frustrated or stressed and in need of support							
d) A parent appears to be having difficulty relating to or communicating with their child(ren)							
e) Child behavior or development issues arise							
6 The program offers or connects families to resources to strengthen relationships between adults, e.g., healthy marriage, communication skills for couples, parents and grandparents, co-parenting, etc.							
7 Parents are invited to visit and observe their children participating in programming, where appropriate, and talk with staff about their observations and questions							
8 Staff reinforce parental authority by:							
a) Learning about the parent's expectations and limits for their child							
b) Supporting parents' directions and /or decisions about their child							
c) Talking with parents in a respectful manner about how best to handle differences in expectations regarding children's behavior							
d) Being careful not to contradict a parent in front of his or her child or other children							



PROGRAM SELF-ASSESSMENT—STRATEGY 2 (CONTINUED)

check one box:

Strengthen Parenting	5: Strongly Agree	4: Agree	3: Neither Agree nor Disagree	2: Disagree	1: Strongly Disagree	Not Applicable	Comments
9 Staff reinforce positive parenting by:							
a) Noticing when parents are attuned to their children's needs or communicating effectively with their children							
b) Telling parents something positive about what their child has done each day							
10 Staff guide parents' observations of their children to help them recognize:							
a) Their child's unique temperament, personality, communication styles, and cues							
b) Their children's growth and development patterns							
c) Positive social skills and developmentally appropriate emotional behavior in their children							
d) Their child's independence and abilities							
e) Activities they can use at home							
11 Information is provided on regular developmental challenges, such as bed wetting, potty training, appropriate discipline, eating, sleeping, and aggression							
12 Family activities provide opportunities to strengthen bonds between parents and their children—for example, listening to each other, playing together, and cooperative games, such as "feeling charades"							
13 Physical discipline (spanking or hitting) is not allowed in the program by staff or parents							

PROGRAM SELF-ASSESSMENT—STRATEGY 2 (CONTINUED)

check one box:

Strengthen Parenting	5: Strongly Agree	4: Agree	3: Neither Agree nor Disagree	2: Disagree	1: Strongly Disagree	Not Applicable	Comments
14 When staff talk with parents about discipline, they:							
a) Explain why physical discipline is not allowed							
b) Explain why the program uses the forms of discipline it does							
c) Provide information on age- appropriate discipline and reasonable expectations							
d) Offer ideas for alternate forms of discipline and how to recognize and reinforce desired/appropriate behavior							
e) Encourage parents to discuss discipline challenges they may have at home							
15 When staff are concerned about parenting techniques or behavior, they:							
a) Proactively and respectfully reach out to parents and share their concerns about the children or about the parents' parenting practices							
b) Acknowledge young children's frustrating behavior and recognize parents' efforts							
c) Connect parents to resources and supports that may help to address the parenting issues							
d) Connect parents to other parents who can share/model positive parenting approaches							

PROGRAM SELF-ASSESSMENT—STRATEGY 2 (CONTINUED)

check one box:

Strengthen Parenting	5: Strongly Agree	4: Agree	3: Neither Agree nor Disagree	2: Disagree	1: Strongly Disagree	Not Applicable	Comments
16 For parents of children with special needs, staff:							
a) Connect parents with parenting materials and websites, support groups and play groups, and community resources specific to their children's special needs							
b) Check regularly with parents about parenting issues							
c) Are sensitive to parents' frustration, protectiveness, guilt, loss, and other related feelings, and acknowledge challenges							
d) Support parents in understanding appropriate developmental expectations for their special-needs children							
e) Check in with parents about the impact their children's special needs are having on family dynamics and parental stress							
f) Are especially supportive at the time that special needs are initially identified							
g) Provide speakers/resources for parents on topics of interest/concern							
h) Ensure that parent-child activities are appropriate for families with children with special needs							

# strengthening families program self-assessment

## STRATEGY 3: RESPOND TO FAMILY CRISES

check one box:

Respond to Family Crises	5: Strongly Agree	4: Agree	3: Neither Agree nor Disagree	2: Disagree	1: Strongly Disagree	Not Applicable	Comments
1 Staff develop personal relationships with parents by taking time to get to know them individually—listening and learning about their interests, families, current activities, and hopes and expectations for their children							
2 The message that parents can turn to staff in the event of a crisis is conveyed:							
a) Informally, in regular interactions that staff have with parents—by listening, showing concern, and sharing their own personal challenges or desires							
b) Formally through materials provided to participating families							
3 The program provides parents with information on the role of all staff members and which staff members can help them with particular issues							
4 Staff respond to family crises immediately by:							
a) Ensuring that a staff person is available at all times to help families needing crisis support							
b) Making space available for staff to meet with parents privately							
c) Ensuring that parents can talk with staff members with whom they are the most comfortable							
5 Resources are made available to families in crisis, such as money from a small emergency fund, access to meals, or transportation							

PROGRAM SELF-ASSESSMENT—STRATEGY 3 (CONTINUED)

check one box:

Respond to Family Crises	5: Strongly Agree	4: Agree	3: Neither Agree nor Disagree	2: Disagree	1: Strongly Disagree	Not Applicable	Comments
6 The program maintains up-to-date information about services in the communities, such as:							
a) Food pantries							
b) Domestic violence services							
c) Shelters							
d) Respite care for children							
e) Alcohol and substance abuse services							
f) Mental health services							
g) Economic supports							
h) Legal assistance							
7 Staff know how to respond appropriately to family crises. Staff receive training on:							
a) Maintaining confidentiality							
b) Resolving conflicts							
c) Talking to families about difficult issues							
d) Recognizing such issues as domestic violence, depression, developmental delays, mental illness, chronic health problems, substance abuse, and other signs of imminent crisis							
e) Helping families make immediate and long-term plans							
f) Understanding the impact of family crises and/or loss on all family members—especially children—and how to respond appropriately							
g) Talking to parents about helping children in times of crisis							

PROGRAM SELF-ASSESSMENT—STRATEGY 3 (CONTINUED)

check one box:

Respond to Family Crises	5: Strongly Agree	4: Agree	3: Neither Agree nor Disagree	2: Disagree	1: Strongly Disagree	Not Applicable	Comments
8 If appropriate, staff mobilize other parents in the program to help out families in crisis							
9 If parents bring up issues staff feel are beyond their ability, staff can refer them to a:							
a) Supervisor							
b) Specialist with knowledge in the area							
c) Cross-disciplinary staff team							
d) Community resource							
10 Staff proactively respond to signs of parent or family distress by:							
a) Expressing their concern and offering help							
b) Offering to connect families to needed resources							
c) Making themselves available to parents if they need to talk							
d) Sharing information about a parent help-line or warm-line							
e) Being sensitive and responsive to the impact of family stress on children							
11 Staff receive support when working with families under stress through:							
a) Acknowledgement of their efforts							
b) Supported opportunities to process their own emotional reactions							
c) Access to a mental health consultant							
d) Time off if needed							

# strengthening families program self-assessment

## STRATEGY 4: LINK FAMILIES TO SERVICES AND OPPORTUNITIES

check one box:

Link Families to Services and Opportunities	5: Strongly Agree	4: Agree	3: Neither Agree nor Disagree	2: Disagree	1: Strongly Disagree	Not Applicable	Comments
1 The program develops family plans with parents that:							
a) Identify their interests, skills, needs, and goals for themselves and their children							
b) Identify services and opportunities within the program that may help them achieve their goals and use their skills and talents							
c) Identify other community resources and opportunities that may help them achieve their goals, continue their learning, and/or provide other avenues for involvement							
d) Are regularly revised and updated in conjunction with families							
e) Other:							
2 Staff and parents have access to up-to-date information about services that are available in the community that includes hours of business, fees, location, eligibility, language capacity, etc.							
3 When staff make referrals to outside services, they:							
a) Brainstorm with families about what resources would be helpful							
b) Help parents address barriers to utilizing services, such as lack of transportation or childcare, language difficulties, or fees							
c) Help them fill out paperwork that might help them access these services, for example, insurance and eligibility forms							
d) Follow up with families to see if they used the referral and ensure that they were satisfied with the services they received							
e) Try to make a personal connection between families and service providers							
f) Identify services and opportunities within the program that may help them achieve their goals and use their skills and talents							

PROGRAM SELF-ASSESSMENT—STRATEGY 4 (CONTINUED)

check one box:								
		5: Strongly Agree	4: Agree	3: Neither Agree nor Disagree	2: Disagree	1: Strongly Disagree	Not Applicable	Comments
<b>Link Families to Services and Opportunities</b>								
4	The program actively builds collaborative links with other service providers in order to:							
	a) Bring other services on site when possible							
	b) Ease the referral process by ensuring the workers in different programs work together							
	c) Share information with parents about resources							
	d) Identify and fill gaps							
5	The program encourages parents to share information about community resources for families—such as toy exchanges, resale shops, play lots, family activities, and more formal services							
6	The program connects parents to opportunities that promote:							
	a) Their continued growth and development							
	b) Family enrichment, i.e., reading hours at the library, parent-child book groups, and cultural heritage events							
	c) Healthy adult relationships and marriage							
	d) Fathers' involvement with their children							
	e) Enrichment activities for children							
7	The program provides information and guidance on:							
	a) Transition to school for children							
	b) Parents' and children's educational rights and responsibilities							
	c) The importance of parents staying involved with their children's education and school							



# strengthening families program self-assessment

## STRATEGY 5: FACILITATE CHILDREN'S SOCIAL AND EMOTIONAL DEVELOPMENT

check one box:

Facilitate Children's Social and Emotional Development	5: Strongly Agree	4: Agree	3: Neither Agree nor Disagree	2: Disagree	1: Strongly Disagree	Not Applicable	Comments
1 The program supports children's social and emotional development with intentional practices that:							
a) Are culturally sensitive to the families it serves							
b) Encourage children to express their feelings							
c) Encourage sharing, taking turns, and cooperative play							
2 Staff receive training on:							
a) Fostering children's social and emotional development							
b) Recognizing developmental delays							
c) Recognizing behavioral / emotional problems							
d) The impact of loss or trauma on behavior							
e) Sensory awareness and integration							
3 The program introduces parents to social and emotional development by:							
a) Informing parents of the importance of supporting children's healthy social and emotional development—and its connection to success in school							
b) Helping parents understand age-appropriate social and emotional skills and behaviors							
c) Providing opportunities to discuss social and emotional issues with parents within a cultural context							
d) Encouraging parents to be aware of their children's social and emotional development							
e) Offering parents ideas on how to foster a child's social and emotional learning at home							
f) Teaching about children's social and emotional development in parenting classes and informal discussions							

PROGRAM SELF-ASSESSMENT—STRATEGY 5 (CONTINUED)

check one box:

Facilitate Children's Social and Emotional Development	5: Strongly Agree	4: Agree	3: Neither Agree nor Disagree	2: Disagree	1: Strongly Disagree	Not Applicable	Comments
4 Parents have opportunities to observe their children interacting with other children and staff in the program							
5 Staff make sure that parents understand how their child(ren)'s positive relationships with other adults positively impact their own relationship with their child(ren)							
6 Staff coach parents about how to interact effectively with their children (listening; appreciating ideas, efforts, and feelings; creating a non-threatening environment)							
7 Staff encourage children to express their feelings through words, artwork, and expressive play							
8 Staff model behavior toward children that encourages social and emotional expressiveness							
9 Staff understand and respect the relationships and attachments that children form in the program by:							
a) Providing children the opportunity to say goodbye when they are leaving the program or when staff changes occur							
b) Helping children process class and / or staffing changes							
c) Communicating any staff changes to parents							
d) Intentionally helping children enter into new settings							

PROGRAM SELF-ASSESSMENT—STRATEGY 5 (CONTINUED)

check one box:

Facilitate Children’s Social and Emotional Development	5: Strongly Agree	4: Agree	3: Neither Agree nor Disagree	2: Disagree	1: Strongly Disagree	Not Applicable	Comments
10 If staff are concerned about a child’s social and emotional development, they:							
a) Discuss concerns with the child’s parent(s)							
b) Connect the family to resources that can support the child’s social and emotional development (such as play therapy, mental health services, or parenting classes)							
c) Help the parent(s) develop strategies for addressing the issue at home							
11 Staff have access to a mental health consultant to help them:							
a) Develop positive approaches for individual children							
b) Determine what additional resources and or training they may need							
c) Talk with parents about their child(ren)’s development, needs, or challenges							

# strengthening families program self-assessment

## STRATEGY 6: RECOGNIZE AND RESPOND TO EARLY WARNING SIGNS OF CHILD ABUSE OR NEGLECT

check one box:

Recognize and Respond to Early Warning Signs of Child Abuse or Neglect	5: Strongly Agree	4: Agree	3: Neither Agree nor Disagree	2: Disagree	1: Strongly Disagree	Not Applicable	Comments
1 When parents enter the program they are informed of:							
a) Staff's status as mandatory reporters							
b) What constitutes abuse and neglect within the state							
c) The program's protocols regarding child abuse and neglect							
2 All staff are trained to recognize early signs of child abuse and neglect							
3 Staff monitor the following signs that a family may be under stress, including:							
a) Physical signs (such as bruises), acting out, distress, challenging behavior, fearful behavior, inappropriate language/behavior (such as sexual acting out), or other child symptoms							
b) Unusual parental behavior at arrival or departure times							
c) Repeated unexplained absences							
d) Repeated tardiness, late pick-ups, or missed appointments							
e) Missed payments							
f) Divorce, job loss, or other family crises							
g) Parents' acknowledgement of stress or problems							

PROGRAM SELF-ASSESSMENT—STRATEGY 6 (CONTINUED)

check one box:

Recognize and Respond to Early Warning Signs of Child Abuse or Neglect	5: Strongly Agree	4: Agree	3: Neither Agree nor Disagree	2: Disagree	1: Strongly Disagree	Not Applicable	Comments
4 When a family is experiencing extreme difficulties but there is no sign of imminent harm to the child or other family members:							
a) Staff work with the family to discuss concerns and appropriate actions							
b) At least one staff member reaches out to the family to address the issues causing concern							
c) Staff attempt to connect the family to resources that can help address the issue, including such intensive services as respite care, shelters, or emergency crisis services							
d) Staff continue to support the family and monitor the situation daily until the situation is resolved							
5 All staff are trained on the impact of loss and trauma on children and how to respond appropriately							
6 All staff are trained to follow the program's protocols for reporting child abuse and neglect							
7 Staff are oriented to the state's child welfare reporting guidelines and understand how cases are generally handled once a report is made							

PROGRAM SELF-ASSESSMENT—STRATEGY 6 (CONTINUED)

check one box:

Recognize and Respond to Early Warning Signs of Child Abuse or Neglect	5: Strongly Agree	4: Agree	3: Neither Agree nor Disagree	2: Disagree	1: Strongly Disagree	Not Applicable	Comments
8 When staff must file a child welfare report, they:							
a) Coordinate with investigative authorities to ensure that actions and interactions with the family support and do not hinder the investigation							
b) Strive to be calm, caring and supportive during the reporting process							
c) Provide fair and accurate information on the concerns that led to the child welfare report, as well as family strengths							
d) To the best of their ability, answer questions that the family may have regarding the reporting process and how the child protective services system typically responds							
e) Explain their status as mandated reporters and the goal of keeping children safe							
f) Offer to support families by answering questions, connecting them to resources they may need, and providing a listening ear and friendly advice							
9 Program staff help families find suitable respite care and/or emergency crisis services							
10 If a child is placed in custody, staff:							
a) Maintain contact with the parent							
b) Advocate for the family with the child protective services system, when possible							
c) Help the parent(s) connect with resources to help reunite them with their child							
11 The program helps families navigate the child welfare system by:							
a) Helping them get the help they need							
b) Helping maintain stability for children							
c) Collaborating with child welfare caseworkers							

# strengthening families program self-assessment

## STRATEGY 7: VALUE AND SUPPORT PARENTS

check one box:

Value and Support Parents	5: Strongly Agree	4: Agree	3: Neither Agree nor Disagree	2: Disagree	1: Strongly Disagree	Not Applicable	Comments
1 The program encourages parents to be active in making decisions about their children's education							
2 Staff recognize and affirm the central role of parents in their child's life							
3 Staff get to know parents individually and regularly inquire about what is happening in their lives							
4 Staff get to know all family members by name							
5 Parents have opportunities to volunteer and contribute to the program							
6 Parents have opportunities to share skills, talents, and cultural traditions with children and other parents							
7 Staff recognize and value parent contributions							
8 Staff are accepting and supportive of diverse family constellations, i.e. single parents, grandparents, foster parents, gay / lesbian couples, etc.							
9 Parents have regular opportunities to engage in activities in the center's physical space							
10 Parents have opportunities to participate in:							
a) Parent-only social activities							
b) Support groups							
c) Activities designed to relieve stress, such as spa days, date nights (parents' night out), or exercise classes							
d) Activities that promote healthy adult relationships, marriage, co-parenting							
e) Other:							
11 The program offers specific activities for fathers, mothers, and other family members							

PROGRAM SELF-ASSESSMENT—STRATEGY 7 (CONTINUED)

check one box:

Value and Support Parents	5: Strongly Agree	4: Agree	3: Neither Agree nor Disagree	2: Disagree	1: Strongly Disagree	Not Applicable	Comments
12 The program welcomes fathers and other male family members by:							
a) Providing information specific to fathers/male family members in a special area such as a lounge, bulletin board, or bookshelf							
b) Displaying positive portrayals of men and children in books, posters, and program materials							
c) Providing a diaper changing deck in the men's room							
d) Providing activities or services that are man-to-man, father-to-father							
e) Using intake forms, applications, and surveys that are gender-neutral							
f) Establishing working partnerships with a wide range of community resources that provide services to fathers							
13 Staff show that they value fathers and are sensitive to their unique needs by:							
a) Sharing responsibility for inviting and engaging fathers in programs and activities							
b) Taking part in periodic training on understanding and appreciating fathers' needs and parenting styles							
c) Understanding the needs of individual fathers, such as navigating the child support system or having multiple children with different mothers in the same program							
d) Being sensitive to barriers that limit father involvement, such as a difficult relationship with the child's mother, lack of information, and non-custodial relationship with child							
e) When possible and within the bounds of custody agreements, responding to non-custodial fathers' desire to participate in their children's lives by including them in mailings and updates about a child's progress, inviting them to activities, and responding to requests for information							
f) Encouraging fathers and male family members to engage in many aspects of the program, not only activities for fathers							



PROGRAM SELF-ASSESSMENT—STRATEGY 7 (CONTINUED)

check one box:

Value and Support Parents	5: Strongly Agree	4: Agree	3: Neither Agree nor Disagree	2: Disagree	1: Strongly Disagree	Not Applicable	Comments
14 Parents have opportunities to discuss how they were parented and how it affects the way they parent							
15 Parents are connected to resources that help them explore different ways of parenting, including:							
a) Parent education groups							
b) Counseling							
c) Support groups							
d) Mentors/coaches							
e) Sisterhoods/brotherhoods							
f) Faith-based activities							
g) Other							
16 Staff provide emotional support and encouragement to parents							
17 Staff do not blame parents for children's challenging behaviors							
18 Staff recognize parents' growth and efforts							
19 The program provides parents opportunities for:							
a) Personal growth—such as attending conferences or special events and collecting and sharing information of interest to other parents							
b) Leadership development							
c) Input into programmatic decisions							
d) Input into staff hiring and training							

END OF SELF-ASSESSMENT



## Big Brothers Big Sisters

3 month SoR  12 month or EOSY SoR

Date Completed: \_\_\_\_\_

Match Name: \_\_\_\_\_ Date of Match: \_\_\_\_\_ Youth's Name: \_\_\_\_\_

Youth's Age: \_\_\_\_\_ Male  Female  CB  SB  Other

Ethnicity: White  Black  Hispanic  Asian  Native American  Other

Check if: HS Student  College Student

Check if: E-mail  In-person  Over phone

### YOUTH STRENGTH OF RELATIONSHIP SURVEY

For each of the sentences below, **decide how true each statement is for you**. Then, circle one number that fits best. If you think the statement is NEVER TRUE, circle "1"; if you think it is HARDLY EVER TRUE, circle "2"; if the statement is SOMETIMES TRUE, circle "3"; if you think it is MOST OF THE TIME TRUE, circle "4"; and if the statement is ALWAYS TRUE, circle "5."

	(Circle One)					
	Never True	Hardly Ever True	Sometimes True	Most of the Time True	Always True	I Don't Know
1. My Big has lots of good ideas about how to solve a problem.	1	2	3	4	5	6
2. My Big helps me take my mind off things by doing something with me.	1	2	3	4	5	6
3. When I'm with my Big, I feel ignored.	1	2	3	4	5	6
4. When I'm with my Big, I feel mad.	1	2	3	4	5	6
5. When I am with my Big, I feel safe.	1	2	3	4	5	6
6. When I'm with my Big, I feel disappointed.	1	2	3	4	5	6
7. My relationship with my Big is very important to me.	1	2	3	4	5	6
8. When I'm with my Big, I feel bored.	1	2	3	4	5	6
9. When something is bugging me, my Big listens while I talk about it.	1	2	3	4	5	6
10. I feel close to my Big.	1	2	3	4	5	6

**Thank You!**



## Big Brothers Big Sisters

**FOR NON-AIM AGENCY USE ONLY:** 3 month SoR  12 month or EOSY SoR

Match Name: \_\_\_\_\_ Date of Match: \_\_\_\_\_ Mentor's Name: \_\_\_\_\_

Mentor's Age: \_\_\_\_\_ Male  Female  CB  SB  Other

Ethnicity: White  Black  Hispanic  Asian  Native American  Other

### MENTOR STRENGTH OF RELATIONSHIP SURVEY

To what extent do you agree with the following statements?	(Circle One)					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	I Don't Know
1. I am enjoying the experience of being a Big.	1	2	3	4	5	6
2. I expected that being a mentor would be more fun than actually it is.	1	2	3	4	5	6
3. My Little and I are interested in the same things.	1	2	3	4	5	6
4. I feel confident handling the challenges of being a mentor.	1	2	3	4	5	6
5. Being a Big is more of a time commitment than I anticipated.	1	2	3	4	5	6
6. I feel overwhelmed by my Little's family difficulties.	1	2	3	4	5	6
7. My Little has made improvements since we started meeting.	1	2	3	4	5	6
8. I sometimes feel frustrated with how few things have changed with my Little.	1	2	3	4	5	6
9. My Little and I are sometimes at a loss for things to talk about.	1	2	3	4	5	6
10. It is hard for me to find the time to be with my Little.	1	2	3	4	5	6
11. I think my Little and I are well-matched.	1	2	3	4	5	6
12. I get the sense that my Little would rather be doing something else.	1	2	3	4	5	6
13. My Little has trouble sticking with one activity for very long.	1	2	3	4	5	6
14. I feel close to my Little.	1	2	3	4	5	6

15. Which of the following best describes how decisions are usually made about how you and your Little will spend your time together? *[Please check only one box.]*
- I usually decide how we'll spend our time together.
- My Little usually decides how we'll spend our time together.
- I get ideas from my Little then we decide together.
- The agency case manager outlines how we will spend our time together.
- Someone else (like a teacher or parent) decides how we'll spend our time together.

## PARENT/YOUTH INTERVIEW

Youth's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Date of Interview: \_\_\_\_\_ Interviewer's Name: ---- \_\_\_\_\_

*Before starting the interview, talk to the parent about the interview purpose and process, including flow and areas of content. Explain that you will interview the parent and the child separately. Be sure to share expectations around mandatory reporting of abuse if disclosed by either the parent or the child, including BBBS policy and applicable state law. Also, share with the parent that you are going to talk to the child about safety and cover the child safety materials, "Talking with Grown Ups" or "Personal Safety Awareness for Teens", or your agency's child safety training materials. Show the parent the materials and encourage the parent to review those materials with the child together later.*

### **Here is a sample script:**

*"Thank you for your interest in Big Brothers Big Sisters and for taking the time to allow me to get to know you and your child today. I will interview both you and your child, separately. In my time with you, I'm going to ask you a lot of questions about your child – including questions about their personality and interests, school, behavior, health, and relationships. I am also going to ask you some questions about family life and yourself, because we want to find a Big that will not only be a good fit for your child but will partner and communicate well with you in this match. I am going to write as we talk, just to be sure I don't forget anything you have shared with me once I leave here. After interviewing you, I will then interview your child. I will ask questions about things such as school, family life, interests, and friends. Because child safety is our number one priority at Big Brothers Big Sisters, I will also talk to your child about safety, using this booklet, which I encourage you to look over with your child together later. I also want to let you know that if you or your child share any information that discloses child abuse or maltreatment of any child, please understand that I may have to report that based on mandatory reporting laws and Big Brother Big Sisters policy. [Share specific state and agency reporting expectations]. Do you have any questions for me before we get started?"*

### **PARENT INTERVIEW (if possible, without the child present)**

1. How did you hear about Big Brothers Big Sisters?
2. Overall, how do you think your child will benefit by having a Big Brother or Big Sister?
3. Do you know anyone else involved in the program? What have they shared with you about their experience in the program?

### **Question Group 1 - PERSONALITY/INTERESTS:**

1. Describe your child's personality.
2. What are your child's strengths and talents?
3. Could you tell me a little about how your child spends his or her time? What activities does he/she enjoy?
4. Does your child prefer to be active and participate in activities or to sit back and observe?
5. When he/she meets new people, how does he/she typically respond?

6. What would be helpful for a Big in getting to know your child? What advice do you have for a Big?

**Question Group 2 - FAMILY RELATIONSHIPS:**

1. How would you generally describe your relationship with your child?
2. Describe the way that you and your child communicate with each other.
  - a. How do you discipline your child?
3. Who lives in the home? What are their relationships like with the child?
  - a. What kinds of activities do you do as a family?
4. Is there anyone in your home or closely associated with your family that may pose as a potential safety risk to the volunteer or in interacting with others, including children, within the Big Brothers Big Sisters Program?
5. Does your child have a parent or parental figure that is currently serving in the military or is considered a veteran?  
*(Verify with information provided on application to be sure information was correctly listed in AIM.)*
  - a. What branch? For how long? Dates of service?
  - b. What is the history of deployment? Do you anticipate the loved one will be deployed in the future?
  - c. Is your family or the child connected to any military family support groups or organizations at this time?

***If one or more parents are not in the home, ask the following questions:***

6. What is the child's relationship with the absent parent(s)?
  - a. How often does the child see the absent parent(s)? What type of contact do they have?
  - b. Have you talked to the child's parent(s) about enrolling the child in BBBS? When and what was the response? How supportive do you think the absent parent(s) will be towards the child being matched with a mentor?
7. Does the child have a parent or loved one that is currently in state or federal prison? What is the relationship of that person to the child?
  - a. For what crime was the person convicted and when did he/she go to prison?
  - b. What is length of the sentence? Do you know when the parent/loved-one is eligible to be released?
  - c. Will the parent or loved-one join the family on release? If so, do you expect the match to continue?
  - d. What does the child know about the parent/loved-one being incarcerated?
  - e. Do you anticipate that the child will want to talk to the volunteer about the incarceration?
  - f. When the last time the child saw the parent/loved-one? Does the child visit, write, or talk on the phone?
  - g. Have you talked to the parent/loved-one about the child having a BB or BS? What do they think?

**Question Group 3 - PHYSICAL AND MENTAL HEALTH**

1. Does your child have any type of physical health issues or diagnosis? Is he/she on medication?
  - a. How will this affect match activities?
2. Does your child have any allergies to food, animals, insect bites, etc?
  - a. Are there any foods or drinks that you limit or do not allow your child to have?
3. Tell me about any behavioral issues your child has had or you feel needs to improve upon.
  - a. How do you handle these behaviors?
  - b. How do you feel this will affect a match or match activities?
  - c. What advice would you give the mentor in handling any behavioral issues that come up in their time together?
4. Has your child been involved with the police or juvenile justice system?
  - a. What type of involvement? (e.g., arrest, delinquency court appearance, referral to diversion program, probation, etc.)
  - b. When was this involvement?
  - c. What was the reason for the involvement? (e.g., behavior, charges, etc.)
  - d. What was the disposition of the involvement (in other words, how was it resolved)? (e.g., dismissed, referral to services, adjudicated, placement, informal supervision, etc.)
  - e. How many times has your child had involvement with the police or juvenile justice system?
  - f. If currently involved, is there a case manager, probation or court worker assigned to your child?
    - i. If yes, do you have their name/contact info?
2. Does your child have a sibling who has had JJ involvement?
3. Does your child have friends who have had JJ involvement?
5. Is the child seeing a therapist or receiving counseling? Have they in the past? For what reason?
6. Tell me about any mental health issues or diagnoses your child has had.
  - a. Is your child on medication?
  - b. How do you feel this will affect a match or match activities?
  - c. What advice, if any, would you give the mentor?
7. To the best of your knowledge, has your child experienced any form of emotional, physical, or sexual abuse in the past?

- a. Tell me about that experience.
    - o *When did the abuse occur? How old was the child? Who was involved?*
  - b. Have there been any instances of your child acting out, whether sexually or using aggressive behaviors?
  - c. What services did the child receive?
  - d. How do you think this experience affects the child today?
  - e. Is this something your child talks about or would mention to a volunteer?
- 
8. Has your child witnessed domestic violence, violence in the neighborhood? Or any other experiences that you feel have been significant in his/her life?
  9. Has your child experienced any other traumatic experiences?
  10. Has your child ever lived or been placed out of the home or your care?

**Question Group 4 - FAMILY LIFE**

1. How long have you lived in the home?
2. How long do you plan on living in your current home?
  - a. If planning on moving, when and to what location?
3. What is your general neighborhood like? Are there any safety issues?
4. What is a typical day like for the family? Week?
5. In what activities is the child involved? What days/times does the child participate in those activities?
6. Does your family strongly identify with or participate in any racial or cultural communities or organizations?
7. Is there a faith community in which your family is involved?
8. Considering your family's schedule, what days do you think the child would be most available for outings with the Big?
9. Do you see any major changes occurring in the family or child's life in the next several months?

**Question Group 5 - SCHOOL**

1. What school does your child attend? Grade?  
*(Verify with information provided on application to be sure information was correctly listed in AIM.)*
  - a. How long has your child been at this school? If recent change, why?
2. How would you describe your child's school performance and attitude toward school?
  - a. What grades does he/she typically receive in academics?
  - b. What grades does s/he typically receive in conduct or behavior?

- c. What else do teachers or other school personnel say about your child?
3. How often would you say your child misses school (whether because of illness, transportation issues, or any other reason)?
  - a. *If child is 12 or above*, does your child ever skip classes or school? If so, how have you or the school responded in the past?
  - b. How often is your child late for school?
4. Does your child receive any special education services? Does he/she have an IEP?
5. What behavioral issues has your child had at school?
6. How would you describe your child's relationship with teachers and school staff?
7. Is your child involved in any extra-curricular activities at school? If so, which ones? If not, why?
8. Tell me how you are involved at your child's school.
9. Are you happy with your child's school? Can you tell me a bit about what you like or dislike about the school?
10. Describe your child's relationships with other children.
11. What are your child's expectations for his/her education? (e.g., does he want to go to college, join the military, etc.?)

#### **Question Group 6 - MATCH PREFERENCES**

##### **Partnering:**

1. How would you describe your personality?
2. How do you handle conflict?
3. How do you like to receive feedback?
4. What would you consider a successful match?
5. How will you form a partnership with a volunteer?
6. Tell me about a time when you successfully worked with another person (*babysitter, teacher, coach, etc.*) who was working with your child. What did you do to make that partnership work? What did you appreciate about that person?

##### **Preferences/Expectations:**

1. What goals do you have for the match?
2. Describe a person you think would meet your child's needs and interests.
3. What skills or areas do you want a volunteer to help your child with or teach your child?
4. Are there any topics of conversation that you do not want the volunteer to discuss with your child?
5. Are there any topics of discussion or areas of concern you specifically want the volunteer to talk with your child about?



6. What do you see the Big doing with your child?
7. Do you have any concerns or preferences regarding volunteers who: *(Explain agency policies as applicable.)*

Smoke:

Drink:

Own Pets:

Own Firearms/Weapons:

Have children of their own at home:

8. Do you have any preferences regarding a volunteer's: *(Explore responses.)*

Race/Ethnicity:

Religion/Faith:

Sexual Orientation:

Age:

9. Would you be open to your child being matched with a couple?
10. *If applicable*, would you be open to your child being matched in a cross-gender match?
11. What would you do if the overall match experience or the volunteer did not meet your expectations?
12. What would you do if your child did not seem to want to spend time with the Big?

**WRAP UP:**

1. What else do you think we should know about your child, to make the best match for him/her?
2. What questions do you have? Is there anything about which you would like more information?

## **YOUTH INTERVIEW (if possible, without the parent present)**

**Talk to the child about what to expect from the interview, especially if the child is young and may not understand what it means to be interviewed. In that explanation, be sure to share expectations around mandatory reporting of abuse if disclosed. Here is a sample script:**

*“Today, I’m going to ask you a lot of questions – about things such as school, your family, and yourself. These questions will help me get to know you, which will then help me find the best Big for you. I will also ask you some questions about what you want and what you expect from having a Big. Some of these questions might be hard for you to answer – that’s okay, just do your best to answer. If you want to skip and come back to a question, just say, “Skip.” We are also going to talk some about safety, using this book which I am going to give you to keep when we are done. I hope you will share this book with your parent later too. Before we get started, I wanted to tell you a few things. As we talk, I am going to write, so I am sure not to forget anything you have shared with me as I look for you a Big Brother or Big Sister. I am not going to let a Big or your parent read your answers, but I will share some of your answers, especially with the Big before they meet you to help them understand a little bit about who you are and what you like. Also, I wanted to let you know that if you share any information with me about you or someone else being hurt or unsafe, I may have to share that information with certain people, like the police or other social workers whose job it is to help children that are being hurt. I do that because I care about the safety and well-being of all children, including you. Do you understand? Do you have any questions before we get started?”*

1. What has your guardian/parent told you about Big Brothers Big Sisters?
2. Why do you think your guardian/parent wants you to have a BB or BS?
3. Do you want a Big? Why? Why not?
4. *For Teens or others that you are trying to assess their interest in the program:*
  - a. We ask for at least a year commitment from you and the Big. What do you think about that?
  - b. What do you hope to learn or gain from having a Big?
  - c. If you had plans with your Big Brother/Sister and a friend invited you to do something fun at the same time, what would you chose? How would you decide?
5. What do you think is going to be the best part about having a Big Brother or Big Sister?
6. What would you want me to tell them about you?
7. What might you want to know about them?
8. What should we tell them about your family?
  - a. Who makes up your family? Who lives in your home?
  - b. What are some activities you like to do with your family?
9. How do you usually spend your time with your friends?
10. If you could do anything you wanted with your time, what would you do?
11. What is something that is hard for you to do that you need help with sometimes?
12. If you could be good at one thing, what would it be?
13. What do you want to be when you are older or grow up?

14. What is the best thing that has ever happened to you? What is the worst?
15. If you could change one thing in your life, what would that be?
16. Do you like school? Why or why not?
  - a. What is your favorite and least favorite subject at school?
  - b. Who has been your favorite teacher? What did you like about that person?
  - c. Do you think school is important? Why or why not?
17. What is something that makes you special or unique?
18. Tell me about the kind of person you think would be the best Big for you?
19. Is there anything you would like to talk about with a Big?
20. What would you want to do with a BB or BS?
  - a. *Do you have any fears of any activities, animals or places? Anything you wouldn't want to do with your BB or BS?*
21. Are there any questions that you want to ask about having a Big Brother or Big Sister?

### **SAFETY**

*Follow BBBSA child safety materials, "Talking with Grown Ups" or "Personal Safety Awareness for Teens", or your agency's child safety materials, as a discussion guide to cover the material with the child and ensure that she/he understands the content. Document the child's answers in the booklet and on this form. Please note the following:*

1. *Any areas of safety in which the child seemed most familiar and knowledgeable:*
2. *Any questions the child had about the materials:*
3. *Any areas of the material with which the child seemed unfamiliar:*
4. *Any disclosures of abuse or trauma made by the child during this discussion or in any part of the interview:*

*Next, have the child complete the child autobiography exercise titled, "In My Own Words". Depending on age and ability, youth can fill in on their own or verbally fill in the blanks as staff asks and records response. If the child fills it out independently, be sure to read and explore any responses as needed.*

### **AREAS OF FOCUS**

*Conclude by talking to the parent (and child, if appropriate) about a few "areas of focus" for the child. Use what you learned in the interview to help you work with the parent and child to come up with a few areas, like self-esteem, social skills, etc.*

*Make certain to ask the parent and child if they have any other questions before you leave. Explain next steps and provide a number at which you can be reached should they have additional questions.*

## **In My Own Words**

*Fill in the blank with the answer that best represents you. It doesn't have to be one word – it can be as long or as short as you want.*

1. I am proud of \_\_\_\_\_
2. Today I feel \_\_\_\_\_
3. My biggest trouble is \_\_\_\_\_
4. The best thing about me is \_\_\_\_\_
5. I wish my family \_\_\_\_\_
6. Sometimes I worry about \_\_\_\_\_
7. I am happy when \_\_\_\_\_
8. I am sad when \_\_\_\_\_
9. I hope \_\_\_\_\_
10. I hope I never \_\_\_\_\_
11. The most important person to me is \_\_\_\_\_
12. I don't like it when people \_\_\_\_\_
13. I laugh when \_\_\_\_\_
14. I want to learn to \_\_\_\_\_
15. My friends would say I am \_\_\_\_\_

Is there anything else that I haven't asked you today that you wanted to share? Anything else you want a Big to know about you? Feel free to write anything else you want to share in the space below or on the back of this paper.



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services**

**ADDENDUM #1 - Issued May 23, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. If any Offeror is interested in obtaining a copy of the RFP in Word format and the Budget Worksheets in Excel, please e-mail request to [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org).
- II. The County has received the following questions and is providing a response:
  1. Can our organization apply as a lead organization with community collaborations as long as MOU's are in place?

**Response: Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies. The contracting agency must comply with terms for entering into subcontracts with other agencies.**

2. Is there a length of service established for both RFP's?

**Response: The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

3. Are there parameters around levels of funding? How much is available for each RFP? Funding ceiling or floor?

**Response: Parameters around levels of funding have not been established at this time.**

4. How are Innovative Pilot Services defined?

**Response: Further information regarding Pilot Programs may be found in the Boone County Community Service Board's (BCCSB) Funding Policy.**

- a. Would an evidence-based program already in place in another location, qualify for this RFP if we are adapting and implementing the program for the first time in Boone County?

**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy.**

5. Will evidence-based program training be funded under both of the RFP's?

**Response: Evidence-based program training may be considered for funding, provided the program training complies with the BCCSB's Funding Policy and the parameters established for funding by the Request For Proposal.**

- a. Are there any restrictions on the % of training costs?

**Response: No restrictions have been established at this time.**

- b. Are there any restrictions on the % of administration costs?

**Response: Administration costs/indirect expenses will be considered up to a maximum of 15% of salary expense only.**

7. Can funding be used for rent or the purchase of a physical building (i.e. a community center) in either RFP?

**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy. For Pilot Program proposals these expenses fall under indirect expenses. See above answer regarding allowance of indirect expenses.**

8. Can you explain the indirect cost 15% of salary expense that is allowable on pilot programs?

**Response: Agencies may be funded for indirect expenses up to 15% of the total salary expenses for direct staff positions for the project.**

9. Does the general liability insurance requirement and worker's compensation insurance requirement need to be in place before applying for the grant? Can this be an allowed expenditure in the budget of the request for funding proposal or is this at the expense of the organization? Do applicants need to provide an indemnity clause with their application, or only if selected for an award?

**Response: Insurance certificate does not have to be provided to submit a proposal response. It will be required at contract execution. The Offeror has discretion as to whether to itemize this expense or include it in their overall unit pricing. Indemnity clause may be provided with application or after selected for award.**

10. Can you clarify what specifically you are seeking in the anticipated outcomes, outcomes, indicators, and measurement sections (or how these differ)? Some of this information seems repetitive – is that okay?

Response: **There are excellent resources available on-line that provide detailed explanations of these terms. One resource to find this information is <http://www.cdc.gov/eval/resources/index.htm>.**

11. May we submit letters of support with our proposals?

Response: **Letters of support are not required. Letters of support will be considered as part of the Application Narrative. Consideration should be given to page limitations outlined in the Request for Proposals.**

12. Are the awarded contracts going to be fee for services (we get reimbursed for the services we provide) or cost-based? If they are fee for service, how are the rates determined?

Response: **For pilot program proposals, funding terms will be established during contract negotiation.**

13. Attachment B - Our fiscal year runs from July to June. With that in mind, here is how I feel the years should run: Prior Year- July 2012- June 2013, Current Year July 2013-June 2014, and Proposed Year July 2014-June 2015. Is this correct? If so, our July 2013- June 2014 information will be incomplete (missing May and June numbers), should we project those numbers to show 12 months? Our agency wide budget is not completed for the upcoming year (July 2014-June 2015). Should we provide a preliminary budget?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

14. Attachment C - Where do we include the funding we are requesting from the Children's Service Funds?

Response: **The amount requested from the Children's Services Fund should not be included on Attachment C.**

15. Attachment C - In the bottom box, what is the difference between "Actual" and "Current"?

Response: **The bottom box should read from left to right, "Prior Actual Year", "Current Year", and "Proposed Year". An amended Attachment C is attached.**

16. What is the maximum amount of funds that can be requested for each RFP? Is there a range of funding for each project/RFP that the evaluation/reviewers desire?

Response: **There is no funding cap established at this time for either the pilot program or purchase of services contracts.**



17. Can funding be used to support services, or supportive services/wrap-around services to children and youth who are currently enrolled in a residential chemical dependency program?

**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy.**

18. Should all proposals be for a twelve month period? I see that there is the option for negotiation to renew funded proposals, but in our original design for programming, should we limit programming to twelve months?

**Response: The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. Agencies should define proposed program terms in the application and budget narratives.**

19. How many times can organizations re-apply? Is it on an Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

**Response: The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

20. When is the start date and end date of the funding?

**Response: The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

21. If a new non-profit organization has applied for their 501(3)(c) designation but it is still pending by the deadline date of the grant, will some consideration be given to the non-profits as long as they can document their application for 501(3)(c)?

**Response: Consideration may be given to a non-profit organization that has not yet obtained a 501(c)(3) designations; however, an organization must have obtained the 501(c)(3) designations prior to entering into a contract.**

22. Can an organization submit more than one pilot program?

**Response: Yes**

23. Can an organization apply for the pilot program and the purchase for services contracts?

**Response: Organizations may apply for both the pilot program and purchase of services contracts.**

24. What is the funding cap request per proposal for the pilot program? Is it a set amount or is it variable?

**Response: There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

25. Is there a list of “allowable expenditures” of what can be requested for the proposal? Or a list of things that are “not allowable”? That would be helpful to have if it is available.

Response: **There is not currently a list of “allowable” or “not allowable” expenditures.**

26. For the pilot program, can participants/subjects in the research pilot be paid for their participation for completing surveys, classes, etc. as part of the funding? For example, “each participant who completes the pre- and post surveys and the classes on advocacy will have their name entered into a drawing to win a \$100.00 gift card to \_\_\_\_\_.”

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB’s’s Funding Policy.**

27. If a new non-profit has just been certified the state and Jason Kander’s office sent a letter stating that their independent audit is not due to the state until August of 2015, is this letter allowable to present in lieu of doing an independent audit prior to submission as required by the grant?

Response: **Yes.**

28. Section I - Overview:

Must offerors submit proposals providing services throughout Boone County, or may proposals focus on certain geographic areas such as the City of Columbia?

Response: **Please reference the “Beneficiaries and Outcomes” section of the BCCSB’s Funding Policy.**

29. Attachment C Program Budget Worksheet

- a. Because Section VII - Term; Termination of Contract Agreement indicates that the initial term of contract will be negotiated, should the offeror assume that the Program Budget Worksheet is to be filled out on a calendar year basis?

Response: **As the contract term has not yet been established, agencies may use the agency’s fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

- b. The Worksheet requires Program Revenue and Expenses for Prior (2013), Current (2014), and Proposed Year (2015). Because revenue from certain sources (such as United Way) are contractually committed on calendar year basis, some revenue shown for Current year may not be available for Proposed Year. How should offerors treat this type of revenue on Exhibit C?

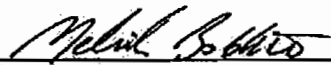
Response: **See above.**

30. My question is about the kinds of services that are eligible for funding. We would like to know whether funds could be awarded to a program that identifies key community-level student outcomes (such as kindergarten readiness and psycho-social well-being at the transition out of middle school), identifies local data with which to measure progress on those outcomes, and

assembles collaborative action networks of public and private entities to improve those community outcomes. We would apply under the RFP for pilot projects as a collaborative effort that will make a meaningful impact on children by fostering revision of existing services that target and building the capacity of local providers to use data in their decision-making. To you more detail, the collaborative action networks will collect, share, and analyze data on local newborn, child, and youth outcomes in order to identify local root causes, promising leverage points for improving youth outcomes, and strategies that are especially effective locally. The networks will create action plans based on that data and will measure the impact of their plans on student success to determine whether those strategies should be expanded, refined or replaced.

Our question is whether the organization that convenes these networks, provides the data assistance needed for the networks to do data-based decision-making, and publishes annual community report cards is eligible for partial funding, assuming that the proposal is otherwise meritorious?

Response: **The offeror should thoroughly explain how the organization's proposed pilot program falls under a statutorily eligible service area in order for the BCCSB to make an informed decision.**

By:   
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

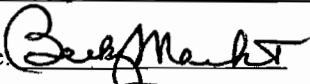
OFFEROR has examined copy of Addendum #1 to Request for Proposal 28-24JUN14 – *Pilot Programs that Provide Innovative Service - Boone County Community Children's Services* receipt of which is hereby acknowledged:

Company Name: CHA Low-Income Services Inc.

Address: 201 Switzler

Phone Number: 573-443-2556 Fax Number: 573-443-0051

E-mail: bmarkt@columbiaha.com

Authorized Representative Signature:  Date: 5/23/14

Authorized Representative Printed Name: Becky Markt



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative  
Service - Boone County Community Children’s Services**

**ADDENDUM #2 - Issued May 28, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Change Bid Due Date and Opening Date to the following:

**Response Submission Deadline: July 10, 2014, 1:15 p.m. Central Time**  
**Proposal Opening: July 10, 2014, 1:30 p.m. Central Time**

- II. Attached for informational purpose are the pre-proposal conference sign-in sheets from the conferences that were held on May 23, 2014.
- III. Provided for informational purpose is the evaluation weighted criteria that will be used by the Children’s Services Board to evaluate the proposal responses received.

<b>Agency and Service Information</b>	<b>15%</b>
<b>Evaluation</b>	<b>50%</b>
<b>Budget</b>	<b>35%</b>

- IV. The County has received the following questions and is providing a response:

1. Can the “Board of Directors” be submitted as an attachment to our RFP response?

Response: **Yes. Any time you see the word “attached,” you may submit that requirement as an attachment.**

2. If our agency does not have a Board of Directors, is an advisory board acceptable?

Response: **Yes, please explain your agency’s organizational structure in your application narrative.**

3. The Thompson Center is affiliated with the University of Missouri. The Federal 990 is hundreds of pages. Can we submit a URL where that can be viewed rather than attach those pages?

Response: **The 990 should not be attached, it is, however, required to be available upon request.**

4. Will the Board consider proposals for programs that will not work directly with Boone County children, youth, and families, but instead will work with agencies that directly provide statutorily

defined services, such as home-based and community-based family intervention programs and psychological evaluations and mental health screening? The pilot program will facilitate the formation of collaborative action networks and will then mentor the networks and the participating agencies in the use of local data, agency outcomes data, and national research to identify practices that are especially effective and, through their use, confer larger and more meaningful benefits to Boone County children, youth and families.

Response: **The offeror should thoroughly explain how the organization's proposed pilot program falls under a statutorily eligible service area in order for the BCCSB to make an informed decision. Please also see the "Examples of Types of Funding Classifications Envisioned" section of the Boone County Children's Services Board (BCCSB) Funding Policy which may be found at <http://www.showmcboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>**

5. Should in-kind services supplied by a partner be included on Attachment C as revenue and expenses and, if so, would you like them to be identified as such?

Response: **No, do not include in-kind services on Attachment C. You should explain partner collaborations in the application narrative where appropriate.**

6. With respect to Measurement, could you further explain the difference between 2.d.iv. "Describe the approach that will be used to evaluate the pilot program" and 2.d.v. "Describe the approach that will be used to evaluate the effectiveness of the program"? Is iv about evaluating the process and v about evaluating the outcomes?

Response: **2.d.iv. is seeking information regarding the pilot program itself in regard to the principles expressed in the BCCSB Funding Policy, please see "Examples of Types of Funding Classifications Envisioned" section. 2.d.v. is seeking information regarding how the outcomes proposed will be measured.**

By: Melinda Bobbitt  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #2 to Request for Proposal 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services receipt of which is hereby acknowledged:

Company Name: CHA Low-Income Services Inc.

Address: 201 Switzler

Phone Number: 573-443-2556 Fax Number: 573-443-0051

E-mail: bmarkt@columbiaha.com

Authorized Representative Signature: Becky Markt Date: 5/28/14

Authorized Representative Printed Name: Becky Markt

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

27-10JUN14 – Service Contracts for Boone County Children’s Services  
 May 23, 2014, 10:00 a.m. central time

28-24JUN14 – Pilot Programs that Provide Innovative Service Friday  
 May 23, 2014, 11:00 a.m. central time

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	Kelly Wallis	Children's Services Board	886-7218	
3.	Joanne Nelson	Children's Services Board	886-4298	
4.	Erika Waller	MU Psychological Services Clinic	882-2686	882-7583
5.	J. Arment	BBH	777-8397	
6.	Frances Jones	BBH	777 4330	777 8386
7.	Julia Adani	GC	643-8331	-
8.	Carole Schatz	MUPC	424-2287	
9.	Cynthia Jabe	MU		
10.	Vikki Davis	T		
11.	Isabel Rife	Project LAUNCH		
12.	Jessica Wilbey	I		
13.	Jack Jensen	First Chance for Children		
14.	Angie Ziskowski	Great Circle		
15.	Paulo Porcuna	Professional Family Healthcare		
16.	Wds Toine	"		
17.	Sara Mault	"		
	Kelly Trehr	"		

18.	Jan Stock	Rainbow House	474-6600	474-5992
19.	Philip Peters	Cradle to Career	882-8274	
20.	Ryan Wierky	Youth Community Coalition	449-1993	268 0548
21.	Marlene House	Russell	777 8336	
22.	Craig Valone	" "	777 8451	
23.	Brian Martin	Patross Community Health	317-9100	
24.	Holly Staley	SSM Health Care	314-979-8462	314-402-5925
25.	Bryan White	Central Mo Community Health	443 8706	
26.	Ric Douber	See	356-6397	
27.	Anna Drake	Agent of Missouri CASA	(573)442-4670	NA
28.	Marissa Emmer	Assessment + Consultation Center	573-884-3101	573-884-3397
29.	Stacy Hollis	City/County HHS	874-7922	
30.	Scott Mattingly	All Parenthood	573 268-2246	
31.	Heather Swift	Big Brothers Big Sisters	573-874-3627	x.201
32.	GRANT BRACKEL	UPSTANDER INITIATIVE	573-999-9166	
33.	BONDI WOOD	THE THOMPSON CENTER FOR AUTISM	573-489-7312	
34.	Chuck Bardin	U. Missouri	573-882-4578	
35.	Allina Hunsd	CMT-CAP	573-353-0574	
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FAX

41.	Franky Tabana	CMCA	443-8706	
42.	Pamela Berry	CMCA	443-8706	
43.	Randy Hill	Love INC	256-7662 ext. 29	256-7665
44.	Janice Carter-Boss	CPS	214-3462	214-3402
45.	Megan Carney	MIJ ACC	573-884-1085	573-884-3399
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

27-10JUN14 – Service Contracts for Boone County Children’s Services  
 May 23, 2014, 10:00 a.m. central time

28-24JUN14 – Pilot Programs that Provide Innovative Service Friday  
 May 23, 2014, 11:00 a.m. central time

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	Kelly Wallis	Children’s Services Board	886-7218	
3.	Joanne Nelson	Children’s Services Board	886-4298	
4.	Paulette Foerster	Lutheran Family and children’s services	815-9955	449-4640
5.	Chastine Curran	“	“	“
6.	Paula Fleming	Great Circle	356-0022	442-8330
7.	Peppy Howard	Great Circle	314-623-6589	314-968-8308
8.	Harper Colton	Great Circle	314-626-6242	
9.	Misty O’Keefe	Child Care Aware Missouri	314-952-9716	314-754-0730
10.	Shelly Lock	Child Care Aware of MD	573-353-1930	314-754-0330
11.	Whitney Jones	Youth Empowerment Zone	(773) 607-215	
12.	Chrissy Mayer	DCCCA/Tallgrass Family Services	(785) 841-4138 cmayer@dccca.org	785-841-5777
13.	Anita Kesting-Cove	PCHAS	573-287-7590	
14.	Becky Markt	CHA Low Income Services	573-413-2556	
15.	Andreea Topala	“ HCV	“ 647-1400	
16.				
17.				



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children’s Services**

**ADDENDUM #3 - Issued June 16, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Last date to submit questions is June 27, 2014 at 12:00 p.m.
- II. The County has received the following questions and is providing a response:
  1. Under Section II Funding Goals, would you please define match funding opportunities?

**Response: Information regarding match funding may be found in the BCCSB’s Funding Policy. The BCCSB’s Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

2. Is an annual independent audit necessary for our small agency? We have received state grants for our afterschool program for nine years and have never been required to do this because our level of funding has never exceeded \$100,000.

**Response: If the agency is not required or is exempt from conducting an annual independent financial audit, please explain this in your Application Narrative.**

3. We currently have no paid employees under our organization. We are all volunteers. In the past, we have only had five part-time employees. Under our proposal we would request employment for 3 to 5 employees. Would we still be required to carry Worker’s Comp. Insurance?

**Response: It would be acceptable to provide evidence of monopolistic state coverage and the County would provide a form for you to complete at time of contract execution.**

4. We carry Comprehensive General Liability Insurance for \$1,000,000. To increase our coverage to \$2,000,000.00, would be an increase in our annual budget. Is this a non-negotiable requirement?

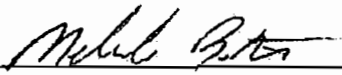
**Response: The Commercial General Liability Insurance requirements have been reduced to \$1,000,000.00. Please replace the Insurance Requirements that were in the original RFP with the attached.**

5. We carry Commercial Automobile Liability for \$1,000,000.00. To increase our coverage to \$2,000,000.00 would be an increase to our annual budget. Is this a non-negotiable requirement?

Response: **The Business Automobile Liability Insurance requirements have been reduced to \$1,000,000.000. Please replace the Insurance Requirements that were in the original RFP with the attached.**

6. One of the required attachments is a Certificate of Good Standing from the Missouri Secretary of State's office. May we attach a screen shot of the MO SOS webpage that shows our organization's standing or are you requiring an official Certificate?

Response: **A Certificate of Good Standing is not a required attachment; please do not attach it to your proposal. Attachment D, 2014 Agency Assurance Sheet, states: "I, the undersigned, further certify I have and will make available, upon request, of the following documents...."**

By:   
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #3 to Request for Proposal 28-24JUN14 – *Pilot Programs that Provide Innovative Service - Boone County Community Children's Services* receipt of which is hereby acknowledged:

Company Name: CHA Low-Income Services Inc.

Address: 201 Switzler

Phone Number: 573-443-2556 Fax Number: 573-443-0051

E-mail: bmarkt@columbiaha.com

Authorized Representative Signature:  Date: 6/16/14

Authorized Representative Printed Name: Becky Markt

**Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County, nor shall the Contractor allow any subcontractor to commence work on their subcontract until all similar insurance required of subcontractor has been so obtained and approved. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide. Insurance limits indicated below may be lowered at the discretion of the County.

**Employers Liability and Workers Compensation Insurance -** The Contractor shall take out and maintain during the life of this contract, **Employers Liability and Workers Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Workers Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor. Workers Compensation coverage shall meet Missouri statutory limits or provide evidence of monopolistic state coverage. Employers Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit. In case any class of employees engaged in hazardous work under this Contract at the site of the work is not protected under the Workers Compensation Statute, the Contractor shall provide and shall cause each subcontractor to provide Employers Liability Insurance for the protection of their employees not otherwise protected.

**Commercial General Liability Insurance -** The Contractor shall take out and maintain during the life of this contract, such commercial general liability insurance as shall protect them and any subcontractor performing work covered by this contract, from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or for any subcontractor or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 combined single limit for any one occurrence covering both bodily injury and property damage, including accidental death. If the Contract involves any underground/digging operations, the general liability certificate shall include X, C, and U (Explosion, Collapse, and Underground) coverage. If providing Commercial General Liability Insurance, then the Proof of Coverage of Insurance shall also be included.

Contractor may satisfy the minimum liability limits required for Commercial General Liability or Business Auto Liability under an Umbrella or Excess Liability policy. There is no minimum per occurrence limit of liability under the umbrella or Excess Liability; however, the Annual Aggregate limit shall not be less than the highest "Each Occurrence" limit for either Commercial General Liability or Business Auto Liability. Contractor agrees to endorse the County as an Additional Insured on the umbrella or Excess Liability, unless the Certificate of Insurance state the Umbrella or Excess Liability provides coverage on a "Follow-Form" basis.

**Business Automobile Liability -** The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; non-owned and both on and off the site of work.

**Subcontractors:** Contractor shall cause each Subcontractor to purchase and maintain insurance of the types and amounts specified herein. Limits of such coverage may be reduced only upon written agreement of Owner. Contractor shall provide to Owner copies of certificates evidencing coverage for each Subcontractor. Subcontractors' commercial general liability and business automobile liability insurance shall name Owner as Additional Insured and have the Waiver of Subrogation endorsements added.

**Proof of Carriage of Insurance -** The Contractor shall furnish the County with Certificate(s) of Insurance which name the County as additional insured in an amount as required in this contract, contain

a description of the project or work to be performed and provided for Commercial General Liability, Business Auto Liability, and Umbrella or Excess Liability (not on Workers Compensation). The Certificate of Insurance shall provide that there will be no cancellation or reduction of coverage without 30 days prior written notice to the Owner. In addition, such insurance shall be on occurrence basis and shall remain in effect until such time as the County has made final acceptance of the facility contracted.

**INDEMNITY AGREEMENT:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, officers, agents, and employees from and against all claims, damages, losses and expenses (including but not limited to attorney's fees) arising by reason of any act or failure to act, negligent or otherwise, of Contractor, of any subcontractor (meaning anyone, including but not limited to consultants having a contract with contractor or a subcontract for part of the services), of anyone directly or indirectly employed by contractor or by any subcontractor, or of anyone for whose acts the contractor or its subcontractor may be liable, in connection with providing these services. This provision does not, however, require contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

Failure to maintain the required insurance in force may be cause for contract termination. In the event the Agency/Service fails to maintain and keep in force the required insurance or to obtain coverage from its subcontractors, the County shall have the right to cancel and terminate the contract without notice.



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children’s Services**

**ADDENDUM #4 - Issued June 24, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. The County has received the following questions and is providing a response:

1. Where it references "require annual background checks, including child abuse and neglect screenings on all employees and volunteers", we wondered if that pertained to all employees of our organization (Central Missouri Community Action) or only to those who work directly with children and families. Some of our staff, including those from our finance/IT departments, who don't interact directly with our clientele, are at this time not required to undergo annual child abuse/background screenings. In order to be eligible for funding associated with this RFP, are we required to conduct those screens on non-project related employees and volunteers?

**Response: Any position funded by the Children’s Services Fund in whole or in part, must complete an annual background check. Any volunteers associated with any programs funded by the Children’s Services Fund must also complete an annual background check.**

2. The question is in regards to measurement in both RFP’s. “Include copies of any evaluation tools you will be using”. Some of the materials we will be proposing have not been purchased, some are quite lengthy and several use multiple methods. How should we approach these issues? We can easily include why we are using these tools as opposed to others and if it would be satisfactory I would be happy to put together a description of any evaluation tool we have not purchased or is overwhelming in length. And just to verify these evaluation tools do NOT count towards are page limit, correct?

**Response: Copies of the evaluation tools do not count towards the page limit. If there are no examples of the evaluation tools, please provide a description of the evaluation tool and why it will be utilized.**

3. Regarding the Financial Information Attachment sheets. If our agency runs only one program, wouldn't the information be exactly the same for both sheets? If so, do we fill them both out?

Response: **If the agency and program budget are the same, please fill out only one worksheet and provide detailed information in the Budget Narrative.**

4. When looking at the timeline of implementation, what is the approximate date for funding? If we are looking to implement our pilot project in a school year, I am not sure if we should say our implementation would begin this fall (2014 - 15 school year) or the next school year?

Response: **The timeline will be determined during contract negotiations. For prudent planning, agencies could plan on the next school year (2015-2016) but there may be an opportunity to receive funding prior to the next school year.**

5. In both of the above referenced RFPs there is a statement "Revenues collected and deposited in the children's services fund **may not be expended** . . . or, for transportation services".

While we do not intend to propose a transportation service per se in serving youth in the County's bedroom communities there will be expenses incurred in staff reaching out to them and transporting participants to proposed services and activities. Are these costs in anyway allowable? Can expenses incurred while using existing vehicles for gas, insurance and maintenance be included in the unit cost? How about mileage reimbursement for proposed staff?

Response: **All expenses incurred by staff in providing services are allowed and should be included in the unit cost. However, the costs of transporting participants cannot be reimbursed through the Children's Services Fund.**

6. Am I correct in understanding staffing for the proposed project may not exceed 15 % of the total project request? For example, if the total project were \$1000, \$150 would be the maximum allowable for personnel.

Response: **For the Pilot Programs for Innovative Services RFP, the 15% of salary expenses is referring strictly to indirect expenses. Salary expenses include wages, payroll taxes, unemployment, and worker's comp. Indirect expenses include general organizational expenses such as executive management time, finance, human resources or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc.**

7. Will the 15% administration percentage be based on the "Personnel Costs" line on the budget or strictly just the salary portion of that line?

Response: **The 15% administrative percentage or indirect expenses are based on the salary expenses (salary expenses does not include benefits) only.**

8. What is included in Personnel expenses? Wages, payroll taxes, health insurance, and retirement are included but how about unemployment, work comp, and staff training?

Response: **Personnel expenses should include wages, payroll taxes, health insurance, retirement, unemployment, worker's comp and staff training. Please provide a detailed explanation in the Budget Narrative.**

By: Melinda Bobbitt  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #4 to Request for Proposal 28-24JUN14 – *Pilot Programs that Provide Innovative Service - Boone County Community Children's Services* receipt of which is hereby acknowledged:

Company Name: CHA Low-Income Services Inc.

Address: 201 Switzer

Phone Number: 573-443-2556 Fax Number: 573-443-0051

E-mail: bmarkt@columbiaha.com

Authorized Representative Signature: Becky Markt Date: 6/24/14

Authorized Representative Printed Name: Becky Markt





**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative  
Service - Boone County Community Children’s Services**

**ADDENDUM #4 - Issued June 24, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. The County has received the following questions and is providing a response:

1. Where it references "require annual background checks, including child abuse and neglect screenings on all employees and volunteers", we wondered if that pertained to all employees of our organization (Central Missouri Community Action) or only to those who work directly with children and families. Some of our staff, including those from our finance/IT departments, who don't interact directly with our clientele, are at this time not required to undergo annual child abuse/background screenings. In order to be eligible for funding associated with this RFP, are we required to conduct those screens on non-project related employees and volunteers?

**Response: Any position funded by the Children’s Services Fund in whole or in part, must complete an annual background check. Any volunteers associated with any programs funded by the Children’s Services Fund must also complete an annual background check.**

2. The question is in regards to measurement in both RFP’s. “Include copies of any evaluation tools you will be using”. Some of the materials we will be proposing have not been purchased, some are quite lengthy and several use multiple methods. How should we approach these issues? We can easily include why we are using these tools as opposed to others and if it would be satisfactory I would be happy to put together a description of any evaluation tool we have not purchased or is overwhelming in length. And just to verify these evaluation tools do NOT count towards are page limit, correct?

**Response: Copies of the evaluation tools do not count towards the page limit. If there are no examples of the evaluation tools, please provide a description of the evaluation tool and why it will be utilized.**

3. Regarding the Financial Information Attachment sheets. If our agency runs only one program, wouldn't the information be exactly the same for both sheets? If so, do we fill them both out?

Response: **If the agency and program budget are the same, please fill out only one worksheet and provide detailed information in the Budget Narrative.**

4. When looking at the timeline of implementation, what is the approximate date for funding? If we are looking to implement our pilot project in a school year, I am not sure if we should say our implementation would begin this fall (2014 - 15 school year) or the next school year?

Response: **The timeline will be determined during contract negotiations. For prudent planning, agencies could plan on the next school year (2015-2016) but there may be an opportunity to receive funding prior to the next school year.**

5. In both of the above referenced RFPs there is a statement "Revenues collected and deposited in the children's services fund **may not be expended** . . . or, for transportation services".

While we do not intend to propose a transportation service per se in serving youth in the County's bedroom communities there will be expenses incurred in staff reaching out to them and transporting participants to proposed services and activities. Are these costs in anyway allowable? Can expenses incurred while using existing vehicles for gas, insurance and maintenance be included in the unit cost? How about mileage reimbursement for proposed staff?

Response: **All expenses incurred by staff in providing services are allowed and should be included in the unit cost. However, the costs of transporting participants cannot be reimbursed through the Children's Services Fund.**

6. Am I correct in understanding staffing for the proposed project may not exceed 15 % of the total project request? For example, if the total project were \$1000, \$150 would be the maximum allowable for personnel.

Response: **For the Pilot Programs for Innovative Services RFP, the 15% of salary expenses is referring strictly to indirect expenses. Salary expenses include wages, payroll taxes, unemployment, and worker's comp. Indirect expenses include general organizational expenses such as executive management time, finance, human resources or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc.**

7. Will the 15% administration percentage be based on the "Personnel Costs" line on the budget or strictly just the salary portion of that line?

Response: **The 15% administrative percentage or indirect expenses are based on the salary expenses (salary expenses does not include benefits) only.**

8. What is included in Personnel expenses? Wages, payroll taxes, health insurance, and retirement are included but how about unemployment, work comp, and staff training?

Response: **Personnel expenses should include wages, payroll taxes, health insurance, retirement, unemployment, worker's comp and staff training. Please provide a detailed explanation in the Budget Narrative.**

By: Melinda Bobbitt  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #4 to Request for Proposal **28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children’s Services** receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services**

**ADDENDUM #3 - Issued June 16, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Last date to submit questions is June 27, 2014 at 12:00 p.m.
- II. The County has received the following questions and is providing a response:
  1. Under Section II Funding Goals, would you please define match funding opportunities?

**Response: Information regarding match funding may be found in the BCCSB's Funding Policy. The BCCSB's Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

2. Is an annual independent audit necessary for our small agency? We have received state grants for our afterschool program for nine years and have never been required to do this because our level of funding has never exceeded \$100,000.

**Response: If the agency is not required or is exempt from conducting an annual independent financial audit, please explain this in your Application Narrative.**

3. We currently have no paid employees under our organization. We are all volunteers. In the past, we have only had five part-time employees. Under our proposal we would request employment for 3 to 5 employees. Would we still be required to carry Worker's Comp. Insurance?

**Response: It would be acceptable to provide evidence of monopolistic state coverage and the County would provide a form for you to complete at time of contract execution.**

4. We carry Comprehensive General Liability Insurance for \$1,000,000. To increase our coverage to \$2,000,000.00, would be an increase in our annual budget. Is this a non-negotiable requirement?

**Response: The Commercial General Liability Insurance requirements have been reduced to \$1,000,000.000. Please replace the Insurance Requirements that were in the original RFP with the attached.**

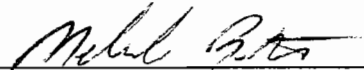
5. We carry Commercial Automobile Liability for \$1,000,000.00. To increase our coverage to \$2,000,000.00 would be an increase to our annual budget. Is this a non-negotiable requirement?

Response: **The Business Automobile Liability Insurance requirements have been reduced to \$1,000,000.00. Please replace the Insurance Requirements that were in the original RFP with the attached.**

6. One of the required attachments is a Certificate of Good Standing from the Missouri Secretary of State's office. May we attach a screen shot of the MO SOS webpage that shows our organization's standing or are you requiring an official Certificate?

Response: **A Certificate of Good Standing is not a required attachment; please do not attach it to your proposal. Attachment D, 2014 Agency Assurance Sheet, states: "I, the undersigned, further certify I have and will make available, upon request, of the following documents...."**

By:



**Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing**

OFFEROR has examined copy of Addendum #3 to Request for Proposal *28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_

**Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County, nor shall the Contractor allow any subcontractor to commence work on their subcontract until all similar insurance required of subcontractor has been so obtained and approved. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide. Insurance limits indicated below may be lowered at the discretion of the County.

**Employers Liability and Workers Compensation Insurance** - The Contractor shall take out and maintain during the life of this contract, **Employers Liability and Workers Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Workers Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor. Workers Compensation coverage shall meet Missouri statutory limits or provide evidence of monopolistic state coverage. Employers Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit. In case any class of employees engaged in hazardous work under this Contract at the site of the work is not protected under the Workers Compensation Statute, the Contractor shall provide and shall cause each subcontractor to provide Employers Liability Insurance for the protection of their employees not otherwise protected.

**Commercial General Liability Insurance** - The Contractor shall take out and maintain during the life of this contract, such commercial general liability insurance as shall protect them and any subcontractor performing work covered by this contract, from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or for any subcontractor or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 combined single limit for any one occurrence covering both bodily injury and property damage, including accidental death. If the Contract involves any underground/digging operations, the general liability certificate shall include X, C, and U (Explosion, Collapse, and Underground) coverage. If providing Commercial General Liability Insurance, then the Proof of Coverage of Insurance shall also be included.

Contractor may satisfy the minimum liability limits required for Commercial General Liability or Business Auto Liability under an Umbrella or Excess Liability policy. There is no minimum per occurrence limit of liability under the umbrella or Excess Liability; however, the Annual Aggregate limit shall not be less than the highest "Each Occurrence" limit for either Commercial General Liability or Business Auto Liability. Contractor agrees to endorse the County as an Additional Insured on the umbrella or Excess Liability, unless the Certificate of Insurance state the Umbrella or Excess Liability provides coverage on a "Follow-Form" basis.

**Business Automobile Liability** – The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; non-owned and both on and off the site of work.

**Subcontractors:** Contractor shall cause each Subcontractor to purchase and maintain insurance of the types and amounts specified herein. Limits of such coverage may be reduced only upon written agreement of Owner. Contractor shall provide to Owner copies of certificates evidencing coverage for each Subcontractor. Subcontractors' commercial general liability and business automobile liability insurance shall name Owner as Additional Insured and have the Waiver of Subrogation endorsements added.

**Proof of Carriage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name the County as additional insured in an amount as required in this contract, contain

a description of the project or work to be performed and provided for Commercial General Liability, Business Auto Liability, and Umbrella or Excess Liability (not on Workers Compensation). The Certificate of Insurance shall provide that there will be no cancellation or reduction of coverage without 30 days prior written notice to the Owner. In addition, such insurance shall be on occurrence basis and shall remain in effect until such time as the County has made final acceptance of the facility contracted.

**INDEMNITY AGREEMENT:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, officers, agents, and employees from and against all claims, damages, losses and expenses (including but not limited to attorney's fees) arising by reason of any act or failure to act, negligent or otherwise, of Contractor, of any subcontractor (meaning anyone, including but not limited to consultants having a contract with contractor or a subcontract for part of the services), of anyone directly or indirectly employed by contractor or by any subcontractor, or of anyone for whose acts the contractor or its subcontractor may be liable, in connection with providing these services. This provision does not, however, require contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

Failure to maintain the required insurance in force may be cause for contract termination. In the event the Agency/Service fails to maintain and keep in force the required insurance or to obtain coverage from its subcontractors, the County shall have the right to cancel and terminate the contract without notice.



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children’s Services**

**ADDENDUM #2 - Issued May 28, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Change Bid Due Date and Opening Date to the following:

**Response Submission Deadline: July 10, 2014, 1:15 p.m. Central Time**  
**Proposal Opening: July 10, 2014, 1:30 p.m. Central Time**

- II. Attached for informational purpose are the pre-proposal conference sign-in sheets from the conferences that were held on May 23, 2014.
- III. Provided for informational purpose is the evaluation weighted criteria that will be used by the Children’s Services Board to evaluate the proposal responses received.

<b>Agency and Service Information</b>	<b>15%</b>
<b>Evaluation</b>	<b>50%</b>
<b>Budget</b>	<b>35%</b>

- IV. The County has received the following questions and is providing a response:

1. Can the “Board of Directors” be submitted as an attachment to our RFP response?

Response: **Yes. Any time you see the word “attached,” you may submit that requirement as an attachment.**

2. If our agency does not have a Board of Directors, is an advisory board acceptable?

Response: **Yes, please explain your agency’s organizational structure in your application narrative.**

3. The Thompson Center is affiliated with the University of Missouri. The Federal 990 is hundreds of pages. Can we submit a URL where that can be viewed rather than attach those pages?

Response: **The 990 should not be attached, it is, however, required to be available upon request.**

4. Will the Board consider proposals for programs that will not work directly with Boone County children, youth, and families, but instead will work with agencies that directly provide statutorily



defined services, such as home-based and community-based family intervention programs and psychological evaluations and mental health screening? The pilot program will facilitate the formation of collaborative action networks and will then mentor the networks and the participating agencies in the use of local data, agency outcomes data, and national research to identify practices that are especially effective and, through their use, confer larger and more meaningful benefits to Boone County children, youth and families.

Response: **The offeror should thoroughly explain how the organization's proposed pilot program falls under a statutorily eligible service area in order for the BCCSB to make an informed decision. Please also see the "Examples of Types of Funding Classifications Envisioned" section of the Boone County Children's Services Board (BCCSB) Funding Policy which may be found at <http://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>**

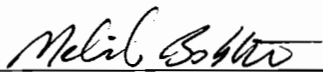
5. Should in-kind services supplied by a partner be included on Attachment C as revenue and expenses and, if so, would you like them to be identified as such?

Response: **No, do not include in-kind services on Attachment C. You should explain partner collaborations in the application narrative where appropriate.**

6. With respect to Measurement, could you further explain the difference between 2.d.iv. "Describe the approach that will be used to evaluate the pilot program" and 2.d.v. "Describe the approach that will be used to evaluate the effectiveness of the program"? Is iv about evaluating the process and v about evaluating the outcomes?

Response: **2.d.iv. is seeking information regarding the pilot program itself in regard to the principles expressed in the BCCSB Funding Policy, please see "Examples of Types of Funding Classifications Envisioned" section. 2.d.v. is seeking information regarding how the outcomes proposed will be measured.**

By:

  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #2 to Request for Proposal *28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

27-10JUN14 – Service Contracts for Boone County Children’s Services  
 May 23, 2014, 10:00 a.m. central time

28-24JUN14 – Pilot Programs that Provide Innovative Service Friday  
 May 23, 2014, 11:00 a.m. central time

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	Kelly Wallis	Children’s Services Board	886-7218	
3.	Joanne Nelson	Children’s Services Board	886-4298	
4.	Erika Waller	MU Psychological Services Clinic	882-2686	882-7583
5.	J. Arment	BBH	777-8397	
6.	Rachel Jones	BBH	777 8330	777 8300
7.	Julia Adani	GC	443-8331	-
8.	Carole Schatz	MUPC	424-2287	
9.	Cynthia Jobe	MU		
10.	Vicki Duvett	T		
11.	Isabel Rife	Project LAUNCH		
12.	Jessica Wilbey	I		
13.	Jack Jensen	First Chance for Children		
14.	Angie Zilinski	Great Circle		
15.	Paule Borauw	Preferred Family Health		
16.	Wes Toine	"		
17.	Sara Mault	"		

Kelly Treiter "

18.	Jan Stock	Rainbow House	474-6600	474-5992
19.	Philip Peters	Cradle to Career	882-8274	
20.	Ryan Worley	Tenth Community Coalition	449-1993	268 0848
21.	Marlene House	Russell	777 8336	
22.	Craig Valone	" "	777 8451	
23.	Brian Martin	Partners Community Health	317-9100	
24.	Holly Staley	SSM Health Care	314-479-8462	314-406-5935
25.	Bryan White	Central Mo Community Action	443 8206	
26.	Ric Douber	Self	356-6397	
27.	Anna Drake	Heart of Missouri CASA	(573)442-4670	NA
28.	Marissa Emaher	Assessment + Consultation Clinic	573-884-3101	573-884-3377
29.	Stae Hollis	City/County HHS	874-7722	
30.	Carol Muttig	All Parents	573-268-2746	
31.	Heather Swift	Big Brothers Big Sisters	573-874-3677 x.201	
32.	GRANT BRACKEN	UPSTANDER INITIATIVE	573-999-9166	
33.	BONDI WOOD	THE THOMPSON CENTER FOR AUTISM	573-489-7312	
34.	Chuck Bordin	U. Missouri	573-882-4578	
35.	Nellma Howard	CMI-CAR	573-353-0574	
36.				
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DL

FAX

41.	Francy Talina	CMCA	443-8706	
42.	Pamela Berry	CMCA	443-8706	
43.	Randy Howell	Love INC	256-7662 ext. 29	256-7665
44.	Donna Lane Jones	CPS	214 3462	214-3402
45.	Megan Carney	MIU ACC	573-884-0856	573-884-3349
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

27-10JUN14 – Service Contracts for Boone County Children’s Services  
 May 23, 2014, 10:00 a.m. central time

28-24JUN14 – Pilot Programs that Provide Innovative Service Friday  
 May 23, 2014, 11:00 a.m. central time

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	Kelly Wallis	Children’s Services Board	886-7218	
3.	Joanne Nelson	Children’s Services Board	886-4298	
4.	Paulette Foerster	Lutheran Family and children’s services	815-9955	449-4640
5.	Christine Corcoran	“	“	“
6.	Paula Fleming	Great Circle	356-0022	442-8330
7.	Peppy Howard Williams	Great Circle	314-623-6589	314-968-8308
8.	Haps Zedlko	Great Circle	314-606-6242	
9.	Misty O’Keefe	Child Care Aware Missouri	314-952-9716	314-754-0330
10.	Shelly Lock	Child Care Aware of MO	573-353-1930	314-754-0330
11.	Whitney Jones	Youth Empowerment Zone	(773) 677-215	
12.	Chrissy Mayer	DCCCA   Tallgrass Family Services	(785) 841-4138 cmayer@dcca.org	785-541-5177
13.	Anita Kierling-Cover	PCHAS	573-289-7590	
14.	Becky Markt	CHA Low Income Services	573-943-2556	
15.	Andreea Tapia	“ HCV	“ 671400	
16.				
17.				



WC 00 04 19 (01/01)

Policy Number: MEM 1011301-08

**Workers Compensation and Employers Liability Insurance Policy  
Insurer: Missouri Employers Mutual Insurance Company**

**PREMIUM DUE DATE ENDORSEMENT**

**Insured:** Columbia Housing Authority

**Effective Date:** 12/16/2013

The policy period is from: 12/16/2013 to: 12/16/2014

This endorsement is used to amend:

Section D. of Part Five of the policy is replaced by this provision.

**PART FIVE PREMIUM**

D. **Premium** is amended to read:

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid. **The due date for audit and retrospective premiums is the date of billing.**

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**ISSUE DATE:** 12/16/2013



**Workers Compensation and Employers Liability Insurance Policy  
Insurer: Missouri Employers Mutual Insurance Company**

**Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement**

**Insured:** Columbia Housing Authority

**Effective Date:** 12/16/2013

The policy period is from: 12/16/2013 to: 12/16/2014

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2007. It serves to notify you of certain limitations under the Act, and that your insurance carrier is charging premium for losses that may occur in the event of an Act of Terrorism.

Your policy provides coverage for workers compensation losses caused by Acts of Terrorism, including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations.

**Definitions**

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

"Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2007.

"Act of Terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property, or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

"Insured Loss" means any loss resulting from an act of terrorism (and, except for Pennsylvania, including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

"Insured Deductible" means, for the period beginning on January 1, 2008, and ending on December 31, 2014, an amount equal to 20% of our direct earned premiums, over the calendar year immediately preceding the applicable Program Year.

"Program Year" refers to each calendar year between January 1, 2008 and December 31, 2014, as applicable.

**Limitation of Liability**

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a Program Year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.



**Workers Compensation and Employers Liability Insurance Policy  
Insurer: Missouri Employers Mutual Insurance Company**

**Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement**

**Insured:** Columbia Housing Authority

**Effective Date:** 12/16/2013

The policy period is from: 12/16/2013 to: 12/16/2014

**Policyholder Disclosure Notice**

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses exceed \$100,000,000 in a Program Year, the United States Government would pay 85% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceed \$100,000,000,000.
3. The premium charge for the coverage your policy provides for Insured Losses is included in the amount shown in Item 4 of the Information Page or in the Schedule below.

**Schedule**

<u>State</u>	<u>Rate per \$100 of Remuneration</u>	<u>Premium</u>
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This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.





WC 24 04 06 C (08/05)

Policy Number: MEM 1011301-08

**Workers Compensation and Employers Liability Insurance Policy**  
**Insurer: Missouri Employers Mutual Insurance Company**

**MISSOURI EMPLOYER PAID MEDICAL ENDORSEMENT**

**Insured:** Columbia Housing Authority

**Effective Date:** 12/16/2013

The policy period is from: 12/16/2013 to: 12/16/2014

This endorsement applies only to the insurance provided by the policy because Missouri is shown in Item 3.A. of the Information Page.

As a Missouri employer, you have the right, as provided by Section 287.957 of the Revised Statutes of Missouri, to have medical-only claims that do not exceed \$1,000 excluded from your experience modification calculation. This will only be allowed when you pay all of the employee's medical costs, there is no lost time from the employment, other than the first three days or less of disability and no claim is filed. You still must report all injuries, regardless of the dollar amount, to the Division of Workers' Compensation and to us.

However, it should be noted that if, at any time, the medical expenses that are paid "out-of-pocket" due to a particular injury should ever exceed \$1,000 in the aggregate, and/or the employee misses more than three days from work due to the injury, then this injury must be reported to us as a claim. We will pay the full amount of the claim, which includes any reimbursements due to you for past medical expenses incurred by you for this particular claim. As a result, the total amount of losses incurred by us due to this claim will be included in your experience modification calculation.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**ISSUE DATE:** 12/16/2013



**Workers Compensation and Employers Liability Insurance Policy  
Insurer: Missouri Employers Mutual Insurance Company**

**MISSOURI CANCELTION AND NONRENEWAL ENDORSEMENT**

**Insured:** Columbia Housing Authority

**Effective Date:** 12/16/2013

The policy period is from: 12/16/2013 to: 12/16/2014

This endorsement applies only to the insurance provided by the policy because Missouri is shown in Item 3.A. of the Information Page.

The **Cancellation** Condition of the policy is replaced by the following:

**Cancellation**

1. You may cancel this policy. You will mail or deliver advance written notice to us, stating when the cancellation is to take effect.
2. We may cancel this policy. We will mail or deliver to you not less than 60 days advance written notice stating when the cancellation is to take effect and our reason for the cancellation. Proof of mailing of this notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
3. The 60-day notice requirement does not apply where cancellation is based on one or more of the following reasons:
  - a. nonpayment of premium;
  - b. fraud or material misrepresentation affecting the policy or in the presentation of a claim under the policy;
  - c. a violation of policy terms;
  - d. changes in conditions after the effective date of the policy materially increasing the hazards originally insured;
  - e. our insolvency;
  - f. our involuntary loss of reinsurance for the policy.
4. The policy period will end on the day and hour stated in the cancellation notice.

**Nonrenewal**

1. We may elect not to renew the policy. We will mail to you not less than 60 days advance written notice stating when the nonrenewal will take effect and our reason for nonrenewal. Proof of mailing of this notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
2. If we fail to provide notice of nonrenewal as required, the policy will still terminate on its expiration date if:
  - a. we show you our willingness to renew the policy but you notify us or the agent or broker who procured this policy that you do not want the policy renewed; or
  - b. you fail to pay all premiums when due; or
  - c. you obtain other insurance as a replacement of the policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.



**Workers Compensation and Employers Liability Insurance Policy  
Insurer: Missouri Employers Mutual Insurance Company**

**MISSOURI PROPERTY AND CASUALTY GUARANTY  
ASSOCIATION NOTIFICATION ENDORSEMENT**

**Insured:** Columbia Housing Authority

**Effective Date:** 12/16/2013

The policy period is from: 12/16/2013 to: 12/16/2014

This endorsement applies only to the insurance provided by the policy because Missouri is shown in Item 3.A. of the Information Page.

**Missouri Property and Casualty Insurance Guaranty Association Coverage Limits:**

1. Subject to the provisions of the Missouri Property and Casualty Insurance Guaranty Association Act (Act), if we are a member of the Missouri Property and Casualty Insurance Guaranty Association (Association), the Association will pay claims covered under the Act if we become insolvent.
2. The Act contains various exclusions, conditions and limitations that govern a claimant's eligibility to collect payment from the Association and affect the amount of any payment. The following limitation applies subject to all other provisions of the Act:
  - a. Claims covered by the Association do not include a claim by or against an insolvent insurer if the insured has a net worth of more than \$25 million on the later of the end of the insured's most recent fiscal year or the December thirty-first of the year next preceding the date the insurer becomes an insolvent insurer; provided that an insured's net worth on such date shall be deemed to include the aggregate net worth of the insured and all of its affiliates as calculated on a consolidated basis.

If the insured prepares an annual report to shareholders, or an annual report to management reflecting net worth, then such report for the fiscal year immediately preceding the date of insolvency of the insurer will be used to determine net worth.

However, the association will not:

- (1) Pay an amount in excess of the applicable limit of insurance of the policy from which a claim arises; or
- (2) Return to an insured any unearned premium in excess of \$25,000.

These limitations have no effect on the coverage we will provide under this policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.



**Workers Compensation and Employers Liability Insurance Policy  
Insurer: Missouri Employers Mutual Insurance Company**

**MISSOURI AMENDATORY ENDORSEMENT**

**Insured:** Columbia Housing Authority

**Effective Date:** 12/16/2013

The policy period is from: 12/16/2013 to: 12/16/2014

This endorsement applies only to the insurance provided by the policy because Missouri is shown in Item 3.A. of the Information Page

Section G., **Audit**, of Part Five (Premium) of the policy is replaced by the following:

**G. Audit**

You will let us examine and audit all your records that relate to this policy during regular business hours during and after the policy period ends. These records include ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data. Information developed by audit will be used to determine final premium. Insurance rate service organizations have the same rights we have under this provision.

Audits shall be completed, billed, and premiums returned within 120 days of policy expiration or cancellation. This standard of 120 days shall not be applicable if:

1. A delay is caused by your failure to respond to reasonable audit requests provided that the requests are timely and adequately documented; or
2. A delay is by the mutual agreement of you and us provided that the agreement is adequately documented.

If you or we have any objection to the results of any audit, you or we shall have up to three years from the date of expiration or cancellation of this policy in which to send a written notice demanding a reconsideration of the audit. The written notice shall be based upon sufficiently clear and specific facts as to why the audit should be reconsidered.

If you do not allow us to examine and audit all of your records that relate to this policy or do not provide audit information as reasonably requested, we may apply an Audit Noncompliance Charge equal to estimated annual premium.

If you allow us to examine and audit all of your records after we have applied an Audit Noncompliance Charge, your premium will be revised accordingly.

Failure to cooperate with this policy provision may also result in the cancellation of your insurance coverage, as specified under the policy and allowed under Missouri law.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.



WC 89 04 06 (07/87)

Policy Number: MEM 1011301-08

**Workers Compensation and Employers Liability Insurance Policy**  
**Insurer: Missouri Employers Mutual Insurance Company**

**EXPERIENCE MODIFICATION ENDORSEMENT**

**Insured:** Columbia Housing Authority

**Effective Date:** 12/16/2013

The policy period is from: 12/16/2013 to: 12/16/2014

**Experience Modification is changed to read:**

12/16/2013 to 12/16/2014 - 0.86

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**ISSUE DATE:** 12/16/2013



WC 99 03 01 (09/02)

Policy Number: MEM 1011301-08

**Workers Compensation and Employers Liability Insurance Policy  
Insurer: Missouri Employers Mutual Insurance Company**

**LIMITED COVERAGE FOR TEMPORARY AND INCIDENTAL OPERATIONS IN OTHER STATES**

**Insured:** Columbia Housing Authority

**Effective Date:** 12/16/2013

The policy period is from: 12/16/2013 to: 12/16/2014

"PART THREE-OTHER STATES INSURANCE" of the policy is replaced by the following:

**A. How this insurance applies:**

1. We will pay promptly, when due, the benefits required of you by the workers compensation law of any state other than Missouri, but only if the claim for such benefits involves work performed by a Missouri employee.
2. If we are not permitted to pay the benefits directly to persons entitled to them under circumstances described in Item 1. above, we will reimburse you for the benefits required to be paid.

**B. This insurance does not apply to:**

1. Any employee unless the contract of employment was made in Missouri, or the employment was principally localized in Missouri.
2. Any person claiming benefits under the workers compensation law of any state that requires you to obtain coverage in such state before you begin work in such state; or
3. Any person claiming benefits in a state for which you have workers compensation coverage; or
4. Your operations in any state other than Missouri, unless these operations are of a temporary and incidental nature, and are performed by a Missouri employee; or
5. Fines or penalties arising out of your failure to comply with the requirements of the workers compensation law.

**IMPORTANT NOTICE**

If you hire any employees outside of Missouri or begin operations in any state other than Missouri, you must obtain insurance coverage in that state and do whatever else may be required under that state's law, as this endorsement does not satisfy the requirements of that state's workers compensation law. Missouri Employers Mutual Insurance Company cannot provide coverage that is required under any state's laws other than Missouri.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**ISSUE DATE:** 12/16/2013



WC 99 06 01A (01/03)

Policy Number: MEM 1011301-08

**Workers Compensation and Employers Liability Insurance Policy**  
**Insurer: Missouri Employers Mutual Insurance Company**

**SECOND INJURY FUND SURCHARGE**

**Insured:** Columbia Housing Authority

**Effective Date:** 12/16/2013

The policy period is from: 12/16/2013 to: 12/16/2014

In addition to the premium charged by Missouri Employers Mutual Insurance, the Missouri Division of Workers' Compensation has made the policy subject to a surcharge. The surcharge will finance the Second Injury Fund.

The amount of the surcharge will be shown on the Policy Information Page and collected from you at the same time that we collect your premium. We will then remit the amount due to the State of Missouri. Any adjustments to your premium will require an adjustment to the surcharge.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**ISSUE DATE:** 12/16/2013



**Workers Compensation and Employers Liability Insurance Policy  
Insurer: Missouri Employers Mutual Insurance Company**

**PAYMENT PLAN ENDORSEMENT**

**Insured:** Columbia Housing Authority

**Effective Date:** 12/16/2013

The policy period is from: 12/16/2013 to: 12/16/2014

Please check your Policy Information Page to see the basis upon which your policy was issued, in order to determine which of the following apply:

**Annual Payment:**

The premium for this policy is payable in whole before the policy's effective date. This premium is based on the estimates shown on your Policy Information Page. Final premium for each annual period of this policy is subject to audit by Missouri Employers Mutual.

**EZ-Pay:**

The premium for this policy will be calculated weekly, bi-weekly, twice monthly or monthly based on the EZ-Pay plan indicated on your Policy Information Page. The approved premium reporting form must be filled out and returned with the premium payment from the approved payroll service company to Missouri Employers Mutual. Premium is due upon receipt of the premium reporting form. If the report and premium are not received by the due date indicated on the form, your policy will be canceled. Any unpaid premium balance will be billed to you. Any remaining funds will be returned to you, subject to final audit by MEM. Premium reports received by MEM are subject to review.

**Installment Payments:**

The premium for this policy is based on the estimates shown on your Policy Information Page and will be divided into installments according to the plan shown there. Premium is due on or before the date shown on the installment billing statement. If premium is not received by the due date on the installment billing, your policy will be canceled. Any unpaid premium balance will be billed to you. Any remaining funds will be returned to you, subject to final audit by MEM.

**Monthly Premium Reporting:**

The premium for this policy will be calculated on a monthly basis. At the end of each month, you will receive a premium reporting form, which must be filled out and returned with the premium payment to Missouri Employers Mutual. Premium is due upon receipt of the premium reporting form. If the report and premium are not received by the due date indicated on the form, your policy will be canceled. In the event of cancellation, the security deposit will be applied to any unpaid premium balance. Any remaining unpaid premium will be billed to you. Any remaining funds will be returned to you, subject to the final audit by MEM. Premium reports received by MEM are subject to review.

**Quarterly Premium Reporting:**

The premium for this policy will be calculated on a quarterly basis. At the end of each calendar quarter, you will receive a premium reporting form, which must be filled out and returned with the premium payment to Missouri Employers Mutual. Premium is due upon receipt of the premium reporting form. If the report and premium are not received by the due date indicated on the form, your policy will be canceled. In the event of cancellation, the security deposit will be applied to any unpaid premium balance. Any remaining unpaid premium will be billed to you. Any remaining funds will be returned to you, subject to the final audit by MEM. Premium reports received by MEM are subject to review.



**ATTACHMENT B**

**AGENCY FINANCIAL INFORMATION**

AGENCY NAME: CHA Low-Income Services, Inc.

AGENCY REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way	46,557	69,040	69,040	4.66%	0.00%
B. Other United Ways				0.00%	#DIV/0!
C. Capital Campaigns				0.00%	#DIV/0!
D. Grants (non-governmental)	25,923	6,575	5,000	0.34%	-23.95%
E. Fund Raising & Other Direct Support	15,962	18,240	22,240	1.50%	21.93%
<b>TOTAL DIRECT SUPPORT (sub-totals)</b>	<b>88,442</b>	<b>93,855</b>	<b>96,280</b>	<b>0.064929766</b>	
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding	27,101	12,900	437,503	29.50%	3291.50%
B. Boone County - Other				0.00%	#DIV/0!
C. Other Counties				0.00%	#DIV/0!
D. City of Columbia - Social Service Funding	112,472	106,700	204,700	13.80%	91.85%
E. City of Columbia - Other				0.00%	#DIV/0!
F. Other Cities				0.00%	#DIV/0!
G. Federal (Medicaid, Title III, etc.)	612,475	773,347	703,445	47.44%	-9.04%
H. State (Purchase of Services, Grants, etc.)				0.00%	#DIV/0!
I. Other (Schools, Courts, etc.)				0.00%	#DIV/0!
<b>TOTAL GOV'T CONTRACTS/SUPPORT (sub-totals)</b>	<b>752,048</b>	<b>892,947</b>	<b>1,345,648</b>	<b>\$1</b>	
3. Program Service Fees				0.00%	#DIV/0!
4. Investment Income (realized & unrealized)				0.00%	#DIV/0!
5. Other Revenue Items	34,420	34,448	40,905	2.76%	18.74%
<b>TOTAL AGENCY REVENUE</b>	<b>\$874,910</b>	<b>\$1,021,250</b>	<b>\$1,482,833</b>		<b>45.20%</b>

AGENCY EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
Expenses for Program Services	813154	918104	1325345	89.38%	44.36%
Expenses for Management and General	91376	103146	157488	10.62%	52.68%
Expenses for Fundraising				0.00%	#DIV/0!
<b>TOTAL AGENCY EXPENSES</b>	<b>904530</b>	<b>1021250</b>	<b>1482833</b>		<b>45.20%</b>
% of Management and Fundraising Expenses	10.10%	10.10%	10.62%		#DIV/0!

NET ASSETS	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% CHANGE CURRENT TO PROPOSED
Net Assets, End of Year	\$111,979	\$0	\$0	#DIV/0!

CASH FLOWS	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% CHANGE CURRENT TO PROPOSED
Cash, End of Year	\$12,702	\$12,702	\$12,702	0.00%

**ATTACHMENT C**

**PROGRAM BUDGET WORKSHEET**

**PROGRAM NAME: HHC Pilot Project**

TOTAL PROGRAM REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way				#DIV/0!	#DIV/0!
B. Other United Ways				#DIV/0!	#DIV/0!
C. Capital Campaigns				#DIV/0!	#DIV/0!
D. Grants (non-governmental)				#DIV/0!	#DIV/0!
E. Fund Raising & Other Direct Support				#DIV/0!	#DIV/0!
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding				#DIV/0!	#DIV/0!
B. Boone County - Other				#DIV/0!	#DIV/0!
C. Other Counties				#DIV/0!	#DIV/0!
D. City of Columbia - Social Service Funding				#DIV/0!	#DIV/0!
E. City of Columbia - Other				#DIV/0!	#DIV/0!
F. Other Cities				#DIV/0!	#DIV/0!
G. Federal (Medicaid, Title III, etc.)				#DIV/0!	#DIV/0!
H. State (Purchase of Services, Grants, etc.)				#DIV/0!	#DIV/0!
I. Other (Schools, Courts, etc.)				#DIV/0!	#DIV/0!
3. Program Service Fees				#DIV/0!	#DIV/0!
4. Investment Income (realized & unrealized)				#DIV/0!	#DIV/0!
5. Other Revenue Items				#DIV/0!	#DIV/0!
<b>TOTAL PROGRAM REVENUE</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		

PROGRAM EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
1. Personnel			229,924	78.35%	#DIV/0!
2. Non-Personnel			63,533	21.65%	#DIV/0!
<b>TOTAL PROGRAM EXPENSES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$293,457</b>		

NUMBER OF DIRECT PROGRAM STAFF (FTE)	ACTUAL	CURRENT	PROPOSED
<i>FTE = number of direct program service hours worked by employee per year/2080 (e.g. 1040/2080= .5 FTE)</i>			4.7 FTE

**ATTACHMENT D**

**2014 AGENCY ASSURANCE SHEET**

**(Please complete and return with Proposal Response)**

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Proof of 501(c)(3)
- Certificate of Corporate Good Standing
- Most Recent 990 Federal Form
- Agency Strategic Plan
- Copies of Agency Accreditations
- Most Recent Agency Independent Audit
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality
- Memorandums of Understanding (not currently needed for Contingency Funds Request)

Phil Steinhilber

Printed Name - Agency Executive Director/President/CEO

7/8/14

Date

Phil Steinhilber

Signature - Agency Executive Director/President/CEO

7/8/14

Date

Genie Rogers

Printed Name - Agency Board Chair

7-8-14

Date

Genie Rogers

Signature - Agency Board Chair

7-8-14

Date

**ATTACHMENT E**

**(Please complete and return with Proposal Response)**

Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, 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.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Phil Steinhous, CEO

\_\_\_\_\_  
Name and Title of Authorized Representative

Phil Steinhous

\_\_\_\_\_  
Signature

7/8/14

\_\_\_\_\_  
Date

**ATTACHMENT F**

**WORK AUTHORIZATION CERTIFICATION  
PURSUANT TO 285.530 RSMo  
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

County of Boone )  
 )ss  
State of Missouri )

My name is Phil Steinhaus. I am an authorized agent of CHA Low Income Services, Inc. (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

Phil Steinhaus 7/8/14  
Affiant Date

Phil Steinhaus  
Printed Name

Subscribed and sworn to before me this 8th day of July, 2014.



ELTONYA R. RHOADES  
My Commission Expires  
February 28, 2017  
Boone County  
Commission #13454534

Eltonya R. Rhoades  
Notary Public

Attach to this form the *E-Verify Memorandum of Understanding* that you completed when enrolling.

## THE E-VERIFY PROGRAM FOR EMPLOYMENT VERIFICATION MEMORANDUM OF UNDERSTANDING

### ARTICLE I

#### PURPOSE AND AUTHORITY

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Department of Homeland Security (DHS) and Housing Authority of the City of Columbia, Missouri (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). This MOU explains certain features of the E-Verify program and enumerates specific responsibilities of DHS, the Social Security Administration (SSA), and the Employer. E-Verify is a program that electronically confirms an employee's eligibility to work in the United States after completion of the Employment Eligibility Verification Form (Form I-9). For covered government contractors, E-Verify is used to verify the employment eligibility of all newly hired employees and all existing employees assigned to Federal contracts.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note). Authority for use of the E-Verify program by Federal contractors and subcontractors covered by the terms of Subpart 22.18, "Employment Eligibility Verification", of the Federal Acquisition Regulation (FAR) (hereinafter referred to in this MOU as a "Federal contractor") to verify the employment eligibility of certain employees working on Federal contracts is also found in Subpart 22.18 and in Executive Order 12989, as amended.

### ARTICLE II

#### FUNCTIONS TO BE PERFORMED

##### A. RESPONSIBILITIES OF SSA

1. SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all employees verified under this MOU and the employment authorization of U.S. citizens.
2. SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).

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4. SSA agrees to provide a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility within 3 Federal Government work days of the initial inquiry.

5. SSA agrees to provide a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

## **B. RESPONSIBILITIES OF DHS**

1. After SSA verifies the accuracy of SSA records for aliens through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct, to the extent authorized by this MOU:

- Automated verification checks on alien employees by electronic means, and
- Photo verification checks (when available) on employees.

2. DHS agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.

3. DHS agrees to provide to the Employer a manual (the E-Verify User Manual) containing instructions on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify. DHS agrees to provide training materials on E-Verify.

4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, U.S. Department of Justice.

5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by alien employees with DHS's database.

6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of alien employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and Nationality Act (INA) and Federal criminal laws, and to administer Federal contracting requirements.

7. DHS agrees to provide a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative

Company ID Number: 175862

nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.

8. DHS agrees to provide a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

## C. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees and all employees who are to be verified through the system.
2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.
3. The Employer agrees to become familiar with and comply with the most recent version of the E-Verify User Manual.
4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.
  - A. The Employer agrees that all Employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify, including any tutorials for Federal contractors if the Employer is a Federal contractor.
  - B. Failure to complete a refresher tutorial will prevent the Employer from continued use of the program.
5. The Employer agrees to comply with current Form I-9 procedures, with two exceptions:
  - If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2(b)(1)(B)) can be presented during the Form I-9 process to establish identity.) If an employee objects to the photo requirement for religious reasons, the Employer should contact E-Verify at 888-464-4218.
  - If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The employer will use the photocopy to verify the photo and to assist DHS with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.



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6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, including the obligation to comply with the antidiscrimination requirements of section 274B of the INA with respect to Form I-9 procedures, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in compliance with the terms and conditions of E-Verify; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$550 and \$1,100 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ an employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any action taken in good faith based on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures for new employees within 3 Employer business days after each employee has been hired (but after both sections 1 and 2 of the Form I-9 have been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify User Manual. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. In all cases, the Employer must use the SSA verification procedures first, and use DHS verification procedures and photo screening tool only after the SSA verification response has been given. Employers may initiate verification by notating the Form I-9 in circumstances where the employee has applied for a Social Security Number (SSN) from the SSA and is waiting to receive the SSN, provided that the Employer performs an E-Verify employment verification query using the employee's SSN as soon as the SSN becomes available.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, in support of any unlawful employment practice, or for any other use not authorized by this MOU. Employers must use E-Verify for all new employees, unless an Employer is a Federal contractor that qualifies for the exceptions described in Article II.D.1.c. Except as provided in Article II.D, the Employer will not verify selectively and will not verify employees hired before the effective date of this MOU. The Employer understands that if the Employer uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III. below) regarding tentative nonconfirmations, including notifying employees of the finding, providing written referral instructions to employees, allowing employees to contest the finding, and not taking

Company ID Number: 175862

adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's perceived employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1(l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification system to verify work authorization, a tentative nonconfirmation, a case in continuance (indicating the need for additional time for the government to resolve a case), or the finding of a photo non-match, does not establish, and should not be interpreted as evidence, that the employee is not work authorized. In any of the cases listed above, the employee must be provided a full and fair opportunity to contest the finding, and if he or she does so, the employee may not be terminated or suffer any adverse employment consequences based upon the employee's perceived employment eligibility status (including denying, reducing, or extending work hours, delaying or preventing training, requiring an employee to work in poorer conditions, refusing to assign the employee to a Federal contract or other assignment, or otherwise subjecting an employee to any assumption that he or she is unauthorized to work) until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match or if a secondary verification is completed and a final nonconfirmation is issued, then the Employer can find the employee is not work authorized and terminate the employee's employment. Employers or employees with questions about a final nonconfirmation may call E-Verify at 1-888-464-4218 or OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

11. The Employer agrees to comply with Title VII of the Civil Rights Act of 1964 and section 274B of the INA by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify except as provided in part D below, or discharging or refusing to hire employees because they appear or sound "foreign" or have received tentative nonconfirmations. The Employer further understands that any violation of the unfair immigration-related employment practices provisions in section 274B of the INA could subject the Employer to civil penalties, back pay awards, and other sanctions, and violations of Title VII could subject the Employer to back pay awards, compensatory and punitive damages. Violations of either section 274B of the INA or Title VII may also lead to the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

13. The Employer agrees that it will use the information it receives from SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of employees as

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authorized by this MOU. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU, except for such dissemination as may be authorized in advance by SSA or DHS for legitimate purposes.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a(i)(1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to cooperate with DHS and SSA in their compliance monitoring and evaluation of E-Verify, including by permitting DHS and SSA, upon reasonable notice, to review Forms I-9 and other employment records and to interview it and its employees regarding the Employer's use of E-Verify, and to respond in a timely and accurate manner to DHS requests for information relating to their participation in E-Verify.

#### **D. RESPONSIBILITIES OF FEDERAL CONTRACTORS**

1. The Employer understands that if it is a Federal contractor subject to the employment verification terms in Subpart 22.18 of the FAR it must verify the employment eligibility of any "employee assigned to the contract" (as defined in FAR 22.1801) in addition to verifying the employment eligibility of all other employees required to be verified under the FAR. Once an employee has been verified through E-Verify by the Employer, the Employer may not reverify the employee through E-Verify.

a. Federal contractors not enrolled at the time of contract award: An Employer that is not enrolled in E-Verify as a Federal contractor at the time of a contract award must enroll as a Federal contractor in the E-Verify program within 30 calendar days of contract award and, within 90 days of enrollment, begin to use E-Verify to initiate verification of employment eligibility of new hires of the Employer who are working in the United States, whether or not assigned to the contract. Once the Employer begins verifying new hires, such verification of new hires must be initiated within 3 business days after the date of hire. Once enrolled in E-Verify as a Federal contractor, the Employer must initiate verification of employees assigned to the contract within 90 calendar days after the date of enrollment or within 30 days of an employee's assignment to the contract, whichever date is later.

b. Federal contractors already enrolled at the time of a contract award: Employers enrolled in E-Verify as a Federal contractor for 90 days or more at the time of a contract award must use E-Verify to initiate verification of employment eligibility for new hires of the Employer who are working in the United States, whether or not assigned to the contract, within 3 business days after the date of hire. If the Employer is enrolled in E-Verify as a Federal contractor for 90 calendar days or less at the time of contract award, the Employer must, within 90 days of enrollment, begin to use E-Verify to initiate verification of new hires of the contractor who are working in the United States, whether or not assigned to the contract. Such verification of new hires must be initiated within 3 business days after the date of hire. An Employer enrolled as a Federal contractor in E-Verify must initiate verification of each employee assigned to the

Company ID Number: 175862

contract within 90 calendar days after date of contract award or within 30 days after assignment to the contract, whichever is later.

c. Institutions of higher education, State, local and tribal governments and sureties: Federal contractors that are institutions of higher education (as defined at 20 U.S.C. 1001(a)), State or local governments, governments of Federally recognized Indian tribes, or sureties performing under a takeover agreement entered into with a Federal agency pursuant to a performance bond may choose to only verify new and existing employees assigned to the Federal contract. Such Federal contractors may, however, elect to verify all new hires, and/or all existing employees hired after November 6, 1986. The provisions of Article II.D, paragraphs 1.a and 1.b of this MOU providing timeframes for initiating employment verification of employees assigned to a contract apply to such institutions of higher education, State, local and tribal governments, and sureties.

d. Verification of all employees: Upon enrollment, Employers who are Federal contractors may elect to verify employment eligibility of all existing employees working in the United States who were hired after November 6, 1986, instead of verifying only those employees assigned to a covered Federal contract. After enrollment, Employers must elect to do so only in the manner designated by DHS and initiate E-Verify verification of all existing employees within 180 days after the election.

e. Form I-9 procedures for Federal contractors: The Employer may use a previously completed Form I-9 as the basis for initiating E-Verify verification of an employee assigned to a contract as long as that Form I-9 is complete (including the SSN), complies with Article II.C.5, the employee's work authorization has not expired, and the Employer has reviewed the information reflected in the Form I-9 either in person or in communications with the employee to ensure that the employee's stated basis in section 1 of the Form I-9 for work authorization has not changed (including, but not limited to, a lawful permanent resident alien having become a naturalized U.S. citizen). If the Employer is unable to determine that the Form I-9 complies with Article II.C.5, if the employee's basis for work authorization as attested in section 1 has expired or changed, or if the Form I-9 contains no SSN or is otherwise incomplete, the Employer shall complete a new I-9 consistent with Article II.C.5, or update the previous I-9 to provide the necessary information. If section 1 of the Form I-9 is otherwise valid and up-to-date and the form otherwise complies with Article II.C.5, but reflects documentation (such as a U.S. passport or Form I-551) that expired subsequent to completion of the Form I-9, the Employer shall not require the production of additional documentation, or use the photo screening tool described in Article II.C.5, subject to any additional or superseding instructions that may be provided on this subject in the E-Verify User Manual. Nothing in this section shall be construed to require a second verification using E-Verify of any assigned employee who has previously been verified as a newly hired employee under this MOU, or to authorize verification of any existing employee by any Employer that is not a Federal contractor.

2. The Employer understands that if it is a Federal contractor, its compliance with this MOU is a performance requirement under the terms of the Federal contract or subcontract, and the Employer consents to the release of information relating to compliance with its verification responsibilities under this MOU to contracting officers or other officials authorized to review the Employer's compliance with Federal contracting requirements.

## ARTICLE III

### REFERRAL OF INDIVIDUALS TO SSA AND DHS

#### A. REFERRAL TO SSA

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.
3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a system-generated referral letter and instruct the employee to visit an SSA office within 8 Federal Government work days. SSA will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.
4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

#### B. REFERRAL TO DHS

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. If the Employer finds a photo non-match for an employee who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding.
3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible

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after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact DHS through its toll-free hotline (as found on the referral letter) within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (furnished and paid for by DHS).

7. The Employer understands that if it cannot determine whether there is a photo match/non-match, the Employer is required to forward the employee's documentation to DHS by scanning and uploading, or by sending the document as described in the preceding paragraph, and resolving the case as specified by the Immigration Services Verifier at DHS who will determine the photo match or non-match.

## ARTICLE IV

### SERVICE PROVISIONS

SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access the E-Verify System, an Employer will need a personal computer with Internet access.

## ARTICLE V

### PARTIES

A. This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify User Manual. Even without changes to E-Verify, DHS reserves the right to require employers to take

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mandatory refresher tutorials. An Employer that is a Federal contractor may terminate this MOU when the Federal contract that requires its participation in E-Verify is terminated or completed. In such a circumstance, the Federal contractor must provide written notice to DHS. If an Employer that is a Federal contractor fails to provide such notice, that Employer will remain a participant in the E-Verify program, will remain bound by the terms of this MOU that apply to non-Federal contractor participants, and will be required to use the E-Verify procedures to verify the employment eligibility of all newly hired employees.

B. Notwithstanding Article V, part A of this MOU, DHS may terminate this MOU if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. The Employer understands that if it is a Federal contractor, termination of this MOU by any party for any reason may negatively affect its performance of its contractual responsibilities.

C. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine necessary. By separate agreement with DHS, SSA has agreed to perform its responsibilities as described in this MOU.

D. Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

E. Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

F. The Employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, determinations of compliance with Federal contractual requirements, and responses to inquiries under the Freedom of Information Act (FOIA).

G. The foregoing constitutes the full agreement on this subject between DHS and the Employer.

H. The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.



E-VERIFY IS A SERVICE OF DHS

Company ID Number: 175862

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 888-464-4218.

**Employer Housing Authority of the City of Columbia, Missouri**

**Shari L Harwood**

Name (Please Type or Print)

Title

*Electronically Signed*

Signature

**01/05/2009**

Date

**Department of Homeland Security – Verification Division**

**USCIS Verification Division**

Name (Please Type or Print)

Title

*Electronically Signed*

Signature

**01/05/2009**

Date





E-VERIFY IS A SERVICE OF DHS

Company ID Number: 175862

**Information Required for the E-Verify Program**

**Information relating to your Company:**

**Company Name:** Housing Authority of the City of Columbia, Missouri

**Company Facility Address:** 201 Switzler St

Columbia, MO 65203-4156

**Company Alternate Address:**

**County or Parish:** BOONE

**Employer Identification**

**Number:** 436014416

**North American Industry Classification Systems**

**Code:** 532

**Parent Company:** \_\_\_\_\_

**Number of Employees:** 20 to 99

**Number of Sites Verified**

**for:** 1

**Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State:**

- MISSOURI 1 site(s)

Company ID Number: 175862

**Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:**

Name:	<b>Shari L Harwood</b>	Fax Number:	<b>(573) 443 - 0051</b>
Telephone Number:	<b>(573) 443 - 2556 ext. 1120</b>		
E-mail Address:	<b>sharwood@columbiaha.com</b>		

Name:	<b>Mary K Harvey</b>	Fax Number:	<b>(573) 443 - 0051</b>
Telephone Number:	<b>(573) 443 - 2556 ext. 1313</b>		
E-mail Address:	<b>mharvey@columbiaha.com</b>		

ATTACHMENT – G

CHALIS Board of Directors

<u>Name and Address</u>	<u>Contact Information &amp; Affiliation</u>	<u>Term of Office Original Appointment</u>
Genie Rogers, Chair 1400 Business Loop 70 East Columbia, MO 65201-4612	(573) 449-4448 Home Community volunteer. No work affiliation.	06/01/10 - 05/31/14 Appointed 06/1990
Mary Anne McCollum, Vice Chair 601 N. William Street Columbia, MO 65201-5655	(573) 442-0224 Home University of Missouri, Marketing Specialist, University Affairs.	06/01/13 - 05/31/17 Appointed 06/1997
Max Lewis 1201 Paquin Street, Apt. 609 Columbia, MO 65201-7912	(573) 449-2847 Home Public Housing Resident Representative. Attorney at Law	06/01/12 – 05/31/16 Appointed 06/2008
Edward Robinson 1100 Kennesaw Ridge Rd #301 Columbia, MO 65202	(573) 397-4124 Home Missouri Department of Corrections, Internal Affairs Officer	05/20/13 – 05/31/16 Appointed 06/2013

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ATTACHMENT H

**Key Staff Positions:**

Provide a list of staff positions for the project, including direct and indirect.

<b>Position</b>	<b>Role</b>	<b>Qualifications</b>	<b>Salary</b>
Program Director	Completion of project as proposed, supervision of partner activities, staff and project activities	Post-secondary Degree, 10+ years experience with at-risk populations, and grants management	\$53,019
Program Coordinator	Coordination between HCV staff and HHC staff, training in HCV database	Post-Secondary Degree, experience working with HCV program	\$45,000
Family Support Specialist (2 FTE)	Recruitment and initial assessment of participants, crisis management, referral to services, coordination of services, parent training, Navigator	1 – 4 Years of Experience, LCSW preferred	\$40,000 ea.
Enrollment Coordinator (for Littles) (.5 FTE)	Child/family interview & application process, assessment of needs	MSW, LCSW, LPC or similar	\$17,500
Recruitment & Training Coordinator (for Bigs) (.5 FTE)	Recruit, interview and train volunteers for the specialized caseloads of high needs kids.	MSW, LCSW, LPC or similar	\$17,500
Match & Resource Support Specialist (1 FTE)	Match support, family improvement plan, life skills coaching for families on waiting list and enrolled, ongoing support and training for specialized needs	MSW, LCSW, LPC or similar	\$35,000
Family Counseling Center Specialist (.5 FTE)	Assessment and referral, parent training, case management, staff training	LCSW or similar	\$17,700

**MEMORANDUM OF UNDERSTANDING**

**CHA Low-Income Services, Inc.**

("hereinafter referred to as Applicant Organization")

and

**Family Counseling Center of Missouri (FCC)**

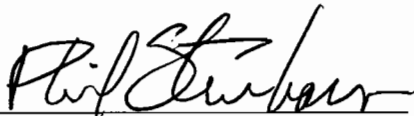
("hereinafter referred to as Collaborative Partner")

**Applicant Organization agrees to:**

- A. Work cooperatively with FCC staff to identify children in need of clinical assessment and additional behavioral health services.
- B. Provide private space for FCC staff to meet with individual children and families as needed.
- C. Obtain parental permission to refer children for services.

**Collaborative Partner agrees to:**

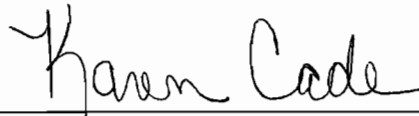
- A. Provide on-site clinical assessment, therapy, referrals and follow-ups to children participating in CHA Low-Income Services, Inc. (CHALIS) Healthy Home Connections
- B. Consult with and assist CHA staff in identifying behavioral interventions to be used with children as needed.
- C. Provide education to both parents and staff regarding behavioral health issues as well as evidenced based practices.



Phil Steinhaus, CEO

Housing Authority of the City of Columbia

7/8/14



Karen Cade, President

Family Counseling Center of Missouri

7/8/14



July 9, 2014

4250 E Broadway, Suite 1067  
Columbia, MO 65203  
573-874-3677

To Whom It May Concern:

The mission of Big Brothers Big Sisters is to provide children facing adversity with strong and enduring, professionally supported 1-to-1 relationships that change their lives for the better, forever.

For several years, Big Brothers Big Sisters of Central Missouri (BBBSCM) has collaborated with CHA Low-Income Services, Inc. (CHALIS). For the past two years, we have partnered to implement an AmeriCorps program focused on serving at-risk children in Boone County. Over the past year, we have been seeking ways to enhance and expand our partnership activities. At the same time, Big Brothers Big Sisters of America challenged their local affiliates to implement programming to directly serve more children who were likely to have been impacted by adverse childhood experiences.

BBBSCM and CHALIS realized we could accomplish both goals by expanding mentoring services to directly serve children whose families are patrons of CHA's services. One of the requirements to participate in BBBSCM program is for children to be in stable housing. (Mentors need to be able to find the children with whom they are matched.) Thus came the idea for BBBSCM to join CHALIS in a pilot project centered around stable housing, referred to as the Healthy Homes Connection Program.

Big Brothers Big Sisters of Central Missouri would like to develop a specialized community based mentoring program to serve 100 children whose families are participants in CHA's Housing Choice Voucher program. BBBSCM will supply staff and resources to recruit, assess and enroll children and families in the program; to identify children who may have been subjected to adverse childhood experiences and refer them to mental health treatment providers; to recruit, and train mentors; to provide case management and support to the matches; and to provide child development, parenting and life skills training and support to the parents of children in matches or on the waiting list to be matched.

We look forward to this opportunity to strengthen our partnership with CHA and provide expanded service to at-risk children in Boone County.

Sincerely,

A handwritten signature in black ink, appearing to read "Heather Dimitt", written over a white background.

Heather Dimitt

Executive Director, Big Brothers Big Sisters of Central Missouri



July 9, 2014

To Whom It May Concern:

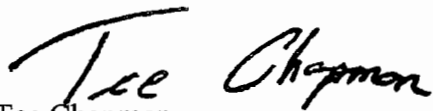
Services for Independent Living (SIL) offers this letter in support of the CHA Low-Income Services Healthy Homes Connections proposal under consideration by the Boone County Children's Services Board of Commissioners for funding in 2015.

For several years, Services for Independent Living (SIL) has collaborated with Columbia Housing Authority Low-Income Services, Inc. (CHALIS). For the past two years, we have partnered to implement a transportation program focused on serving CHA residents who are elderly and/or living with disabilities. Together, we have been seeking ways to enhance and expand our partnership activities and realized that this could be a possibility if SIL offered supportive services to families and children who are going to be served through the Healthy Home Connections Pilot Project.

SIL will support the HHC Pilot Project by working with the HHC Family Support Specialist to provide support when an HHC family or child could benefit from our services that support independent living. The CHALIS HHC Family Support Specialist will contact SIL requesting an assessment and referral for services. The SIL team member will participate in HHC team meetings to share case notes and identify any additional opportunities for support.

We look forward to this opportunity to strengthen our partnership with CHALIS and provide expanded service to individuals in Boone County.

Sincerely,



Tec Chapman  
Executive Director



## **COLUMBIA HOUSING AUTHORITY**

### **RESIDENT SERVICES PROGRAMS (5-14-10)**

Helping Children and Youth Succeed & Strengthening Families  
Supporting Economic Self-Sufficiency & Promoting Independent Living

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#### **RESOURCE AND REFERRAL**

CHA has a Public Housing Resident Services Coordinator whose duties include:

- Referral of residents to area social service agencies and follow-up
- Case management
- Crisis intervention

...on an as needed basis.

For more information, contact April Steffensmeier at 443-2556 Ext 1281 or 1272 or [asteffensmeier@columbiaha.com](mailto:asteffensmeier@columbiaha.com) or Janie Bowen at 443-2556 Ext 1270 or [jbowen@columbiaha.com](mailto:jbowen@columbiaha.com).

#### **TENANT ASSOCIATIONS**

Each of CHA's four Public Housing developments has its own Tenant Association. These groups exist to give residents the opportunity to play an active role in creating a positive living environment and a chance to participate in all aspects of CHA's overall mission and operation.

For more information, contact Janie Bowen at 443-2556, ext. 1270 or [jbowen@columbiaha.com](mailto:jbowen@columbiaha.com).

#### **FOOD PANTRIES**

CHA has one on-site Food Pantry (200 Boone Dr.) that may be utilized once a week by Public Housing residents and Section 8 tenants.

For more information, contact Janie Bowen at 443-2556, ext. 1270 or [jbowen@columbiaha.com](mailto:jbowen@columbiaha.com).

#### **INDEPENDENT LIVING PROGRAM**

The Independent Living Program creates collaborative partnerships to provide supportive services to help elderly and disabled Public Housing residents live independently as long as possible and to prevent premature and unnecessary institutionalization.

CHA's Independent Living Program Coordinator educates residents and housing management staff on elderly and disabled service coordination and provides formal case management. The Coordinator also assesses individual service needs; helps determine eligibility for public services; and links residents with needed supportive services in the general community. The Coordinator monitors the provision of services and acts as an advocate for CHA's residents in dealing with community service providers.

In addition, transportation is provided for Public Housing residents living at Paquin and Oak Towers Monday through Thursday mornings to area grocery/department stores, doctor appointments, etc.

For more information, contact April Steffensmeier at 443-2556 Ext 1281 or 1272 or [asteffensmeier@columbiaha.com](mailto:asteffensmeier@columbiaha.com).

#### **FAMILY SELF-SUFFICIENCY PROGRAM**

The Family Self-sufficiency Program (FSS) enables Public Housing and Section 8 families to become independent of government assistance programs by empowering them to become self-reliant, resourceful, and economically independent. This is achieved by effectively connecting participants to the existing public and private resources that are available in the Columbia, Boone County community.



In addition, participants have the opportunity to start an escrow account, held by CHA, which will aid them in completing their goals and attaining self-sufficiency. Residents voluntarily enroll in the five-year program and – together with the FSS Coordinator – create goals and an action plan to attain self-sufficiency.

For more information, contact Cornelia Williams at 443-2556, ext. 1279 or [cwilliams@columbiaha.com](mailto:cwilliams@columbiaha.com) or Gary Anspach at 443-2556 Ext 1257 [ganspach@columbiaha.com](mailto:ganspach@columbiaha.com).

**"REWARD" (Residents Empowered: Working and Reaching Dreams) PROGRAM**

A job training program, with supportive services for both the employer and employee, to create a successful environment for residents to become permanently employed.

For more information, contact Cornelia Williams at 443-2556 ext. 1279 or [cwilliams@columbiaha.com](mailto:cwilliams@columbiaha.com).

**POWERED BY MOMS**

A program, targeting CHA Moms, that prepares children for kindergarten while also preparing low-income parents to support learning in the home. This is done through training, peer support, and case management that promotes practicing skills that lead to academic success, and positive behaviors that lead to success at home, at school, and in life. \*STARTING JANUARY 2013\*

For more information, contact Erin Vincent at 573-529-5777 or [EVincent@Columbiaha.com](mailto:EVincent@Columbiaha.com)

**LINKING SERVICES: TREATMENT DIVERSION FOR FAMILIES AT RISK FOR HOMELESSNESS**

A project in partnership with Phoenix Programs, Inc. and Mid-MO Legal Services with the goal of reducing homelessness for Boone County families at risk by strengthening access to crisis intervention services, through a coordinated information and referral system, including housing, legal services, substance abuse treatment and linkage to basic needs resources.

For more information contact Janie Bowen at 443-2556 ext. 1270 or [JBowen@Columbiaha.com](mailto:JBowen@Columbiaha.com) OR April Steffensmeier at 443-2556 ext. 1272 or [ASTeffensmeier@Columbiaha.com](mailto:ASTeffensmeier@Columbiaha.com)

**SECTION 8 HOMEOWNERSHIP PROGRAM**

The Section 8 Homeownership Program allows Section 8 participants to apply their Section 8 rental assistance towards the purchase of a home, instead of using their housing subsidy to help pay rent. This program allows first-time homeowners to use their housing assistance to pay a portion of their mortgage.

For more information, contact Gary Anspach at 443-2556 Ext 1257 [Ganspach@columbiaha.com](mailto:Ganspach@columbiaha.com).

**MONEY SMART PROGRAM**

Money Smart is a series of free community classes designed to assist prospective homeowners with money management and budgeting for future homeownership. The Federal Deposit Insurance Corporation (FDIC) created the Money Smart training program in 2002 to help adults outside the financial mainstream enhance their money skills and create positive banking relationships. Money management is the foundation of homeownership, and without that groundwork, many participants would fall short of reaching the American dream of owning their own home.

The Money Smart program is a series of financial education classes designed to teach participants money management skills. Money Smart is also a full-fledged homeownership educational and counseling program. Its ultimate goals are self-sufficiency and homeownership. The Money Smart certified instructors provide one-on-one counseling to class participants helping with everything from credit counseling to meeting with lenders and evaluating homeownership options.

For more information, contact Cornelia Williams at 443-2556, ext. 1279 or [cwilliams@columbiaha.com](mailto:cwilliams@columbiaha.com) or Gary Anspach at 443-2556 Ext 1257 [Ganspach@columbiaha.com](mailto:Ganspach@columbiaha.com).

### **MOVING AHEAD PROGRAM**

The Moving Ahead Program is a community-based youth program for students – kindergarten to 12<sup>th</sup> grade – centered in and around the J.W. “Blind” Boone Community Center (301 N. Providence Rd.), in the Downtown Family Site. The Moving Ahead Program is a community-based program designed to keep high-risk children and youth free of substance abuse and criminal involvement.

The program employs a positive youth development framework and uses intensive case management to coordinate and provide services to counteract the various factors that make children vulnerable to substance abuse and delinquency. The Moving Ahead Program’s core components include:

- Tutoring
- Mentoring
- After school and summer activities
- Transportation (depending upon school attendance and home location)

For more information, contact Louis Gatewood at 443-2556, ext. 1273 or [LGatewood@columbiaha.com](mailto:LGatewood@columbiaha.com).

Consumer Name: SAMPLE COPY  
DLA20 copyrighted to require training

Consumer ID: Contact  
Willa.Presmanes@mtmservices.org

## Daily Living Activities (DLA-20©): Youth Mental Health (Ages 6-18)

© W.S.Presmanes, M.A., M.Ed., and R.L. Scott, PhD.

**Instructions:** Using the scale below, rate how often or how well the youth independently performed (or assisted as age-appropriate) each of the 20 Activities of

Daily Living (ADLs) during the last 30 days. If the youth's level of functioning varied, rate the lowest possible score. Consider impairments in functioning due to physical limitations as well as those due to mental impairments. Do not consider environmental limitations (e.g., "no appropriate schooling or housing available"). A score of 5 to 7 indicates functioning "within normal limits" (WNL) for that activity. Enter N/A if the activity was not assessed. Do not rate more than 5 items N/A. Columns allow for 5 re-assessments.

	1	2	3	4	5 (WNL)	6 (WNL)	7 (WNL)					
	None of the time; Restricted in DLA; Pervasive, continuous intervention required-ADL is Dysfunctional, Disabling impairment	Almost never; Concern for danger to self/other or Not functional for age group in gen.pop.; Severe Impairments	Occasionally; Functioning may depend on continuous prompts/structure or support; Substantial	Some of the time; marginal independence Low level of moderate support; Serious Impairment	A good bit of time; Independent with age-appropriate expected supports; Minimal <u>problems</u> in school, socially, job.	Most of the time; Independent with intermittent support or follow-up; <u>Periodic transient concerns</u>	All of the time; Optimal strength & independent asset; <u>no problem or concerns in selected ADL</u>					
ACTIVITIES	Examples of age-appropriate strengths in WNL behaviors (Scores 5-7)						Initial	Date2	Date3	Date4	Date5	
1. Health Practices	Assist or manage adequate weight, moods, outdoor exercise, aches and pains; take medications or over the counter drugs only with adult supervision.											
2. Housing Stability & Maintenance	Housing is stable and youth contributes to stability in the home (age-appropriate): respect others & property, share in chores, involve caretakers in school-related projects, grades											
3. Communication	Greets adults; listens, expresses feelings, anger, opinions effectively											
4. Safety	Play it safe? Avoid guns, knives, matches, dangerous people or places where there is a likely trouble or abuse potential; if driving, has safe record											
5. Managing Time	Assist or manage time for promptly, regularly attending school & work (age appropriate); routinely completes tasks, sleep and wakeup and mealtime on regular basis?											
6. Managing Money	Reliably handles or manage monetary allowance: abstains from overspending personal limits, betting, stealing and borrowing?											
7. Nutrition	Eat at least 2 basically nutritious meals with caretakers; eat healthy snacks that reasonably limit sugar and caffeine?											
8. Problem Solving	Understand presenting problems, reasons for seeking services; focus on possible solutions for age-appropriate time periods; assist or manage difficult situations?											
9. Family Relationships	Feel close to at least one other person at home; get along with family or caretakers, feel loved?											
10. Alcohol/ Drug Use	Abstain from smoking cigarettes, drinking alcohol, doing drugs or inhalants or any kind; avoid high risk drinking situations & people who do drugs?											
11. Leisure	Enjoy 2 or more fun & relaxing activities: musical instruments, music, watching or playing sports, reading, computer or board games, cards, artistic hobbies, movies, TV?											
12. Community Resources	Use community activities, resources such as after-school sponsored tutoring, clubs, sports, scouts, YM/YWCA, library, church, dances?											
13. Social Network	Make, keep same-age friends; avoid bullying, gangs, cults, antisocial groups?											
14. Sexuality	Reports sexually responsible behaviors with girls, boys (and age-appropriate)? Educated and avoids sexual activities, infections, pregnancy?											
15. Productivity	Feel good about performance at school, consider grades to be good, complete school projects without undue difficulty. Have vocational goals?											
16. Coping Skills	Accept adult correction without undue arguing, temper outburst; tolerate frustration.											
17. Behavior Norms	Control threatening or physical expression of anger, violent behavior, either to self or others, to property. Law abiding, responsible with school, community rules, driving car.											
18. Personal Care, Hygiene	Help or manage general cleanliness: daily bath, shower, brush teeth											
19. Grooming	Assist or manage general appearance: hair, shave, comply with school rule											
20. Dress	Assist or responsibly care for clean clothes, comply with school dress code											

<b>Scoring Instructions:</b> If all 20 DLAs are rated, sum column and take ½ for estimated CGAS or Step 1. Add scores from applicable column. Step 2. Divide sum by number of activities actually rated. This is the average DLA score. Step 3. To estimate CGAS, multiply the average DLA score by 10. Compare to Axis V and Lower GAF if consumer is symptomatic. Step 4. +/- Change Score: subtract initial average DLA score (R1) from most recent rating (R2-R5).	<b>Sum 1-20</b>				
	<b>Average DLA</b>				
	<b>DLA=Est. CGAS</b>				
	<b>Change Score</b>				

**Children's Global Assessment Scale  
(Axis 5, DSMIV-TR) CGAS**

Consumer Name:
Consumer ID:

**DLA (est. CGAS+3 pts) correlates with CGAS. Rate the lowest possible score!** Code global functioning from superior (99) to grossly impaired (1) as described below. Consider impairments in functioning due to physical limitations as well as those due to mental impairments. Do not consider environmental limitations such as "no appropriate school," "no job," "no wheelchair," etc.

**1 – 10 Needs constant supervision (24 hr care) to prevent hurting self or others:**

Severely aggressive or self-destructive behavior, or gross impairment in reality.

**11 – 20 Some danger - Needs considerable supervision:**

Frequently violent, repeated suicide attempts, or failure to maintain personal hygiene as age appropriate, or gross impairment in all forms of communication.

**21 – 30 Inability to function in almost all areas:**

Multiple, debilitating symptoms; serious impairment in communication (sometimes incoherent or inappropriate).

**31 – 40 Major impairment in several functional areas (2+):**

Disturbed at home, school, with peers or in society at large – persistent aggression, markedly withdrawn and isolated behavior due to mood, thought disturbance, suicide attempts with clear lethal intent; often requires special schooling/hospitalization.

**41 – 50 Serious symptoms/serious functional impairments:**

Symptoms/impairments interfere in most social functioning or severe impairment of functioning in one: suicidal preoccupations, ruminations, school refusal and anxiety, obsessive rituals, major conversion symptoms, frequent anxiety attacks, poor or inappropriate social skills, frequent episodes of aggressive, antisocial behavior.

**For short-term Outpatient Counseling or D/C planning, consider 51-70**

**51-60 Variable functioning with sporadic difficulties or symptoms:**

Symptoms/difficulties in several but not all social areas; disturbance would be apparent to those who encounter the child in a dysfunctional setting or time, but not otherwise.

**61 – 70 Some difficulty in single areas but otherwise functioning optimally:**

Sporadic, isolated antisocial acts, playing hooky, petty theft; consistent minor difficulties with school work; mood changes of brief duration, fears and anxieties which do not lead to gross avoidance behavior; self-doubts; has some interpersonal relationships.

**Optimal functioning – 71-90**

**71 – 80 No more than slight impairment in functioning at home, school, or with peers:**

Some disturbance of behavior or emotional distress may be present in response to life stresses (e.g., parental separations, death), but these are brief and transient.

**81 – 90 Good functioning in all areas:**

Safe and Secure in family, school and with peers; transient difficulties occasionally get out of hand (e.g., mild anxiety or occasional blowups with parents, siblings, peers).

**91 – 100 Superior functioning in all areas:**

Functioning well in home, school, community, with peers; many interests, likeable, confident in school.

Review Date 1 Rater's Signature (include credentials)	Date	Time (AM/PM)
Review Date 2 Rater's Signature (include credentials)	Date	Time (AM/PM)
Review Date 3 Rater's Signature (include credentials)	Date	Time (AM/PM)
Review Date 4 Rater's Signature (include credentials)	Date	Time (AM/PM)
Review Date 5 Rater's Signature (include credentials)	Date	Time (AM/PM)

# strengthening families



## protective factors survey

Agency ID:	
Participant ID#:	

1. Date of Completion:	/ /	
2. How was the survey completed?	<input type="checkbox"/> Completed in face-to-face interview <input type="checkbox"/> Completed by participant online at program site <input type="checkbox"/> Completed by participant on paper at program site <input type="checkbox"/> Completed by participant online outside of program site <input type="checkbox"/> Completed by participant on paper outside of program site	
3. Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
4. Age (in years):		
5. Race/Ethnicity (please choose the ONE that best describes what you consider yourself to be):	<input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> African National/Caribbean Islander <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White (Non-Hispanic) <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____	
6. Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	
7. Family Housing	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Shared housing with friends/relatives <input type="checkbox"/> Temporary (shelter, temporary with friends/relatives) <input type="checkbox"/> Homeless	
8. Family Income:	<input type="checkbox"/> \$0 - \$10,000 per year <input type="checkbox"/> \$10,001 - \$20,000 <input type="checkbox"/> \$20,001 - \$30,000 <input type="checkbox"/> \$30,001 - \$40,000 <input type="checkbox"/> \$40,001 - \$50,000 <input type="checkbox"/> More than \$50,001	
9. Highest Level of Education:	<input type="checkbox"/> Elementary or Junior High School <input type="checkbox"/> Some High School <input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> Trade/Vocational Training <input type="checkbox"/> Some College <input type="checkbox"/> 2-Year College (Associate's Degree) <input type="checkbox"/> 4-Year College (Bachelor's Degree) <input type="checkbox"/> Master's Degree <input type="checkbox"/> Ph.D. or Other Advanced Degree	
10. Which, if any, do you currently receive? Check all that apply.	<input type="checkbox"/> Food Stamps <input type="checkbox"/> Medicaid (State Health Insurance) <input type="checkbox"/> Earned Income Tax Credit <input type="checkbox"/> TANF <input type="checkbox"/> Head Start/Early Head Start Services <input type="checkbox"/> None of the Above	

# strengthening families



11. Please tell us about the children living in your household:		
Child 1:	Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Birthdate:	/ /
	Your Relationship to Child:	<input type="checkbox"/> Birth Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other
Child 2:	Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Birthdate:	/ /
	Your Relationship to Child:	<input type="checkbox"/> Birth Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other
Child 3:	Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Birthdate:	/ /
	Your Relationship to Child:	<input type="checkbox"/> Birth Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other
Child 4:	Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Birthdate:	/ /
	Your Relationship to Child:	<input type="checkbox"/> Birth Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other

If there are more than four children living in the household, please use the blank space on the back of this page.

# strengthening families



**Part One:** Please CIRCLE the number that describes how often the statements are true for you or your family. The numbers represent a scale from 1 to 7 where each of the numbers represents a different amount of time.

	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
1. In my family, we talk about problems.	1	2	3	4	5	6	7
2. When we argue, my family listens to "both sides of the story."	1	2	3	4	5	6	7
3. In my family, we take time to listen to each other.	1	2	3	4	5	6	7
4. My family pulls together when things are stressful.	1	2	3	4	5	6	7
5. My family is able to solve our problems.	1	2	3	4	5	6	7

**Part Two:** Please CIRCLE the number that best describes how much you agree or disagree with the statement.

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Agree
6. I have others who will listen when I need to talk about my problems.	1	2	3	4	5	6	7
7. When I am lonely, there are several people I can talk to.	1	2	3	4	5	6	7
8. I would have no idea where to turn if my family needed food or housing.	1	2	3	4	5	6	7
9. I wouldn't know where to go for help if I had trouble making ends meet.	1	2	3	4	5	6	7
10. If there is a crisis, I have others I can talk to.	1	2	3	4	5	6	7
11. If I needed help finding a job, I wouldn't know where to go for help.	1	2	3	4	5	6	7

# strengthening families



**Part Three:** This part of the survey asks about parenting and your relationship with your child. For this section, please focus on the child that you hope will benefit most from your participation in our services. Please write the child's age or date of birth and then answer the questions with this child in mind.

Child's Age in Years:		OR Date of Birth:	/	/
-----------------------	--	-------------------	---	---

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
12. There are many times when I don't know what to do as a parent.	1	2	3	4	5	6	7
13. I know how to help my child learn.	1	2	3	4	5	6	7
14. My child misbehaves just to upset me.	1	2	3	4	5	6	7

**Part Four:** Please tell us how often each of the following happens in your family.

	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
15. I praise my child when he/she behaves well.	1	2	3	4	5	6	7
16. When I discipline my child, I lose control.	1	2	3	4	5	6	7
17. I am happy being with my child.	1	2	3	4	5	6	7
18. My child and I are very close to each other.	1	2	3	4	5	6	7
19. I am able to soothe my child when he/she is upset.	1	2	3	4	5	6	7
20. I spend time with my child doing what he/she likes to do.	1	2	3	4	5	6	7

*The Protective Factors Survey was developed by the FRIENDS National Resource Center for Community-Based Child Abuse Prevention ([www.friendsnrc.org](http://www.friendsnrc.org)) in partnership with the University of Kansas Institute for Educational Research & Public Service Center through funding provided by the US Department of Health and Human Services.*

*Strengthening Families is a project of the Center for the Study of Social Policy ([www.cssp.org](http://www.cssp.org)).*



# strengthening families

## staff survey

The program you work for is participating in an initiative called Strengthening Families. It assists family- and child-serving programs by building their capacity to work effectively with families. Your answers to this confidential survey will help us understand how Strengthening Families affects your day-to-day work and your program.

Please take a few minutes to complete this survey. There are no right or wrong answers: your opinions and experiences are very valuable to the continued development of this project. This survey is designed to be completely anonymous; no one in your program will have access to your survey or an opportunity to view individual response data. All data is kept electronically and reported only in aggregated form.

In this survey, the word "parent" refers to the primary person your program communicates with in regard to the child and is understood to include parents, grandparents, guardians, etc.

### BASIC INFORMATION

1. My job is:	<input type="checkbox"/> Early Care and Education Teacher/Classroom Assistant <input type="checkbox"/> Family Support Worker <input type="checkbox"/> Program Director	<input type="checkbox"/> Parent Educator <input type="checkbox"/> Administrator <input type="checkbox"/> Early Childhood Mental Health Professional
2. I have been in my current position for:	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> More than 3 years	<input type="checkbox"/> 1-3 years
3. I have worked in this field for:	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 3-5 years <input type="checkbox"/> More than 10 years	<input type="checkbox"/> 1-3 years <input type="checkbox"/> 5-10 years
4. How long are you planning to continue working at your agency?	<input type="checkbox"/> 0-6 months <input type="checkbox"/> 1-2 years <input type="checkbox"/> Don't know	<input type="checkbox"/> 7-12 months <input type="checkbox"/> More than 2 years
5. My program provides the following services (check all that apply):	<input type="checkbox"/> Family Support <input type="checkbox"/> Parent Education <input type="checkbox"/> Home Visiting <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> Adult Skill-Building/Education <input type="checkbox"/> Family Literacy	<input type="checkbox"/> Family Resource Center <input type="checkbox"/> Early Care and Education <input type="checkbox"/> Fatherhood Programming <input type="checkbox"/> Marriage Strengthening <input type="checkbox"/> Advocacy <input type="checkbox"/> Parent-Child Interaction

# strengthening families

## EXPERIENCE WITH STRENGTHENING FAMILIES

6. How familiar are you with Strengthening Families and the Protective Factors	<input type="checkbox"/> Very familiar <input type="checkbox"/> Know very little about it/them	<input type="checkbox"/> Somewhat familiar <input type="checkbox"/> Don't know about it/them
7. Overall, how much has Strengthening Families improved your program?	<input type="checkbox"/> Not at all <input type="checkbox"/> Moderately <input type="checkbox"/> Don't know	<input type="checkbox"/> A little <input type="checkbox"/> A lot
8. Which early childhood professional development activities have you attended in the past two years that increased your knowledge of working with children and families (NOT including Strengthening Families)	<input type="checkbox"/> CDA classes <input type="checkbox"/> FDC classes <input type="checkbox"/> Other credentialing program <input type="checkbox"/> Undergraduate college course(s)	<input type="checkbox"/> Graduate school course(s) <input type="checkbox"/> Community conference/workshop <input type="checkbox"/> Staff development activities at center

9. Which of the following activities have you participated in through this program:	Have you ever participated in this activity?	Estimate total hours of involvement	Satisfaction with activity: 1 = Very dissatisfied 2 = Somewhat dissatisfied 3 = Neutral/mixed 4 = Somewhat satisfied 5 = Very satisfied
a. Training on Strengthening Families and/or Protective Factors	Yes No		1 2 3 4 5
b. Staff meetings on Strengthening Families and/or Protective Factors	Yes No		1 2 3 4 5
c. Training on parent engagement	Yes No		1 2 3 4 5
d. Staff meeting on parent engagement	Yes No		1 2 3 4 5
e. Training on children's social and emotional development	Yes No		1 2 3 4 5
f. Staff meeting on children's social and emotional development	Yes No		1 2 3 4 5
g. Strengthening Families Self Assessment or action planning	Yes No		1 2 3 4 5
h. Strengthening Families learning network meetings	Yes No		1 2 3 4 5
i. Direct supervision or support related to your work to support a family in your classroom	Yes No		1 2 3 4 5
j. Specific activities to support or engage families in your center or community (list on back side of paper)	Yes No		1 2 3 4 5

# strengthening families

10. Please rate the impact of Strengthening Families on the following aspects of your program	Satisfaction with activity: 1 = Very positive 2 = Somewhat positive 3 = No impact 4 = Somewhat negative 5 = Very negative				
a. Staff morale	1	2	3	4	5
b. Father involvement in the program	1	2	3	4	5
Parent input on:					
1. Curriculum design	1	2	3	4	5
2. Development of program policies	1	2	3	4	5
3. Staff hiring	1	2	3	4	5
4. Staff training	1	2	3	4	5
c. Supportive/respectful relationships between staff and parents	1	2	3	4	5
d. Opportunities for parent feedback	1	2	3	4	5
e. Parent engagement	1	2	3	4	5

11. Please rate the amount of information you have for each of the following items:	1 = No information 2 = Heard of it 3 = Some information 4 = A lot of information NA = Not part of my job responsibilities				
a. Age appropriate behavior for children	1	2	3	4	NA
b. How to identify a child's special needs	1	2	3	4	NA
c. How to address children's challenging behavior	1	2	3	4	NA
d. How trauma impacts children's social and emotional development	1	2	3	4	NA
e. Different strategies for involving parents	1	2	3	4	NA
f. The lives, circumstances, and interests of parents/families/children I work with	1	2	3	4	NA
g. The culture and values of the parents/children attending our program	1	2	3	4	NA
h. How to convey information on parenting and child development	1	2	3	4	NA
i. Signs of stress in children and adults	1	2	3	4	NA
j. Services and resources for families in our community OR a person in my program who has this information	1	2	3	4	NA
k. How the child welfare system works	1	2	3	4	NA

# strengthening families

12. Over the past year, how often did you engage in the following activities?		
a. Greeted parents by name	<input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never	
b. Asked parents about their hopes and dreams for themselves and their family	Estimate number of times	
c. Helped a parent that seemed isolated connect with others in or out of the program	Estimate number of times	
d. Worked with a family to help them connect to a service or community support	Estimate number of times	
e. Worked with a parent that was struggling with a child development issue	Estimate number of times	
f. Addressed a parenting issue that you were concerned about with a parent	Estimate number of times	
g. Provided support or help to a parent that seemed stressed or in crisis	Estimate number of times	
h. Hosted, helped to organize, or attended parent/family activities in your program	Estimate number of times	
i. Helped a parent develop strategies for dealing with child behavior issues	Estimate number of times	

13. I feel that it is important to my job to:		1 = Strongly agree 2 = Agree 3 = Neutral 4 = Disagree 5 = Strongly disagree				
a. Get to know the parents of each of the children in my program		1	2	3	4	5
b. Foster a sense of community among the families I work with		1	2	3	4	5
c. Talk with parents about parenting and child development		1	2	3	4	5
d. Respond when families are going through a difficult time		1	2	3	4	5
e. Connect families to services and resources in the community (or connect them to someone in my agency who can)		1	2	3	4	5
f. Help parents to understand and respond to their children's emotions		1	2	3	4	5
g. Respect parents' values and decisions about their children		1	2	3	4	5
h. Talk with parents about parenting practices that concern me		1	2	3	4	5
i. Help parents strengthen Protective Factors in their family		1	2	3	4	5
j. Prevent child abuse and neglect		1	2	3	4	5
k. Personally acknowledge parent efforts and contributions		1	2	3	4	5
l. Help parents deal with children's challenging behaviors		1	2	3	4	5

# strengthening families

	<p>1 = I need much more skill-building in this area</p> <p>2 = I need some skill-building in this area</p> <p>3 = My skills in this area satisfactory</p> <p>4 = My skills in this are strong</p> <p>NA = Not applicable to my job responsibilities</p>
14. How comfortable are you in the following areas?	
a. Reaching out to parents who are hard to engage	1 2 3 4 NA
b. Addressing children's challenging behaviors	1 2 3 4 NA
c. Talking with families about a crisis they are having	1 2 3 4 NA
d. Talking with parents about parenting practices or behavior changes that concern me	1 2 3 4 NA
e. Successfully connecting families to the help they need	1 2 3 4 NA
f. Talk with families about what they need	1 2 3 4 NA
g. Partnering with parents to better understand and address their children's challenging behaviors	1 2 3 4 NA
h. Connecting with parents who have different lifestyles, cultures, attitudes, and values than mine	1 2 3 4 NA
i. Responding to a family that is under stress	1 2 3 4 NA
j. Following my program's protocol in making a report to child protective services	1 2 3 4 NA

## BACKGROUND

15. My age is	<input type="checkbox"/> 18-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51 or older
16. I have completed (select highest level):	<input type="checkbox"/> High school <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree or higher <input type="checkbox"/> CDA <input type="checkbox"/> FDC
17. Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
18. Race/Ethnicity (please choose the ONE that best describes what you consider yourself to be):	<input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> African National/Caribbean Islander <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White (Non-Hispanic) <input type="checkbox"/> Other: _____

# strengthening families

	1 = Strongly agree 2 = Agree 3 = Neutral 4 = Disagree 5 = Strongly disagree
19. Please rate your level of agreement with the following statements:	
a. My supervisor emphasizes that we should get to know parents	1 2 3 4 5
b. My supervisor helps me locate resources and services for families	1 2 3 4 5
c. My supervisor supports me when I have to talk with families about difficult issues	1 2 3 4 5
d. My program supports my efforts to reach out and connect with families	1 2 3 4 5
e. My supervisor models supportive/respectful relationships with staff and/or parents	1 2 3 4 5

	1 = Very dissatisfied 2 = Somewhat dissatisfied 3 = Neutral/Mixed 4 = Somewhat satisfied 5 = Very satisfied
20. Please rate your level of satisfaction with the aspects of your job listed below	
a. Your workload	1 2 3 4 5
b. Quality of supervision you receive	1 2 3 4 5
c. Salary raises	1 2 3 4 5
d. Opportunities for advancement	1 2 3 4 5
e. Being valued for your work	1 2 3 4 5
f. Cultural sensitivity in your agency	1 2 3 4 5
g. Physical working conditions	1 2 3 4 5
h. Overall job satisfaction	1 2 3 4 5

The Strengthening Families Staff Survey was developed by Strengthening Families Illinois ([www.strengtheningfamiliesillinois.org](http://www.strengtheningfamiliesillinois.org)) and the Center for the Study of Social Policy. Strengthening Families is a project of the Center for the Study of Social Policy ([www.cssp.org](http://www.cssp.org)).

# strengthening families



## protective factors survey

Agency ID:	
Participant ID#:	

1. Date of Completion:	/ /	
2. How was the survey completed?	<input type="checkbox"/> Completed in face-to-face interview <input type="checkbox"/> Completed by participant online at program site <input type="checkbox"/> Completed by participant on paper at program site <input type="checkbox"/> Completed by participant online outside of program site <input type="checkbox"/> Completed by participant on paper outside of program site	
3. Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
4. Age (in years):		
5. Race/Ethnicity (please choose the ONE that best describes what you consider yourself to be):	<input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> African National/Caribbean Islander <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White (Non-Hispanic) <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____	
6. Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	
7. Family Housing	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Shared housing with friends/relatives <input type="checkbox"/> Temporary (shelter, temporary with friends/relatives) <input type="checkbox"/> Homeless	
8. Family Income:	<input type="checkbox"/> \$0 - \$10,000 per year <input type="checkbox"/> \$10,001 - \$20,000 <input type="checkbox"/> \$20,001 - \$30,000 <input type="checkbox"/> \$30,001 - \$40,000 <input type="checkbox"/> \$40,001 - \$50,000 <input type="checkbox"/> More than \$50,001	
9. Highest Level of Education:	<input type="checkbox"/> Elementary or Junior High School <input type="checkbox"/> Some High School <input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> Trade/Vocational Training <input type="checkbox"/> Some College <input type="checkbox"/> 2-Year College (Associate's Degree) <input type="checkbox"/> 4-Year College (Bachelor's Degree) <input type="checkbox"/> Master's Degree <input type="checkbox"/> Ph.D. or Other Advanced Degree	
10. Which, if any, do you currently receive? Check all that apply.	<input type="checkbox"/> Food Stamps <input type="checkbox"/> Medicaid (State Health Insurance) <input type="checkbox"/> Earned Income Tax Credit <input type="checkbox"/> TANF <input type="checkbox"/> Head Start/Early Head Start Services <input type="checkbox"/> None of the Above	

# strengthening families



11. Please tell us about the children living in your household:		
Child 1:	Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Birthdate:	/ /
	Your Relationship to Child:	<input type="checkbox"/> Birth Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other
Child 2:	Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Birthdate:	/ /
	Your Relationship to Child:	<input type="checkbox"/> Birth Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other
Child 3:	Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Birthdate:	/ /
	Your Relationship to Child:	<input type="checkbox"/> Birth Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other
Child 4:	Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Birthdate:	/ /
	Your Relationship to Child:	<input type="checkbox"/> Birth Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other
If there are more than four children living in the household, please use the blank space on the back of this page.		



# strengthening families



**Part One:** Please CIRCLE the number that describes how often the statements are true for you or your family. The numbers represent a scale from 1 to 7 where each of the numbers represents a different amount of time.

	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
1. In my family, we talk about problems.	1	2	3	4	5	6	7
2. When we argue, my family listens to "both sides of the story."	1	2	3	4	5	6	7
3. In my family, we take time to listen to each other.	1	2	3	4	5	6	7
4. My family pulls together when things are stressful.	1	2	3	4	5	6	7
5. My family is able to solve our problems.	1	2	3	4	5	6	7

**Part Two:** Please CIRCLE the number that best describes how much you agree or disagree with the statement.

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Agree
6. I have others who will listen when I need to talk about my problems.	1	2	3	4	5	6	7
7. When I am lonely, there are several people I can talk to.	1	2	3	4	5	6	7
8. I would have no idea where to turn if my family needed food or housing.	1	2	3	4	5	6	7
9. I wouldn't know where to go for help if I had trouble making ends meet.	1	2	3	4	5	6	7
10. If there is a crisis, I have others I can talk to.	1	2	3	4	5	6	7
11. If I needed help finding a job, I wouldn't know where to go for help.	1	2	3	4	5	6	7

# strengthening families



**Part Three:** This part of the survey asks about parenting and your relationship with your child. For this section, please focus on the child that you hope will benefit most from your participation in our services. Please write the child's age or date of birth and then answer the questions with this child in mind.

Child's Age in Years: _____	OR Date of Birth: _____ / _____ / _____
-----------------------------	---

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
12. There are many times when I don't know what to do as a parent.	1	2	3	4	5	6	7
13. I know how to help my child learn.	1	2	3	4	5	6	7
14. My child misbehaves just to upset me.	1	2	3	4	5	6	7

**Part Four:** Please tell us how often each of the following happens in your family.

	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
15. I praise my child when he/she behaves well.	1	2	3	4	5	6	7
16. When I discipline my child, I lose control.	1	2	3	4	5	6	7
17. I am happy being with my child.	1	2	3	4	5	6	7
18. My child and I are very close to each other.	1	2	3	4	5	6	7
19. I am able to soothe my child when he/she is upset.	1	2	3	4	5	6	7
20. I spend time with my child doing what he/she likes to do.	1	2	3	4	5	6	7

*The Protective Factors Survey was developed by the FRIENDS National Resource Center for Community-Based Child Abuse Prevention ([www.friendsnrc.org](http://www.friendsnrc.org)) in partnership with the University of Kansas Institute for Educational Research & Public Service Center through funding provided by the US Department of Health and Human Services.*

*Strengthening Families is a project of the Center for the Study of Social Policy ([www.cssp.org](http://www.cssp.org)).*



## AGREEMENT FOR PILOT PROGRAMS Healthy Home Connections

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**THIS AGREEMENT** dated the 11<sup>th</sup> day of December, 2014 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "BCCSB" and **CHA Low-Income Services, Inc.**, a tax-exempt, not organized for profit agency or governmental entity, hereinafter referred to as "**CHALIS**".

**WHEREAS**, the BCCSB, under the provisions of 67.1775 and 210.861 of the Revised Statutes of Missouri, has the right to expend monies from the Children's Services Fund (CSF) for the purposes of funding services to children and youth 19 years of age and younger, and their families residing in Boone County; and

**WHEREAS**, the CHALIS has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided along with the expected cost to CHALIS thereof; and -

**WHEREAS**, the BCCSB has approved the Request for Funding Proposal in whole or in part as hereinafter set forth,

**IN CONSIDERATION** of the parties performance of the respective obligations contained herein, the parties agree as follows:

### **FUNDING ALLOCATION FOR SERVICES RENDERED BY CHALIS**

CHALIS is expected to the greatest extent possible to maximize funding from all other sources. CHALIS shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. CHALIS shall only request reimbursement for services not reimbursable by any other source. CHALIS shall provide documentation and assurance to the BCCSB that requests for reimbursement from the CSF is not a duplication of reimbursement from any other source of funding.

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract. CHALIS will perform the services and carry out the activities as set forth in the Request for Funding Proposal Application. CHALIS agrees to, and understands that services performed under this agreement are limited to the Request for Funding Proposal Application.

2. **Contract Documents.** This agreement shall consist of the Request for Proposal #28-24JUN14 (Pilot Programs that Provide Innovative Services) and CHALIS's response to the County of Boone's Request for Proposal, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over the CHALIS's Proposal, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The BCCSB agrees to purchase from the CHALIS and the CHALIS agrees to furnish **Healthy Home Connections** for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in the CHALIS's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$366,821** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of contract execution and **extend through June 30, 2016** subject to the provisions for termination specified below. This contract may at the sole discretion of the BCCSB and with the agreement of CHALIS **be renewed for an additional two (2) one-year periods.** CHALIS agrees and understands that the BCCSB may require supplemental information to be submitted by CHALIS prior to any renewal of this agreement.

5. **Billing and Payment.** For the Pilot Programs that Provide Innovative Services (PILOT) Contract, the payments for **Healthy Home Connections activities based on the Strengthening Families Framework** will be made in four (4) installments, 25% of the contracted amount, within 30 days of the execution of the contract, 25%, of the contracted amount, within 30 days of the completion and approval of the 2015 mid-year report, 25%, of the contracted amount, within 30 days of the completion and approval of the 2015 year-end report, and 25%, of the contracted amount, within 30 days of the completion and approval of the 2016 mid-year report. An accounting of prior funding received from the CSF shall be required before receiving subsequent contractual installment payments. Installment payments may vary based on the adjusted totals provided to BCCSB. In the event of a billing dispute, the BCCSB reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of the CHALIS, the BCCSB agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

6. **Availability of Funds.** Payments under this contract are dependent upon the availability of funds or as otherwise determined by the BCCSB. This contract can be terminated

if funding becomes unavailable in whole or in part for cause shown, and the BCCSB shall have no obligation to continue payment.

### **REPORTING, MONITORING, AND MODIFICATION**

7. **Reporting.** The BCCSB shall utilize the Request for Funding Proposal Application and the Responses to Requests for Additional Information, as submitted by CHALIS to monitor service delivery and program expenditures. CHALIS agrees to submit to the BCCSB a mid-year service report by July 30, 2015 for the period beginning with the date of contract execution to June 30, 2015 and an annual service report by January 29, 2016, for the period of July 1, 2015 to December 31, 2015. For contracts expiring June 30, 2016: CHALIS agrees to submit to the BCCSB a mid-year service report by July 30, 2016 for the period January 1, 2016 to June 30, 2016. Variations on this date may be requested by CHALIS and, if so stipulated, are noted on this contract document. Payments may be withheld from CHALIS if reports designated here are not submitted on time, until such time as the reports are filed. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. CHALIS agrees to submit its reports through an on-line reporting system if requested.

8. **Audits.** CHALIS also agrees to make available to the BCCSB a copy of its annual audit within four months after the close of CHALIS's fiscal year. The audit must be performed by an independent individual or firm licensed by the Missouri State Board of Accountancy. The audit is to include a complete accounting for funds covered by this agreement in accordance with generally accepted accounting principles. In addition, the BCCSB requires that the management report of any audit as it relates to BCCSB program activities be made available to BCCSB as part of the required audit. Payment may be withheld from CHALIS, if reports designated here are not made available upon request.

9. **Monitoring.** CHALIS agrees to permit the BCCSB, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the BCCSB to monitor, survey and inspect CHALIS's services, activities, programs and client records, to determine compliance and performance with this contract, except as prohibited by laws protecting client confidentiality. In addition, CHALIS hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the BCCSB or its designee(s) all records, facilities and personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

10. **Modification or Amendment.** In the event CHALIS requests to make any change, modification, or an amendment to funded services, one-time items, activities and/or programs covered by this contract, a request of the proposed modification or amendment must be

submitted in writing to the Director of Community Services to share with the BCCSB for approval. A board resolution from CHALIS must be included with the request. Requests to the BCCSB must be submitted in writing at least two weeks prior to the BCCSB meeting.

#### **OTHER TERMS OF THIS CONTRACT**

11. ***Violation of Client Rights.*** Any alleged case of a violation of a client's rights in a program funded by the Commission/BCCSB shall be investigated in accordance with CHALIS's policies and procedures and in accordance with any local/state/federal regulations. CHALIS agrees to notify the BCCSB through the Director of Community Services of any such incidents that have been reported to the appropriate governmental body and must also authorize the governmental body to notify the BCCSB of any substantiated allegations. CHALIS must comply with Missouri law regarding confidentiality of client records.

12. ***Discrimination.*** CHALIS will refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply will applicable provisions of federal and state laws, county or municipal statutes or ordinances, which prohibit discrimination in employment and the delivery of services.

13. ***CSF to be used for Services Provided.*** CHALIS agrees that the CSF funds shall be used exclusively for the services provided to children and youth 19 years of age or less and their families and for administrative costs directly related to CHALIS's provision of such services.

14. ***Accreditation/Licensure/Certifications.*** All agencies must comply with all state/federal certification and licensing requirements and all applicable federal, state, and local laws and must remain in "good standing".

15. ***Conflict of Interest.*** CHALIS agrees that no member of its Board of Directors or its employees now has, or will in the future, have any conflict of interest between himself/herself and CHALIS, and this shall include any transaction in which CHALIS is a party, including the subject matter of this contract. Missouri law, as this term is used herein, shall define "Conflict of Interest".

16. ***Subcontracts.*** CHALIS may enter into subcontracts for components of the contracted service as CHALIS deems necessary within the terms of the contract. All such subcontracts require the written approval of the BCCSB or their designated representative. In performing all services under the resulting contract agreement, the CHALIS shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

17. **Employment of Unauthorized Aliens Prohibited.** CHALIS agrees to comply with Missouri State Statute section 285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. CHALIS shall require each subcontractor to affirmatively state in its Agreement with the CHALIS that the subcontractor shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri. Provider shall also require each subcontractor to provide CHALIS a sworn affidavit under the penalty of perjury attesting to the fact that the subcontractor's employees are lawfully present in the United States.

18. **Litigation.** CHALIS agrees that there is no litigation, claim, consent order, settlement agreement, investigation, challenge or other proceeding pending or threatened against CHALIS or any individual acting on the CHALIS's behalf, including subcontractors, which seek to enjoin or prohibit CHALIS from entering into this contract agreement of performing its obligations under this agreement.

19. **Board Ownership.** If CHALIS ceases to be funded by the BCCSB or ceases to provide programs and services for Boone County children, youth and their families, all capital equipment, materials, and buildings purchased with CSF funds shall be returned to Boone County unless so otherwise approved by a majority vote of the BCCSB. In addition, if CHALIS no longer used capital equipment, materials, and building purchased with CSF funds for its original intent, CHALIS will need BCCSB approval to re-direct.

20. **Failure to Perform/Default.** In the event CHALIS, at anytime, fails or refuses to perform according to the terms of this contract, as determined by the BCCSB, such failure or refusal shall constitute a default hereunder, and the BCCSB will be relieved of any further obligation to make payments to CHALIS as set out herein. This contract will be terminated at the option of the BCCSB.

21. **Termination.** This agreement may be terminated by the BCCSB upon 15 days advance written notice for any of the following reasons or under any of the following circumstances:

a. BCCSB may terminate this agreement due to material breach of any term or condition of this agreement, or

b. BCCSB may terminate this agreement if key personnel providing services are changed such that in the opinion of the BCCSB delivery of services are or will be delayed or impaired, or if services are otherwise not in conformity with proposal specification, or if services are deficient in quality in the sole judgment of BCCSB, or

c. BCCSB may terminate this agreement with 15 days of prior written notice should the CHALIS fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

d. BCCSB may terminate this agreement at will by giving at least 30 days prior written notice to the CHALIS, or

e. If appropriations are not made available and budgeted for any calendar year to fund this agreement.

22. **Indemnification.** CHALIS agrees to hold harmless, defend and indemnify the BCCSB, the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of **Columbia Housing Authority Low-Income Services, Inc.**, (meaning anyone, including but not limited to consultants having a contract with the CHALIS or subcontractor for part of the services), or anyone directly or indirectly employed by CHALIS, or of anyone for whose acts CHALIS may be liable in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its negligence.

23. **Publicity by the Agency.** CHALIS shall notify the BCCSB of contact with the media regarding CSF funded programs or profiles of participants in CSF funded programs. CHALIS will acknowledge the BCCSB as a funding source whenever publicizing CSF funded programs. CHALIS will collaborate with the BCCSB to inform the community about the ways its tax dollars are being invested in services and supports. CHALIS agrees to acknowledge the Children's Services Fund as a funding source on all written and electronic publications including brochures, letterhead, annual reports and newsletters.

24. **Independence.** This contract does not create a partnership, joint venture or any other form of joint relationship between the BCCSB and CHALIS. The BCCSB does not recognize any of the CHALIS's employees, agents or volunteers as those of the BCCSB.

25. **Binding Effect.** This agreement shall be binding upon the parties hereto and their successors and assigns for so long as this agreement remains in full force and effect.

26. **Entire Agreement.** This agreement constitutes the entire agreement between the parties and supersedes any prior negotiations, written or verbal, and other proposal or contractual agreement. This agreement may only be amended by a signed writing executed with the same formality as this agreement.

27. **Record Retention Clause.** CHALIS shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of



the this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.

28. **Notice.** Any written notice or communication to the BCCSB shall be mailed or delivered to:

Boone County Community Services  
605 E. Walnut, Ste. A  
Columbia, MO 65201

Any written notice or communication to the CHALIS shall be mailed or delivered to:

Columbia Housing Authority Low-Income Services, Inc.  
Phil Steinhaus, Chief Executive Officer  
201 Switzler St.  
Columbia, MO, 65203

**IN WITNESS WHEREOF** the parties through their duly authorize representatives have executed this agreement on the day and year first above written.

**CHA Low-Income Services, Inc.**

By: Phil Steinhaus  
Signature Executive  
By: Phil Steinhaus Director  
Printed Name/ Title

**Boone County, Missouri**

By: Daniel K. Atwill  
Boone County Commissioner  
Daniel K. Atwill, Presiding Commissioner

By: Les Wagner  
Boone County Children's Services Board

Les Wagner, Board Chair

APPROVED AS TO FORM:

[Signature]  
County Counselor

ATTEST:

Wendy S. Noren  
Wendy S. Noren, County Clerk

AUDITOR CERTIFICATION: In accordance with §RSMo 50.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note: Certification of this contract is not required if the terms of this contract do not create a measurable county obligation at this time.)

2161 / 71106 / \$366,821

Jane Pitchford by ij 12/05/2014  
Signature Date Appropriation Account

An Affirmative Action/Equal Opportunity Employer

**REQUEST FOR ADDITIONAL INFORMATION FORM #1**

**PROPOSAL: 28-24JUN14 - Pilot Programs that Provide Innovative Service - Boone County Community Children's Services**

This Request for Additional Information #1 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted on or before **9:00 a.m. Tuesday, October 14, 2014.**

Company Name: CHA Low-Income Services, Inc.

Address: 201 Switzler Street  
Columbia, MO 65203

Telephone: 573-443-2556 Fax: 573-443-00551

Federal Tax ID (or Social Security #): 77601167

Print Name: Phil Steinhaus Title: Chief Executive Officer

Signature: *Phil Steinhaus* Date: 10/10/2014

E-mail: psteinhaus@columbiacha.com  
CHA Low Income Services - Healthy Home Connections

- a. Please provide a budget narrative for the Agency Revenue portion of Attachment B. Specifically, please explain the significant increases and decreases in funding for the Proposed Year.
- b. Please describe any current services offered by CHALIS to the proposed target population.

**ATTACHMENT B - Revised 10.13.2014**

**AGENCY FINANCIAL INFORMATION**

AGENCY NAME: CHA Low-Income Services, Inc.

AGENCY REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way	46,557	69,040	69,040	4.63%	0.00%
B. Other United Ways				0.00%	#DIV/0!
C. Capital Campaigns				0.00%	#DIV/0!
D. Grants (non-governmental)	25,923	6,575	5,000	0.34%	-23.95%
E. Fund Raising & Other Direct Support	15,962	18,240	22,240	1.49%	21.93%
<b>TOTAL DIRECT SUPPORT (sub-totals)</b>	<b>88,442</b>	<b>93,855</b>	<b>96,280</b>	<b>6.46%</b>	
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding	0	0	571,099	38.33%	#DIV/0!
B. Boone County - Other				0.00%	#DIV/0!
C. Other Counties				0.00%	#DIV/0!
D. City of Columbia - Social Service Funding	112,472	106,700	126,700	8.50%	18.74%
E. City of Columbia - Other	27,101	12,900	16,404	1.10%	27.16%
F. Other Cities				0.00%	#DIV/0!
G. Federal (Medicaid, Title III, etc.)	612,475	773,347	634,192	42.57%	-17.99%
H. State (Purchase of Services, Grants, etc.)			4,253	0.29%	#DIV/0!
I. Other (Schools, Courts, etc.)				0.00%	#DIV/0!
<b>TOTAL GOVT CONTRACTS/SUPPORT (sub-totals)</b>	<b>752,048</b>	<b>892,947</b>	<b>1,352,648</b>	<b>\$1</b>	
3. Program Service Fees				0.00%	#DIV/0!
4. Investment Income (realized & unrealized)				0.00%	#DIV/0!
5. Other Revenue Items	34,420	34,448	40,905	2.75%	18.74%
<b>TOTAL AGENCY REVENUE</b>	<b>\$874,910</b>	<b>\$1,021,250</b>	<b>\$1,489,833</b>		<b>45.88%</b>

AGENCY EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
Expenses for Program Services	813,154	918,104	1,339,360	89.90%	45.88%
Expenses for Management and General	91,376	103,146	150,473	10.10%	45.88%
Expenses for Fundraising				0.00%	#DIV/0!
<b>TOTAL AGENCY EXPENSES</b>	<b>904,530</b>	<b>1,021,250</b>	<b>1,489,833</b>		<b>45.88%</b>
% of Management and Fundraising Expenses	10.10%	10.10%	10.10%		#DIV/0!

NET ASSETS	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% CHANGE CURRENT TO PROPOSED
Net Assets, End of Year	\$111,979	\$94,567	\$77,155	-18.41%

CASH FLOWS	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% CHANGE CURRENT TO PROPOSED
Cash, End of Year	\$12,702	\$12,702	\$12,702	0.00%

## Attachment B – Agency Revenue Narrative

### 1. DIRECT SUPPORT

**A. Heart of Missouri United Way** **\$ 69,040**

**Powered by Moms** - United Way funding for a new program to enhance the opportunities for low income teen and adult mothers of preschool-age children living in CHA's Public Housing Developments. A family development specialist who lives on site coordinates the program and each participating mother is paired with an experienced positive role model to help ready the family for school success.

**D. Grants (non-governmental)** **\$ 5,000**

Various local organizations periodically provide small grants to fund various aspects of the Moving Ahead Program (MAP), the organization's after-school program for at-risk students in grades K-12.

**E. Fund Raising & Other Direct Support** **\$ 22,240**

Contributed support used to help cover the costs of the Moving Ahead, Money Smart and Home Buyer Education programs are accounted for separately from federal or city grant revenue and expenditures that support these programs.

Also includes Youth Community Coalition (YC2) unrestricted funding and donations. The Youth Community Coalition operates under the umbrella of the CHALIS organization and builds relationships with community partners to extend services which provide positive influences to area youth.

### 2. GOVERNMENT CONTRACTS/SUPPORT

**A. Boone County – Social Service Funding** **\$571,099**

Represents three proposal submitted to the Boone County Children's Services Fund.

**Healthy Home Connections** targets children 0 – 18 living in families who are participants of the Columbia Housing Authority's Housing Choice Voucher Program. Two family development specialists will work with Family Counseling Center and Big Brothers/Big Sisters to strengthen the ability of families to prepare healthy children who are ready to succeed in school and in life.

**MAP for Mental Health** targets children and families participating in the Moving Ahead Afterschool and Summer Program with mental health assessments and positive youth development supports through collaboration with Family Counseling Center and Big Brothers/Big Sisters.

**Youth Community Coalition County Pilot** seeks to build the capacity of communities in Boone County to create communities where youth are healthy, succeeding academically, and pursuing post-secondary education.

**D. City of Columbia – Social Service Funding** **\$126,700**

**Moving Ahead Program (MAP)** - MAP is an academic-based Afterschool and Summer program for children living in low-income households in the Columbia Public School District.

**City Independent Living** - The Independent Living Program (formerly Aging In Place) staffs a part-time service coordinator to create collaborative partnerships with agencies in the community to provide supportive services to assist Public Housing residents who are elderly and/or have disabilities

to live independently as long as possible and to prevent premature and unnecessary institutionalization."

**City Money Smart Program** - CHALIS' Money Smart program is a series of financial education and homeownership counseling classes designed to assist participants with developing money management skills. Its goals include promoting self-sufficiency and homeownership. It is offered free of charge and is open to all low-income residents of Columbia and Boone County.

**City REWARD Program** - Provides on-the-job training and coaching services to residents, with the goal of obtaining permanent employment and self-sufficiency. Also included are funds to provide work attire and other job-related expenses, if needed.

**E. City of Columbia – Other**

**\$ 16,404**

**Teen Outreach Program (TOP)** - This program funds the cost of two CHALIS facilitators and supplies for several middle school and high school Columbia school campus afterschool teen outreach groups. Training is also provided for the facilitators. Funding is provided by the Columbia/Boone County Health Department in conjunction with the City of Columbia.

**G. Federal (Medicaid, Title III, etc.)**

**\$634,192**

**Drug Free Community – CFDA#93.276** - The DFC grant program is a collaborative initiative sponsored by Office of National Drug Control Policy (ONDCP) in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA) in order to achieve two major goals:

- Establish and strengthen collaboration among communities, private nonprofit agencies, and Federal, State, local, and tribal governments to support the efforts of community coalitions to prevent and reduce substance abuse among youth.
- Reduce substance abuse among youth and, over time, among adults by addressing the factors in a community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse.

The program seeks to reduce substance use among 12 – 17 year olds by building the capacity of the community to address the behavior and through the implementation of evidence-based programming and environmental strategies that increase protective factors and address risk factors linked to substance use and abuse.

Funding supports the efforts of a community coalition made up of over 50 agencies, organizations and individuals and including parents and teens.

**CDBG - CFDA#14.218 HomeBuyer Education Program** - Provides Home Buyer education classes once a month to community participants, as well as one-on-one counseling, to educate them about smart choices, help them create an action plan, and provide guidance on improving their housing situation and meeting responsibilities of homeownership.

**21<sup>st</sup> Century Community Learning Center (CCLC) –CFDA#84.287C** - Capacity building grant that strives to enrich the quality of four afterschool and Saturday programs serving Columbia students. A standard curriculum is provided which integrates school-time and program-time learning. Data gathering is performed to evaluate the effectiveness of programming. The four sites included are the Moving Ahead Program, Boys and Girls Club, Boys and Girls Club (Alpha Hart) and Fun City Youth Academy.

**STOP Act – CFDA #93.243** - This is a collaborative effort of the Youth Community Coalition and local law enforcement and resource centers designed to reduce underage alcohol use and other problem drinking behaviors. This project will work to achieve the goals of the National Prevention Strategy to prevent underage drinking. All levels of the community will collaborate to achieve the following goals: 1) Engage parents and caregivers, schools, communities, government, and social systems that interface with youth, and youth themselves in a coordinated local effort to prevent and reduce underage drinking and its consequences; 2) Foster changes in the Columbia society that facilitate healthy adolescent development and that help prevent and reduce underage drinking; 3) Work to ensure that policies at all levels are consistent with the national goal of preventing and reducing underage alcohol consumption.

**Child and Adult Care Food Program – CFDA #10.558** - Provides funding for nutritional meals for at-risk students in our Moving Ahead Program. Guidelines are given to monitor that various food groups are offered to the children.

**Summer Food Service Program – CFDA #10.559** - Provides funding for nutritional meals for students in our Moving Ahead Summer Program. Guidelines are given to monitor that various food groups are offered to the children.

**Partnering for Success – CFDA #93.243** - A new federally-funded program funded through the Substance Abuse and Mental Health Services Administration to provide services toward the prevention of under-age drinking in the City of Columbia. This program involves a sub-contractual agreement with the Family Counseling Center of Missouri, Inc.

**H. State (Purchase of Services, Grants, etc.)**

**\$ 4,253**

**ACT-MO** - This program will foster county-wide collaboration in Boone County communities, which includes Ashland, Centralia, Columbia, Hallsville, Harrisburg, Hartsburg, Huntsdale, McBaine, Pierpont, Rocheport and Sturgeon, to reduce youth risk behaviors and promote healthy choices. To achieve the proposed outcomes, the following actions will be taken: 1) assessing the community needs and gaps in resources; 2) creating a Core Leadership Group; 3) building a mass base of community support; 4) planning and implementing the action plan based on the community assessment; 5) maintaining the organization and institutionalizing change; and 6) evaluating changes.

**3. OTHER REVENUE ITEMS**

**\$ 40,905**

**McBaine Townhomes** - A five unit affordable housing project which was in development and construction from 2005-2009. The project received Federal Home Funds passed through the City of Columbia along with a loan from Missouri Housing Development Corp (MHDC). Construction was completed in February 2009 and lease up was completed in April 2009. These rental units will become eligible for purchase by the low-income families after a four year rental period.

**TOTAL:**

**\$1,489,833**

**ATTACHMENT B - Explanation of Variances**

AGENCY NAME: CHA Low-Income Services, Inc.

AGENCY REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	VARIANCE	VARIANCE DETAIL	AMOUNT
<b>1. DIRECT SUPPORT</b>						

D. Grants (non-governmental)	25,923	6,575	5,000	(1,575)	Job Point	(1,575)
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**Explanation:** CHALIS provides the Money Smart Financial Management program to Job Point students on a class-by-class basis. The amount paid varies each year.

E. Fund Raising & Other Direct Support	15,962	18,240	22,240	4,000	MAP Contributions	1,000
					Rotary grant	3,000

**Explanation:** The additional amount represents one-time gifts which will be available in the proposed year. CHALIS actively seeks donations from multiple local sources throughout the year.

<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>						
A. Boone County - Social Service Funding	0	0	571,099	571,099	Boone County Proposal-Ryan	150,000
					HHC PILOT Proposal	293,457
					Map Mental Health Proposal	127,642

**Explanation:** The proposals shown here have been submitted to a prospective funder. They may or may not be funded for the proposed year and are included for budgeting purposes.

D. City of Columbia - Social Service Funding	112,472	106,700	126,700	20,000	City MAP Addtl funding	20,000
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**Explanation:** The City of Columbia -- Social Service Funding Commission provides funding to four CHALIS programs. The variance represents an increase in funding requested for the proposed year. It is included for budgeting purposes.

E. City of Columbia - Other	27,101	12,900	16,404	3,504	TOP Funding	3,504
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**Explanation:** The Columbia/Boone County Public Health and Human Services Department contracts with the Youth Community Coalition for facilitation of the Teen Outreach Program at select schools. The Youth Community Coalition serves all of Boone County. The number of schools increased for the proposed year. CHALIS is the fiscal agent for the Youth Community Coalition.

G. Federal (Medicaid, Title III, etc.)	612,475	773,347	634,192	(139,155)	DFC Deletion*	(125,000)
<p><b>Explanation:</b> The items marked with an asterisk represent changes in awards to the Youth Community Coalition. CHALIS is the fiscal agent for the Youth Community Coalition. The DFC and DNR deletions refer to the end of an award period. The DFC extension is carryover of funding remaining from the original DFC grant through January, 2015. The 21<sup>st</sup> CCLC reduction refers to a mandatory funding decrease experienced in years 3, 4, and 5 of the award. The STOP Act decrease refers to money left unspent and lost at the end of a funding period.</p> <p>The CACFP Increase represents an increase in expected reimbursements for food prepared at the Moving Ahead Program. The increase is expected due to increased reimbursement rates, and increased utilization throughout the year.</p>					DFC Extension*	34,000
					CACFP Increase	45,115
					21st CCLC reduction*	(89,858)
					DNR deletion*	(667)
					STOP Act decrease*	(2,745)

H. State (Purchase of Services, Grants, etc.)	0	0	4,253	4,253	Proposed ACT-MO	4,253
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**Explanation:** This increase represents a Proposal submitted by CHALIS on behalf of the Youth Community Coalition. If funded it will enable the Coalition to expand efforts into the County to build the capacity of communities outside of Columbia to create a culture of positive youth development in order to increase academic success and reduce risky behaviors. It has been included for budgeting purposes.



5. Other Revenue Items	34,420	34,448	40,905	6,457	COCC transfer increase	6,457
<b>Totals</b>						<u>468,583</u>

**Explanation:** CHALIS has no cash reserves. The budget is balanced with the help of the Columbia Housing Authority and with rents from the only CHALIS asset – The McBaine Townhomes. An increase in transfers needed during the proposed year is anticipated at this time.

AGENCY EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	VARIANCE	% CHANGE CURRENT TO PROPOSED
Expenses for Program Services	813,154	918,104	1,339,360	421,256	45.88%
Expenses for Management and General	91,376	103,146	150,473	47,327	45.88%
<b>Totals</b>				<u>468,583</u>	



Columbia Housing Authority  
201 Switzler Street  
Columbia, MO 65203

# CHALIS

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## CHA Low-Income Services

Office: 573.443.2556 ♦ TTY Relay 800.735.2966 ♦ Fax: 573.443.0051 ♦ www.ColumbiaHA.com

### BOARD OF DIRECTORS

*Genie Rogers, Chair*  
*Mary Anne McCollum, Vice-Chair*  
*Bob Hutton*  
*Max Lewis*  
*Ed Robinson*

### EXECUTIVE DIRECTOR

*Phil Steinhaus*

October 13, 2014

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
613 E. Ash St., Room 110  
Columbia, MO 65201

RE: Request for Additional Information #1 – 27-10JUN14 – Pilot Programs that Provide Innovative Service -- Boone County Children's Services Fund

Dear Ms. Bobbit:

Thank you for the opportunity to offer clarification on the proposal submitted by CHA Low-Income Services for a pilot program to provide supportive services which heretofore have been unfounded for Columbia Housing Authority's Housing Choice Voucher participants and to bolster those supportive services with a collaborative effort to increase access to mental and behavioral health services, positive youth development services, and team-led case management involving multiple agencies who will share data and accountability to achieve positive outcomes for families and children in Boone County.

We have reviewed the proposal in light of your questions and offer the following in response:

- a. Please provide a budget narrative for the Agency Revenue portion of Attachment B. Specifically, please explain the significant increases and decreases in funding for the Proposed Year.

The Agency Revenue portion of Attachment B has been reviewed and revised by the CHA Department of Finance. The majority of increase observed in Proposed Year Revenue is due to proposals which have been submitted for funding to Boone County Children's Services, City of Columbia Social Services, and ACT Missouri. These proposals may or may not be fully funded, but are included by CHALIS in budgets for the proposed year. Each of these line items is explained in the attached narrative.

Additional discovery occurred during the Agency's review of Attachment B.

1. Some revenue was mis-categorized.
2. One funding proposal was included twice in different categories and with differing amounts.
3. One funding proposal was not included.
4. Net Assets, End of Year were omitted.

The only asset CHALIS has is the McBaine Townhome affordable housing development. All remaining programs are grant funded and have no assets. These programs generally run at a deficit without any cash reserves. The budget is balanced with the help of rents from the townhomes and the Columbia Housing Authority Cost Center.

After making the above revisions, the proposed year Agency Revenue total is \$1,489,833 instead of \$1,482,833. A revised Attachment B has been attached for your consideration.

b. Please describe any current services offered by CHALIS to the proposed target population.

At this time, CHALIS revenue does not support any programs which specifically target Housing Choice Voucher participants with supportive services. Housing Choice Voucher participants are eligible to participate in the following CHALIS programs which are open to the public:

Program Name	Money Smart	Service Provider	CHALIS
Program Description	The FDIC Money Smart program is free program that is open to everyone wanting to manage their financial future. The program will provide you with a free credit report analysis and help you understand how to improve your credit and make a plan for home ownership. The class meets on Mondays for two hours over a ten-week period. You can choose from a class that begins at 12:00 Noon or an evening class that begins at 6:30 p.m. The 20-hour curriculum covers everything from opening a checking account to obtaining a mortgage loan. Graduates receive a certificate that may qualify them for the City of Columbia's First Time Home Buyer Down Payment Assistance Program.		

Program Name	Moving Ahead After-School Program	Service Provider	CHALIS
Program Description	The Moving Ahead Program operates Monday through Friday from 3:00 p.m. to 6:30 p.m. at the J.W. "Blind" Boone Community Center, 301 N. Providence in Columbia during the school year and from 7:30 a.m. – 5:30 p.m. for five week period during the summer when summer school is not in session.		

Program Name	Pre-Homebuyer Education Program	Service Provider	CHALIS
Program Description	The Pre-Homebuyer Education program is open to everyone wanting to purchase a home. The program offers training in choosing a realtor, choosing and maintaining a home, and choosing a mortgage provider. The class meets once a month for four hours at The Arc. Participants pay \$10 and receive a helpful planning notebook. Graduates receive a certificate that may qualify them for the City of Columbia's First Time Home Buyer Down Payment Assistance Program.		

Thank you for carefully reviewing the CHALIS Pilot Program proposal to provide the Healthy Home Connections Project. Please find attached, your Information Form #1, Attachment B – Revised Agency Financial Information, Attachment B – Agency Revenue Narrative, and Attachment B – Variance Explanations. I hope this response is helpful as you continue your evaluation of proposals.

Sincerely,

  
Becky Markt  
Program Director

attachments

**Melinda Bobbitt - Request for Additional Information - Pilot Programs**

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**From:** Becky Markt <Bmarkt@columbiaha.com>  
**To:** "mbobbitt@boonecountymo.org" <mbobbitt@boonecountymo.org>  
**Date:** 10/13/2014 3:08 PM  
**Subject:** Request for Additional Information - Pilot Programs  
**Attachments:** Request for AdditionalInformation #1 - Pilot Project - CHALIS.pdf

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Response is attached. Thank you for the opportunity to answer your questions. Please let me know if there is any other information that you require.

Sincerely,

**Becky Markt**  
Director, Resident Services  
**CHA Low-Income Services, Inc.**  
573-443-2556, X 1250

CHA  
28**Melinda Bobbitt - RE: Request for Additional Information for Boone County Children's Services**

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**From:** Phil Steinhaus <psteinhaus@columbiaha.com>  
**To:** 'Melinda Bobbitt' <MBobbitt@boonecountymo.org>  
**Date:** 10/7/2014 2:52 PM  
**Subject:** RE: Request for Additional Information for Boone County Children's Services

---

Dear Ms. Bobbitt:

I will respond by the deadline below.

Thank you very much.

Best,

**Phil**

Phil Steinhaus, CEO  
Columbia Housing Authority  
201 Switzler Street  
Columbia, MO 65203

Main: (573) 443-2556  
Direct: 573-554-7000  
Fax: (573) 443-0051  
[psteinhaus@columbiaha.com](mailto:psteinhaus@columbiaha.com)  
[www.columbiaha.com](http://www.columbiaha.com)

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**From:** Melinda Bobbitt [mailto:MBobbitt@boonecountymo.org]  
**Sent:** Tuesday, October 07, 2014 2:51 PM  
**To:** Phil Steinhaus  
**Subject:** Request for Additional Information for Boone County Children's Services

Dear Mr. Steinhaus:

# Boone County Purchasing

Melinda Bobbitt, CPPO, CPPB  
Director



613 E. Ash St. Room 110  
Columbia, MO 65201  
Phone: (573) 886-4391  
Fax: (573) 886-4390  
[mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

---

October 7, 2014

Phil Steinhaus, Chief Executive Officer  
CHA Low-Income Services, Inc.  
E-mail: [psteinhaus@columbiaha.com](mailto:psteinhaus@columbiaha.com)

RE: Request for Additional Information #1 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services

Dear Mr. Steinhaus:

Attached is a *Request for Additional Information #1*. Please complete the attached form, sign and submit with the requested information by 9:00 a.m., Tuesday, October 14, 2014 by email to [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org).

If you have any questions regarding this request, please call (573) 886-4391 or e-mail [Mbobbitt@boonecountymo.org](mailto:Mbobbitt@boonecountymo.org). I sincerely appreciate your efforts in working with Boone County, MO to ensure a thorough evaluation of your proposal.

Sincerely,

A handwritten signature in cursive script, appearing to read "Melinda Bobbitt".

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

cc: Proposal File

Attachment: Request for Additional Information

**REQUEST FOR ADDITIONAL INFORMATION FORM #1**

**PROPOSAL: 28-24JUN14 - Pilot Programs that Provide Innovative Service - Boone County Community Children's Services**

This Request for Additional Information #1 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted on or before **9:00 a.m. Tuesday, October 14, 2014.**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Tax ID (or Social Security #): \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_



- a. Please provide a budget narrative for the Agency Revenue portion of Attachment B. Specifically, please explain the significant increases and decreases in funding for the Proposed Year.
  
- b. Please describe any current services offered by CHALIS to the proposed target population.

28. August 14  
Healy from

**BOONE COUNTY CHILDREN'S SERVICES FUND  
2014 APPLICATION NARRATIVE FOR FUNDING:  
PILOT PROGRAMS THAT PROVIDE INNOVATIVE SERVICES**

**Agency Name:** CHA Low-Income Services, Inc.

**Agency Address:** 201 Switzler Street, Columbia, MO 65203

**Agency Phone Number:** 573-443-2556


**Primary Agency Contact (include title):** Phil Steinhaus, Chief Executive Officer

**Email Address:** psteinhaus@columbiaha.com

**Contact Phone Number:** 573-443-2556, X 1100

**Amount Requested:** \$293,457

**Federal Tax ID (or Social Security #):** 77601167

**Signature:**  **Date:** 7/10/2014

**AGENCY AND PROGRAM INFORMATION**

**Background Information:**

CHA Low Income Services, Inc. (CHALIS) is a 501(c)(3) not-for-profit corporation, created by the Housing Authority of the City of Columbia in 2003 to increase and diversify funding sources for the expansion of resident services and self-sufficiency programs that, historically, have been funded by government grants. The Mission of CHALIS is to provide a complement of community-based programs and services to public housing residents and other low to moderate income persons focused on youth succeeding; adult self-sufficiency; seniors and person with disabilities living independently; and developing affordable housing.

Please see Attachment G for a list of CHALIS Board of Directors.



CHALIS is interested in implementing a pilot program to provide supportive services which heretofore have been unfunded for CHA's Housing Choice Voucher participants and to bolster those supportive services with a collaborative effort to increase access to mental, behavioral, and psychological assessment; increase participation in positive youth development services for children in the family; and to employ a team-approach to case management which allows the development of an individualized service plan involving multiple agencies with shared data and shared accountability to achieve positive outcomes for families and children in Boone County.

Unlike CHA's Public Housing Residents who have easy access to an onsite Resident Service Coordinator for resource referral and coordination of services and can often walk or ride the bus to any of Columbia's social service agencies, CHA's Housing Choice Voucher participants receive limited to no resident service coordination and can live anywhere in Boone County. The high cost of rental housing in Columbia drives many families outside of the Columbia rental market. Some end up as far away as Ashland, Hallsville, Centralia, and Sturgeon.

The CHA understands that without stable housing nothing else matters; however, once housing has been established, additional resources are vital for further opportunity and growth within the family. Stable housing is particularly important for children whose childhood experiences can either limit or increase their opportunities as adults. Without support at hand, family needs may go unmet and problems may be deferred until they become crisis. These crises can include limited access to healthcare, unstable childcare, difficulty buying food, and unpaid rents. Often times these crises lead to the loss of program assistance for families who are already

fragile due to low income. In turn, families become even more vulnerable and children face conditions that have lifelong consequences.

To help reduce the impact of poverty on children of CHA’s HCV participants, CHALIS proposes to implement Healthy Home Connections (HHC), a program that provides participants of the Housing Choice Voucher Program (HCV) throughout Boone County with coordinated access to critical supports. HHC team members will aid families in solving difficult and complex issues that deny them the opportunity to fully participate in mainstream society. HHC is designed to address skills and support systems that families need to succeed financially, parents need to nurture and care for their children, and children need in order to develop into healthy and productive adults. CHA’s HCV program alleviates a family’s cost burden of housing. CHA realizes this is only the first step for many families. Now, CHALIS’ HHC seeks to bring CHA’s HCV program, Family Counseling Center, Big Brothers Big Sisters, Services for Independent Living, and other community resources together in a focused effort around the Human and Social needs of CHA’s HCV participants.

**Target Population**

CHALIS provides educational, economic, employment and recreational opportunities for low and moderate-income persons in Boone County. CHALIS has unique access to individuals of low-income due to its affiliation with Columbia Housing Authority. All CHA participants must meet the following financial guidelines for participation in CHA’s subsidized housing programs.

# In Household	Annual Income	
	Public Housing	Section 8
1	\$ 36,500	\$ 14,400
2	\$ 41,700	\$ 16,450
3	\$ 46,900	\$ 18,500
4	\$ 52,100	\$ 20,550
5	\$ 56,300	\$ 22,200
6	\$ 60,450	\$ 23,850

7	\$ 64,650	\$ 25,500
8	\$ 68,800	\$ 27,150

The target population for HHC Pilot Project is children between the ages of 0 to 18 years of age living in low-income families who participate in CHA’s HCV program. In 2014, CHA databases indicated children under the age of 18 made up 53% of all Housing Choice Voucher Residents. African Americans represent 69% of Housing Choice Voucher participants. Single parent female-led households are predominant.

This particular target population is chosen for its ready availability and familiarity. CHA’s relationship with families who could benefit from the kind of support and services is undeniable. The CHA database contains relevant information which can help to identify families who might be in need of these support services that other agencies do not have at their fingertips. Information that includes things like family size, head of household, income levels, schooling, employment, disability, as well as contact information. CHA’s HCV program staff has a very personal relationship with the target population as well as the landlords owning the homes of the families – a relationship that requires trust and a willingness to share personal vulnerabilities. Building HHC on this relationship increases the chances for proposed program elements to produce successful results.

We know that children of fragile and low-income families like those who participate in the HCV program are at a heightened risk for behavioral and mental health conditions and that these conditions may leave them at a disadvantage socially, emotionally and academically (American Psychological Association, (n.d.), *Effects of Poverty, Hunger and Homelessness on Children and Youth*, retrieved May 21, 2014 from <http://www.apa.org/pi/families/poverty.aspx?item=2>).

We also know that there is a shortage of mental health services for school age children and youth in Boone County. An October 2012 study conducted by the Institute of Public Policy for the Boone County Children Services Board has identified a need for more mental health services to serve school age children and youth such as the HCV participants. The IPP study points out that school-based prevention services were unable to serve 245 children and youth at the time of request. Furthermore, the IPP study shows that African-Americans and other minorities had a harder time accessing services than Caucasians.

The CHALIS HHC program falls within the following statutorily eligible service area because it utilizes: Prevention programs which promote healthy lifestyles among children and youth and strengthen families; mental health screenings; and home-based and community-based family intervention programs.

### **Innovative Service Idea**

The CHALIS HHC Pilot Project addresses the needs of children living in low-income rental housing through the CHA HCV program. The needs are wide ranging. While a percentage of CHA's HCV households earn wages from work; there is still a need for additional subsidies to help the families meet other economic challenges. Many families also need human and social capital. This includes education, basic life skills, and employment experience, as well as less tangible resources such as social connections and access to community resources.

The CHALIS HHC Pilot Project is based on the premise that the gap between low income housing and self-sufficient achievement is not addressed by many need-based initiatives. The CHALIS HHC projects understands that without stable housing nothing else matters; however, once housing has been established, additional resources are vital for further opportunity and growth within the family and its children and that CHALIS is in a unique position to bring collaboration together around those needs.

The CHALIS HHC Pilot Project will capitalize on this position to implement Strengthening Families, a research-based framework and approach that helps communities build collaboration around increasing family strengths, enhancing child development and reducing child abuse and neglect.

Ten years ago, the Center for the Study of Social Policy (CSSP) developed the Strengthening Families Framework (CSSP Home Page. (n.d.). *CSSP*. Retrieved May 21, 2014, from <http://www.cssp.org/>.) The Framework provides a common language, tools and implementation guidelines to help community agencies work together to build collaboration around five key protective factors: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children. The HHC Pilot Project will apply this research-based framework and approach to a narrow and very specific community of up to 100 families with children who are linked to CHALIS through CHA’s HCV subsidized housing program. It is hopeful over a 3-year period, that the HHC Pilot Project will offer opportunities for comparison between participating and non-participating families of similar characteristics to afford the Boone County Commission an opportunity to see more clearly how their investment in the project is impacting the lives of Boone County’s most fragile families and their children.

The proposed HHC Pilot Project will create a team representing CHALIS, CHA HCV Program, Family Counseling Center, and Big Brothers Big Sisters. These individuals will assess need and coordinate supports to HCV families in order to build the five protective factors identified and defined by the CSSP.

Protective Factor	Definition
Parental Resilience	Managing stress and functioning well even when faced with challenges, adversity and trauma
Social Connections	Positive relationships that provide emotional, information, instrumental and spiritual support

Knowledge of parenting and child development	Understanding child development and parenting strategies that support physical, cognitive, language, social and emotional development
Concrete support in times of need	Access to concrete support and services that address a family's needs and helps minimize stress caused by challenges
Social and emotional competence of children	Family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions, and establish and maintain relationships

CHALIS has collaborated with the Columbia Housing Authority Housing Choice Voucher Program, Family Counseling Center, Big Brothers Big Sisters and Services for Independent Living to develop the HHC Pilot Project. Each of these partners has indicated their willingness to work together to wrap support and resources around the families recruited to the HHC Pilot Project in order to help build protective factors.

**Implementation**

CHALIS will recruit, hire, train, and supervise two (2) full-time Family Support Specialists for the HHC Pilot Project. CHALIS has extensive experience providing home- and community-based services to low-income individuals and families who participate in subsidized housing programs through the Columbia Housing Authority. The CHALIS Family Support Specialists will identify and recruit families to the HHC program, conduct the Strengthening Family Assessments with all participants, provide case management, and convene regular team meetings with the staff of other HHC Project partners in order to review case notes, follow up on referrals, and develop or update individualized family plans. The CHALIS Family Support Specialists will work as Navigators to assist families in maneuvering through the difficult enrollment process of establishing health insurance through the Health Insurance Marketplace and ensuring they meet ACA policy requirements.

Family Counseling Center will supply a .50 FTE provisionally licensed therapist to provide mental health triage assessments, Health Care Home services, and individual and group counseling services for children and families in the HHC Pilot Project. Family Counseling

Center staff will use Time Limited Counseling using Solution-Focused Therapy to promote positive change within presenting clients. When needed, Family Counseling Center staff will help families gain access to mental health, behavioral health, and psychological services through referrals and follow-up. They will also assist qualifying families with enrollment in insurance. Family Counseling Center Staff will also attend all HHC Pilot Project team meetings and review case notes to facilitate compliance with treatment plans. Family Counseling Center has similar partnerships in place in Miller County.

Big Brothers Big Sisters of Central Missouri (BBBSCM) will implement a specialized community-based mentoring program to serve 100 children in the HHC program. BBBSCM will supply a .5 FTE Little's Enrollment Coordinator to recruit children and families to the program and assess their ACES risk and overall background. BBBSCM will provide a .5 FTE Big's Recruitment and Training Coordinator to identify, recruit, and provide specialized training to mentors for the children enrolled in the HHC program. BBBSCM will also supply a 1 FTE Match Support and Life Skills Specialist who will provide case management and support to the matches. In addition, this specialized position will provide parents of matched children and all families with children waiting to be matched with life skills training and/or support and connect them with resources in the community to increase the likelihood of improving the families' environments. The Match Support and Life Skills Specialist will attend all HHC meetings to share case notes, track progress, and identify any opportunities for additional support.

In the event that either an HHC family or child could benefit from services that support independent living, Services for Independent Living (SIL) will offer these to HHC families. The CHALIS Family Support Specialist will contact SIL requesting an assessment and referral for

services. The SIL team member will participate in HHC team meetings to share case notes and identify any additional opportunities for support.

Time from Award	Activity Completed
48 hours	Team meeting held to review follow-up documents and sign contracts
45 Days	All staff hired, trained and ready to call on identified families.
90 Days	Participant Families recruited. Permissions obtained to share data. First Monthly Team Meeting held to review cases.
180 Days	Participating Families have : Completed family assessment tool Completed child assessment tool Completed mental health assessment Received at least one referral to a Partner's or other agency's services Completed an Individual Service Plan (ISP) Received partner Agency record of total participant services and hours served
360 Days	Participating Families Have: Followed-through on one or more referrals for Partner's or other agency's services Completed at least one goal on their ISP Completed follow-up of assessment tool(s) to measure progress

**EVALUATION**

**Performance Information**

The HHC Performance Measures Worksheet is attached (see Attachment A). However, because HHC is a Pilot Project, the collaborating partners request a review of these performance measures and the allowance for possible revisions after initial family assessments, staff assessments, and program assessments have been performed in order to comply with the individualized solution plans and program strategy development suggested by the Strengthening Families framework and approach.

**Outcomes**

<b>Outcomes Expected within 12 months of funding</b>	
Families access preventive services.  Families comply with treatment recommendations.  Families are active participants in their community.	The Boone County Children Services Board study conducted by the Institute for Public Policy indicated there is a shortage of mental health services in Boone County, and that accessing these services is complicated further by family economic status and race. The CHALIS HHC Pilot Project employs strategies which will reduce this disparity of access for the 100 families it plans to serve. In addition, the Family Support Specialists who lead the team for the HHC Pilot Project will use a set of tools developed by the Center for Study of Social Policy and readily available



<p>Family stability improves.</p> <p>Family well-being scale improves.</p> <p>Knowledge of child development and parenting methods increases.</p> <p>Protective Factors increase.</p>	<p>through the Grant Evaluation and Management System (GEMS) to assess family protective factors, develop individualized service plans for each family, and track the progress of each family. CHALIS staff will assume primary responsibility for the collection and reporting of all data.</p> <p>The outcomes shown here have been selected for their link to the research-based Strengthening Families framework of protective factors.</p>
<p>Children subjected to adverse childhood experiences will receive intervention services</p> <p>1) Littles will make improvements based on the match goals</p> <p>2) Littles will demonstrate ability to spend time on task (a key ability for academic success)</p> <p>3) Littles will indicate that they have a special adult in their lives.</p> <p>4) Littles will have a higher rate of believing that it is not OK to use drugs than Boone County youth as a whole.</p> <p>5) Littles will have a lower juvenile rate than Boone County youth as a whole.</p> <p>6) Littles will have goals for academic completion.</p> <p>7) Littles will indicate an average to high degree of parental trust</p>	<p>Big Brothers Big Sisters will track this set of outcomes and share the information with the HHC Team. These outcomes are included on the skills assessment tool used by Big Brothers Big Sisters Central Missouri. Improvements in these areas are linked to long term outcomes of reduced substance use, reduced antisocial behavior, improved youth academics, and improved relationships with family and positive peers. The tool is used pre- and post- program participation.</p>
<p>Early identification of mental and behavioral health needs improves.</p> <p>Improved access to mental and behavioral health services.</p> <p>Compliance with treatment and/or prevention plans improves.</p> <p>Mental and behavioral health of participating children and/or parent improves.</p>	<p>The Family Counseling Center will use its evidence-based DLA20 assessment to identify needs and measure change in the mental and behavioral health of participants and share information with the team. The addition of FCC's clinical case management will promote more timely access to services, follow-through on all referrals and treatment plan compliance. Changes in the DLA20 over time will indicate the improvement of mental and behavioral health in participants.</p>

### Indicators

<b>Indicators</b>	<b>Description</b>	<b>Program Target</b>
# of preventive services used by families and/or children post-project compared to pre-project	Reflects the number of services used by families/children during the project period compared to the number reported on the pre-project assessment.	75% of families and/or children will access at least one treatment or prevention service during the project period.
# of participating families who	Reflects the number of families who are not evicted while participating in the	95% of families will retain housing while participating in the program.

<p>retain housing through program period</p> <p># of participating families with increased income during program period</p> <p># of families participating in community activities post-participation compared to prior</p> <p># of participating families with improved well-being scores post-participation compared to prior</p> <p># of participating families with increase in protective factors post-participation compared to prior</p>	<p>project.</p> <p>Reflects the number of families who increase their income while participating in the project.</p> <p>Reflects the number of families participating in at least one new community activity during the program period.</p> <p>Compares results of Strengthening Families Well-being Assessment pre- to post-participation.</p> <p>Compares results of Protective Assessment pre- and post-participation.</p>	<p>25% of families will increase income after participating in the project.</p> <p>80% of families will participate in at least one new community activity during the program period.</p> <p>35% of families will have an improved well-being assessment after program participation.</p> <p>70% of families will have an improved score on the Protective Factor Assessment after program participation.</p>
<p>Children identified as experiencing adverse childhood events will be referred to the partner mental health provider for services.</p> <p>1) % of Littles who have made improvements based on the match goals as reported by their Bigs</p> <p>2) % of Littles who demonstrate time on task abilities as reported by their Bigs</p> <p>3) % of Littles who answer “yes” to a question asking if they have a special adult in their lives</p> <p>4) % of Littles who indicate that “it is not okay” to take drugs that aren’t given to them by a doctor or parent.</p> <p>5) % of Littles who indicate that they have not been arrested in the past 12 months</p> <p>6) % of Littles will answer that they are “mostly sure” or “very sure” that they will finish high school.</p>	<p>Compares scores of first Big Brothers Big Sisters Assessments</p> <p>1 &amp; 2) Big Brothers Big Sisters of America’s SoR (Strength of Relationship Survey) given at 3 months and yearly anniversary of match (or end of school year for school based matches).</p> <p>3, 4, 5, 6 &amp; 7) Big Brothers Big Sisters of America’s YOS (Youth Outcomes Survey) given to children ages 9 or older at intake and yearly anniversary of match (or end of school year for school based matches).</p>	<p>Children subjected to adverse childhood experiences will receive intervention services</p> <p>1) 85% of Littles will make improvements based on match goals</p> <p>2) 80% of Littles will demonstrate ability to spend time on task (a key ability for academic success)</p> <p>3) 75% of Littles will indicate that they have a special adult in their lives.</p> <p>4) 97% of Littles will indicate that it’s not okay to take drugs that aren’t given to them by a doctor or parent</p> <p>5) 95% of Littles will indicate that they have not been arrested in the past 12 months.</p> <p>6) 88% of Littles will have goals for academic completion.</p>

7) % of Littles with an average to high mean score across three questions examining parental trust.		7) 83% of Littles will indicate an average to high degree of parental trust
# of participating children and families identified with mental and behavioral health needs prior to crisis event.	Reflects number of individuals completing DLA20 who are identified with mental and behavioral health needs.	15% of students will be identified with needs for additional services during first year.
# of referrals made to mental, psychological and behavioral health services during participation	Reflects number of individuals who are referred to mental, behavioral or psychological services.	15% of students will be referred to mental, behavioral or psychological services those provided at the program location during the first year.
# of children/families utilizing mental health, psychological or behavioral health services within 15 days of referral	Reflects number of individuals who were referred and eventually access services.	100% of those referred to mental health, psychological, or behavioral health services will utilize services at least one time during the first year.
# of children/families who are compliant with treatment/prevention plan at 30 days compared to 180	Reflects number of children/families who are consistently completing elements of the treatment/prevention plan compared to those who have been given a plan and are not complying.	80% of those with a written treatment/plan will be found compliant after 180 days.
# of individuals with improved DLA20 score following program completion compared to prior.	Compares score of first DLA20 assessment score with DLA20 score completed at end of program year.	20% of all participants completing a DLA20 assessment will have an improved DLA20 score following at least 12 months in the program.

## Measurement

The HHC Pilot Project is a collaborative effort requiring **shared accountability** for outcomes and data collection. Of utmost importance is access to the database of the CHA's Housing Choice Voucher program. CHALIS Family Support Specialists will work with the CHA to obtain data and lead the Project Team under the supervision of CHA's Director of Resident Services. The Family Support Specialists will be responsible for case management, maintenance of case files, acquiring necessary permissions to share data, timely data collection and storage of data. All data will be stored on the CHA's secure server and paper documents stored in files located in a locked cabinet inside the locked office of the HHC Grant Administrator or Family Support Specialist. Team members may collect data individually but will share it with the entire team. The HHC Pilot Project requires this sharing of assessment information, home visit

findings, staff observations and family information in order to determine the best plan for the family and child's success.

The timeline for change in indicators is based on a 12-month period. Indicators and outcomes are based on the Strengthening Families framework and protective factors. Those selected are those that have been determined pre-assessment to be of most importance. Since the Strengthening Families framework allows for adaptation to community and provider, it may be determined after initial assessment of participating families that additional or different outcome measurements should be used. Collaborating partners would like to have the right to make changes as needed with approval from the Boone County Children's Services Board. Further consideration should also be given to outcomes if the project is negotiated to allow annual renewals for 3 years. Participants who continue over a 3-year period will benefit the most from the planned project and longer term outcomes tied to protective factors, utilization of services, and the mental and behavioral health of family and/or child should be adjusted in that case.

Copies of the evaluation and assessment tools to be used are attached. These tools have been chosen by the collaborating parties for their effectiveness as well as the collaborating partner's familiarity with the corresponding analysis of results when using the tool.

**Input  
Clinical Expertise**

CHALIS was formed in 2003 by the Housing Authority of the City of Columbia (CHA) in order to bring additional funding to the community to serve the needs of low-income families and individuals. CHALIS has responded to this by continuing to secure funding for a complement of community-based programs and services for public housing residents and other low to moderate income persons focused on Youth Succeeding; Adult Self-Sufficiency; Seniors and Persons with Disabilities Living Independently; and Developing Affordable Housing.

Current programs and services are listed below. Brochures are included in the proposal as attachments.

<b>Program or Service</b>	<b>Description</b>	<b>Populations Served</b>
Resident Service Coordination	Referral, Case Management, Crisis Intervention, and Service Coordination designed to help individual retain housing.	CHA Public Housing Residents
Annie Fisher Food Pantry	Weekly onsite food distribution point	Households in CHA’s Public Housing or Housing Choice Voucher program
Independent Living Program	Education, Case Management, Crisis Intervention, Resource Referral, Service Coordination, Transportation and Support Services to help prevent premature and unnecessary institutionalization	Elderly and Persons with Disabilities who live in CHA’s Public Housing
REWARD Program	Supportive job training program works with employer and employee to achieve permanent employment.	Unemployed Adults in CHA’s Public Housing Developments
Powered by Moms	Training, Peer Support, and Case Management designed help prepare children for kindergarten while preparing parents to support learning in the home	Mothers of Children Age 0 – 5 who live in CHA’s Public Housing Developments
Family Self-Sufficiency Program	Helps individuals create goals and an action plan to attain self-sufficiency. Offers escrow account to incentivize completion of their five-year plan. Connects participants to public and private resources available in the Columbia, Boone County community.	Adults in CHA’s Public Housing and Housing Choice Voucher Program.
Money Smart Program	Free 10-week financial Literacy training and counseling program designed to assist prospective homeowners with money management and budgeting for future homeownership.	General Public in Columbia and surrounding Boone County
Pre-Homebuyer Workshop	4-hour workshop designed to assist those entering the home buying process.	General Public in Columbia and surrounding Boone County
Moving Ahead Afterschool and Summer Program (MAP)	Licensed community-based out of school care for low-income children designed to improve school attendance, homework completion and academic success, access to nutritional meals, stable homes, and positive life choices.	Low-income school age children and their parents living within Columbia Public School District

Over the years, CHALIS has been involved in many collaborative efforts. Current projects involve collaboration with Columbia Public Schools, Boys and Girls Club, Fun City Youth Academy, First Chance for Children, Columbia/Boone County Public Health and Human

Services, Job Point, MANPOWER, University of Missouri Service Learning and A Way With Words and Numbers, Boone County Council on Aging, Services for Independent Living and several local employers.

CHALIS works hand in hand with the Housing Authority of the City of Columbia, MO (CHA). Within the family of programs offered by CHA, the Housing Choice Voucher Program (HCV) is the umbrella for many low income housing services such as the Shelter Plus Care (SPC), the Tenant Based Rental Assistance (TBRA) and the Veterans Affairs Supportive Housing (VASH) programs within Boone County, Missouri. These program's also include the delivery of services to dependent children 19-years of age or younger.

The CHA HCV program is a major assistance program funded by the Housing and Urban Development agency of the federal government. The primary responsibility of the HCV program is to provide housing assistance to very low-income families – with or without children, the elderly, and the disabled to afford decent, safe, and sanitary housing in the private market. Since housing assistance is provided on behalf of the family or individual, participants are able to choose their own housing, including single-family homes, townhouses and apartments. This important relationship to housing makes the CHA HCV program the perfect place to look for prospective participants of the HHC Pilot Project.

Family Counseling Center (FCC), a division of Compass Health, is an innovative organization that continually seeks to identify ways to improve mental health services and is committed to delivering the highest quality care to individuals, regardless of socioeconomic status, race, ethnicity, culture or language proficiency. As an organization, FCC strives to be the provider, employer, and partner of choice. Their mission is to enhance wellness in the lives of individuals and communities by instilling hope, building partnerships, and support recovery. As

a long time provider of behavioral, mental and psychological health care services in Central Missouri, FCC has extensive experience in providing services to uninsured and underserved high-need populations such as those served by the MAP for Mental Health project. FCC's clinical staff is able to diagnose and treat disorders, providing true individualization of treatment and a full-continuum, of care to each individual. They have developed and implemented a clinical triage model of care where individuals can be evaluated/assessed for treatment services within the same day they request services. Clinical staff is skilled at enforcing policies and procedures related to keeping appointments and making sure clients stay in compliance with treatment plans.

Big Brothers Big Sisters of Central Missouri (BBBSCM) is a non-profit organization matching adults in the community in one-to-one mentoring relationships with children in single parent families, in long term foster care, with an incarcerated parent, or who are referred by school personnel. Over 90% of the children served are at or below poverty level. BBBSCM is an affiliate of the oldest and largest youth mentoring organization in the United States administering an effective approach to mentoring, with formalized standards and required procedures. BBBSCM has demonstrated positive outcomes for healthy youth development. It is designed to foster supportive relationships between youth ages 6 to 18 with caring adults, which has been shown to mitigate the negative effects of risks in the social or environmental contexts of the youth's lives.

A list of key staff is attached for your reference (See Attachment H).

**Program Activity:**

The HHC Pilot Project is built around the Strengthening Families Framework and its Protective Factors. It requires collaboration between agencies using evidence-based strategies.

The Center for the Study of Social Policy (CSSP) developed the Strengthening Families Framework 10 years ago as a framework for change at a systems, policy, and practice level. To date 42 states have added Strengthening Families elements to their child and family service systems. Since that time thousands of child and family serving professionals have been trained to use the Strengthening Families self-assessment and other implementation tools to make programmatic changes that positively impact families and children. Strengthening Families offers the HHC Pilot Project: an intuitive explanation of what families need to thrive, and what programs can do to support them; a common framework and a shared set of results for families; a broad range of concrete, low- and no-cost actions that can be implemented; and free and easily accessible tools to support implementation at program, policy and systems levels. States are incorporating the Strengthening Families Framework and protective factors into efforts around early care and education, child abuse and neglect prevention, home visiting, and child welfare.

The HHC Pilot Project also features supportive housing; an evidence-based practice recognized by the Substance Abuse and Mental Health Services Administration which combines support services with housing to improve housing stability and reduce homelessness. Housing and Urban Development (HUD) provides funding to CHALIS to employ this strategy for families living in public housing developments because it improves family stability and reduces evictions. If the HHC Pilot Project is funded, it will allow CHALIS to offer the same level of support, service coordination, referral, and case management to families all over Boone County who are participants in CHA's Housing Choice Voucher program.

The HHC Pilot Project partners are supplying evidence-based practices as well.

Research proves mentoring programs such as BBBS are correlated with higher resiliency in children from at-risk backgrounds. A Harris Interactive survey of adults who had been a Little



as a youth compared to adults from a similar background who didn't have a mentor, found that the former Littles were more likely to have a college degree, more likely to have a higher income, rated their relationships with a spouse, friends and own children higher, and more likely to be involved as a volunteer or leader in the community. In a 2013 study examining mentoring experiences, the majority of which were BBBS programs, and outcomes for youth with varying risk profiles, the strongest program benefit, consistent across youth with all risk factors was a reduction in depressive symptoms. This is particularly important when almost one in four youth reported worrisome levels of these symptoms at baseline. Findings also suggested gains in social acceptance, academic attitudes and grades. All of these outcomes and more have resulted in BBBSA's programming being listed as an effective program on the Substance Abuse and Mental Health Services Administration Registry of Evidence-Based Programs and Practices.

Family Counseling Center is part of Compass Health, a network of care that provides a full continuum of evidence-based services for children, adolescents and adults. As a partner in the HHC Pilot Project, they will use Motivational Interviewing, an evidence-based practice that engages and motivates individuals to change behavior. FCC has developed a clinical triage model that enables individuals to be evaluated/assessed for treatment services and gain access to those services quickly. FCC services make use of a wide variety of research-based, recovery-focused services and supports that are individualized to the needs of each person or family. These services have been shown to promote resilience and self-determination and build on the strengths and resilience of individuals, family members and other allies in communities to sustain health and wellness.

## Outputs

Service	Unit Measure	Unit Cost	Amount Requested	Number Served	Avg. Units Per Individual
Collaborative Team Support for Families including: In-home Service Referral and Coordination, Mental Health Assessment and Referral, Navigator Services, Parent Engagement, Parent Trainings, Staff Trainings, Case Management, Mentoring Match Services	N/A	N/A	\$293,457	200	N/A

## BUDGET

See Attachments B and C for Agency and Program Budget worksheets.

### Budget and Budget Narrative Justification

#### Personnel:

Position	Name	Annual Salary/Rate	Level of Effort	Cost
Program Director	Becky Markt	\$53,019	10%	\$5,302
HCV Director	Andrea Tapia	\$45,000	10%	\$4,500
2 Full-Time Staff	TBD	\$40,000	100%	\$80,000
Big Brother Big Sisters Contracted Salaries	2 FT Staff	\$35,000	100%	\$70,000
Family Counseling Center	Contracted to provide .5 FTE salaries	\$17,700	100%	\$17,700
			TOTAL	\$177,502

#### JUSTIFICATION:

The Program Director is responsible for the timely completion of proposal elements. She will supervise staff and program activities. The HCV Director is responsible for training staff in HCV policies and procedures and data systems and for the coordination of shared information between the HCV staff and the HHC staff. The HHC Family Support specialists will lead the HHC team, recruiting and conducting initial assessments, case management, referrals and service coordination as well as keeping all team members informed of participant progress and needs. The HHC staff will report to the Program Director. BBBS staff will implement BBBS strategies and report to the Executive Director of BBBSM. FCC staff will report to FCC management and implement FCC strategies as needed. Both BBBS and FCC staff will share information with the HHC team and participate in team meetings.

#### Fringe Benefits:

Component	Rate	Wage	Cost
FICA – Program Director, Program Coordinator, Full-time Employees	7.65%	\$89,802	\$6,870
Workers Compensation – Program Director, Program Coordinator, Full-time Employees	2%	\$89,802	\$1,796
Retirement – Program Director, Program Coordinator	6%	\$9,802	\$588
Retirement – Full-Time Employees (6% for 6 months)	6%	\$40,000	\$2,400
Health Insurance – Program Director, Program Coordinator (\$6,890/year each)	10%	\$13,780	\$1,378
Health Insurance – Full-Time Employees (\$6,890/year each)	100%	\$13,780	\$13,780
Dental, Vision, Life and AD&D, and Long-term Disability – Program Director (\$40.18/mth), Program Coordinator (\$36.17/mnth)	10%	\$916	\$92
Dental Insurance, Life and AD&D, and Long-term Disability – Full-Time	100%	\$964	\$964

Employees (\$40.18/month each)			
Big Brothers Big Sisters Contracted Benefits	100%	\$20,306	\$20,306
Family Counseling Center Contracted Benefits	100%	\$4,248	\$4,248
		TOTAL	\$52,422

**JUSTIFICATION:**

All employees of HHC Pilot Project are due certain benefits, which have been calculated at the current allowable rates.

**Program Services:**

Name	Services Offered	Cost
Big Brothers Big Sisters	Contracted supplies and services	\$9,939
Training	Parent Trainings/Events (4 group events plus incentives)	\$5,000
Family Counseling Center	Staff Trainings	\$1,500
Basic Needs	Emergency supplies, diapers, food, cleaning supplies, equipment	\$7,000
Removing Barriers	GED fees, participation fees (sports, etc)	\$6,000
	TOTAL	\$29,439

**JUSTIFICATION:**

The HHC Pilot Project will support fragile families through training, emergency supplies, and removal of barriers.

**Non-Personnel**

Item(s)	Rate	Cost
Mileage	1,200 miles/yr @ \$.54/mi for each FTE	\$1,296
Cell phones	\$20/mo. x 12 months x 2	\$480
Tablets plus mini-cells for Wi-Fi	\$1000 x 2	\$2,000
Office supplies	\$200/month	\$2,400
Liability insurance	3% of \$3,084/yr	\$93
Computer/IT support	\$50/month x 2	\$1,200
	TOTAL	\$7,469

**JUSTIFICATION:**

HHC Family Support Specialists will travel all across Boone County to provide in-home services for program participants. They will need technology, equipment, additional insurance, and computer and IT support to perform their jobs effectively.

**BUDGET SUMMARY:**

Category	Total Request
Personnel	\$177,502
Fringe	\$52,422
Program Services	\$29,439
Non-Personnel	\$7,469
Admin Fee	\$26,625
Total Project Costs	\$293,457

**Staff Positions:**

Position	Role	Qualifications	Salary
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Program Director	Completion of project as proposed, supervision of partner activities, staff and project activities	Post-secondary Degree, 10+ years experience with at-risk populations, and grants management	\$53,019
Program Coordinator	Coordination between HCV staff and HHC staff, training in HCV database	Post-Secondary Degree, experience working with HCV program	\$45,000
Family Support Specialist (2 FTE)	Recruitment and initial assessment of participants, crisis management, referral to services, coordination of services, parent training, Navigator	1 – 4 Years of Experience, LCSW preferred	\$40,000 ea.
Enrollment Coordinator (for Littles) (.5 FTE)	Child/family interview & application process, assessment of needs	MSW, LCSW, LPC or similar	\$17,500
Recruitment & Training Coordinator (for Bigs) (.5 FTE)	Recruit, interview and train volunteers for the specialized caseloads of high needs kids.	MSW, LCSW, LPC or similar	\$17,500
Match & Resource Support Specialist (1 FTE)	Match support, family improvement plan, life skills coaching for families on waiting list and enrolled, ongoing support and training for specialized needs	MSW, LCSW, LPC or similar	\$35,000
Family Counseling Center Specialist (.5 FTE)	Assessment and referral, parent training, case management, staff training	LCSW or similar	\$17,700

Attachment A

Activity	Output(s)	Outcome(s)	Indicator(s)	Method of Measurement
<p>Family Support Services Coordination</p> <ul style="list-style-type: none"> <li>- In-home family assessments</li> <li>- Referral and Service Coordination</li> <li>- Case Management</li> <li>- Follow-up</li> </ul>	<p>2704 hrs. of services provided</p>	<p>Families access preventive services.</p> <p>Families comply with treatment recommendations.</p> <p>Family stability improves.</p>	<p># of preventive services used by families and/or children post participation compared to prior</p> <p># of participating families who are in compliance with treatment plan at the end of pilot project</p>	<p>Case Management Records, GEMS Online Data System, Strengthening Family Well-being Assessments, Referral Forms, Individual Service Plans, DLA20 Assessments, Pre- and post-tests</p>
<p>Parent Engagement Services</p> <ul style="list-style-type: none"> <li>- Individualized Training/Workshops</li> <li>- Community-based Events</li> <li>- Family Group Activities</li> <li>- Incentives</li> </ul>	<p>200 hrs. of services provided</p>	<p>Family well-being scale improves.</p> <p>Family connection to community improves.</p> <p>Knowledge of child development and parenting methods increases.</p> <p>Protective Factors increase.</p>	<p># of participating families who retain housing through program period</p> <p># of participating families with increased income during program period</p> <p># of families participating in community activities post-participation compared to prior</p> <p># of participating families with improved well-being scores post-participation compared to prior</p>	
<p>Specialized community-based mentoring services</p>	<p>100 Children and/or families will be interviewed and screened for adverse childhood experiences.</p> <p>100 Children will be recruited and enrolled as Littles and matched with 100 Adults recruited and trained as Bigs (mentors) providing 7125 hours of mentoring for 100 children/youth</p> <p>Bigs will be provided ongoing support and training</p>	<p>Children subjected to adverse childhood experiences will receive intervention services</p> <p>1) Littles will make improvements based on the match goals</p> <p>2) Littles will demonstrate ability to spend time on task (a key ability for academic success)</p> <p>3) Littles will indicate that</p>	<p>Children identified as experiencing adverse childhood events will be referred to the partner mental health provider for services.</p> <p>1) % of Littles who have made improvements based on the match goals as reported by their Bigs</p> <p>2) % of Littles who demonstrate time on task abilities as reported by their Bigs</p> <p>3) % of Littles who answer "yes" to a</p>	<p>Documentation of referral in case notes</p> <p>1 &amp; 2) Big Brothers Big Sisters of America's SoR (Strength of Relationship Survey) given at 3 months and yearly anniversary of match (or end of school year for school based matches).</p> <p>3, 4, 5, 6 &amp; 7) Big Brothers</p>

Attachment A

	<p>to address any specialized needs of the Littles</p> <p>Parents of 100 children who are either matched or on the waiting list to be matched will be provided with information, training and or support on healthy child development, parenting, life skills and community resources. As a part of the match support process, family improvement plans focusing on both the child and the family as a whole will be developed.</p>	<p>they have a special adult in their lives.</p> <p>4) Littles will have a higher rate of believing that it is not OK to use drugs than Boone County youth as a whole.</p> <p>5) Littles will have a lower juvenile rate than Boone County youth as a whole.</p> <p>6) Littles will have goals for academic completion.</p> <p>7) Littles will indicate an average to high degree of parental trust</p>	<p>question asking if they have a special adult in their lives</p> <p>4) % of Littles who indicate that "it is not okay" to take drugs that aren't given to them by a doctor or parent.</p> <p>5) % of Littles who indicate that they have not been arrested in the past 12 months</p> <p>6) % of Littles will answer that they are "mostly sure" or "very sure" that they will finish high school.</p> <p>7) % of Littles with an average to high mean score across three questions examining parental trust.</p>	<p>Big Sisters of America's YOS (Youth Outcomes Survey) given to children ages 9 or older at intake and yearly anniversary of match (or end of school year for school based matches).</p>
<p>Mental Health Support Services</p> <ul style="list-style-type: none"> <li>- Clinical Assessment, Referral, Follow-Up</li> <li>- Staff/Parent Training</li> </ul>	<p>338 hours of services identifying and supporting successful compliance with treatment of and/or prevention of mental, behavioral and psychological health</p>	<p>Early identification of mental and behavioral health needs improves.</p> <p>Improved access to mental and behavioral health services.</p> <p>Compliance with treatment and/or prevention plans improves.</p> <p>Mental and behavioral health of participating children and/or parent improves.</p>	<p># of participating children and families identified with mental and behavioral health needs prior to crisis event</p> <p># of referrals made to mental, psychological and behavioral health services during participation</p> <p># of children/families utilizing mental health, psychological or behavioral health services within 15 days of referral</p> <p># of children/families who are compliant with treatment/prevention plan at 30 days compared to 180</p> <p># of individuals with improved DLA 20 score following program completion compared to prior</p>	<p>Case records, referral forms, DLA20 assessment tool</p>



# COUNTY OF BOONE - MISSOURI

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**REQUEST FOR PROPOSAL (RFP) #: 28-24JUN14**  
**Pilot Programs that Provide Innovative Services**  
**Boone County Children's Services Fund**  
**2014 Application**

**BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:**

*To improve the lives of children, youth and families in Boone County  
by strategically investing in the creation and maintenance of integrated systems  
that deliver effective and quality services for children and families in need.*

**RFP TIMELINE:**

<b>Important Events</b>	<b>Location</b>	<b>Dates</b>
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	<b>May 9, 2014</b>
Written Questions Due By	<a href="mailto:mbobbitt@boonecountymo.org">mbobbitt@boonecountymo.org</a>	<b>May 21, 2014</b> <b>12:00 p.m. Central Time</b>
Pre-Proposal Conference - Information Session	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	<b>May 23, 2014</b> <b>11:00 a.m. Central Time</b>
Response Submission Deadline	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	<b>June 24, 2014</b> <b>9:15 a.m. Central Time</b>
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	<b>June 24, 2014</b> <b>9:30 a.m. Central Time</b>

**CONTACT INFORMATION:**

Boone County Purchasing  
Boone County Annex  
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
Phone: (573) 886-4391 Fax: (573) 886-4390  
Email: [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

## I. Overview

On November 6, 2012, the citizens of Boone County passed County of Boone Proposition 1, which created a Children's Services Fund for children and youth nineteen years of age or less in Boone County. The Boone County Children's Services Board (BCCSB) has been appointed by the County Commission and entrusted to oversee this Fund. The Fund is created pursuant to RSMo §67.1775, RSMo §210.861, and the ballot language presented to the voters on November 6, 2012. RSMo §210.861 specifies the types of services that may be funded by the BCCSB. By statute, funds may be invested to address the following needs:

- up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
- respite care services
- unmarried parent services
- outpatient chemical dependency and psychiatric treatment programs
- counseling and related services as a part of transitional living programs
- home-based and community-based family intervention programs
- prevention programs which promote healthy lifestyles among children and youth and strengthen families
- crisis intervention services, inclusive of telephone hotlines
- individual, group, or family professional counseling and therapy services
- psychological evaluations
- mental health screenings.

Revenues collected and deposited in the community children's services fund **may not** be expended for inpatient medical, psychiatric, and chemical dependency services, or for transportation services.

## II. Funding Goals

The Board believes that it should invest in meaningful services to children, youth and families in a way that utilizes multiple effective strategies. To that end, the Board intends to invest its funding *appropriated for services* in the following general categories:

- Pilot programs that provide innovative services
- Purchase of service programs
- Match funding opportunities
- Strategic opportunities
- Contingency reserve to support other programs with circumstances requiring immediate attention



This RFP seeks applications for pilot programs that provide innovative services. Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth and families in need in Boone County. Preference will also be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.

### **III. Minimum Eligibility Criteria**

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit agency or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services
- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri

### **IV. Funding Available**

Applications for funding will be accepted to fund pilot programs that provide innovative services to children and youth nineteen years of age or less and their families in all service areas fundable pursuant to statute.

The proposed pilot programs may involve the creation of definitions for a class of children, youth and families, the creation of definitions for evidence-based services, and the creation of techniques to evaluate effectiveness. This may be a collaborative effort with other stakeholders to provide services that can make a meaningful impact on children that are not currently being provided. These programs could include funding to build capacity among appropriate service providers to provide these new, evidence-based practices.

For pilot programs the Board will consider indirect expenses up to a maximum of 15% of salary expense only (salary expense does not include benefits). Indirect expenses include general organizational expenses such as executive management time, finance, human resources or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc.

## V. Application

The Application Narrative cannot exceed 20 double-spaced pages, on standard white paper, with at least 12-point font and one-inch margins, excluding required attachments.

Please submit two original copies to:

Boone County Purchasing Department  
Attn: Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
Boone County Annex  
613 E. Ash, Rm. 110  
Columbia, MO 65201

Paper copies must be sealed in an envelope with RFP # and name of Offeror on the outside of the envelope. Proposals MUST be delivered no later than 9:15 a.m. central time, June 24, 2014.

Proposals will not be accepted after this date and time and the County will return such late proposals to the Offeror.

Please submit an electronic copy after 9:30 a.m. central time June 24, 2014 and before 11:30 p.m. June 24 in Microsoft Word or PDF format to: [mbobbitt@boonecountymmo.org](mailto:mbobbitt@boonecountymmo.org). Please do not submit the electronic copy prior to 9:30 a.m. central time, June 24, 2014.

## VI. Contracting Agency Requirements

**Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

- **Compensation Insurance:** The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.
- Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$1,000,000.00 each employee, \$1,000,000.00 each accident, and \$1,000,000.00 policy limit.
- **Comprehensive General Liability Insurance:** The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether

such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$2,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

- The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$2,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.
- The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$2,000,000.00 and naming Boone County as additional insured.
- **Commercial Automobile Liability:** The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$2,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

**Indemnity Agreement:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

**Subcontracts :** The Contractor may enter into subcontracts for components of the consulting service as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.

In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

## **VII. Instructions and General Conditions**

**Delivery of Proposals:** Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received at the Boone County Purchasing office until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- If you have obtained this proposal document from our Web Page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addenda if we do not have you on our Vendor list for this proposal.
- The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- No negotiations, decisions, or actions shall be initiated by any agency as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

### **Ambiguity, Conflict, or Other Errors in the RFP:**

- If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the Request for Proposal, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the Request for Proposals prior to submitting the proposal or it shall be waived.
- Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

**Rejection of Proposals:** The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply

information in connection with respect to responsibility may be grounds for a determination of non-responsibility.

**Acceptance of Proposals:** The County will accept for evaluation all proposals that are submitted properly. However, the County reserves the right to request clarifications or corrections to proposals.

**Requests for Clarification of Proposals:** Requests by the Purchasing Department for clarification of proposals shall be in writing.

**Validity of Proposals:** Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

**Receipt and Opening of Advertised, Sealed Proposals:** The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful firm's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, Tuesday, June 24, 2014 at 9:30 a.m. Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at [www.showmeboone.com](http://www.showmeboone.com). Select "Purchasing", then "2014 Bid Tabulations".
- Proposal responses are due by Tuesday, June 24, 2014 at 9:15 p.m. No late proposals will be accepted.

**Withdrawal of Proposals:** Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

**Guidelines for Written Questions:** All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than 12:00 p.m., May 21, 2014. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, and Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet.

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
613 E. Ash Street, Room 110  
Columbia, Missouri 65201  
Phone: (573) 886-4391 Fax: (573) 886-4390  
E-mail: [mbobbitt@boonecountymmo.org](mailto:mbobbitt@boonecountymmo.org)

**Pre-Proposal Conference:** To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for May 23, 2014 at 11:00 a.m. Central Time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri 65201.

- All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.

**Term; Termination of Contract Agreement:**

- The initial term of the resulting contract agreement from this Pilot Programs that Provide Innovative Services Request for Proposal will be negotiated. The negotiated contract may have an option for renewal.
- The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 60 days prior written notice to the Contractor.

**Competitive Negotiation of Proposals:** The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or

to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

- Negotiations may be conducted in person, in writing, or by telephone.
- Negotiations will only be conducted with potentially acceptable proposals. The County reserves the right to limit negotiations to those proposals, which received the highest rankings during the initial evaluation phase.
- Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.
- The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- The County reserves the right to contact any and all references to obtain without limitation, information regarding the Offeror's performance on previous projects. A uniform sample of references may be checked for each short-listed Offeror.

**BOONE COUNTY CHILDREN'S SERVICES FUND  
2014 APPLICATION NARRATIVE FOR FUNDING:  
PILOT PROGRAMS THAT PROVIDE INNOVATIVE SERVICES**

**Agency Name:**

**Agency Address:**

**Agency Phone Number:**

**Primary Agency Contact (include title):**

**Email Address:**

**Contact Phone Number:**

**Amount Requested:**

**Federal Tax ID (or Social Security #):**

**Signature:**

**Date:**

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**1. AGENCY AND PROGRAM INFORMATION**

**a. Background Information:**

- i. Provide a summary of your agency, including your agency's mission statement.
- ii. Attach a list of your agency's Board of Directors.
- iii. Describe why your agency is interested in implementing a pilot program to provide innovative services to children, youth and families in Boone County.

**b. Target Population:**

- i. Describe the pilot program's target population.
- ii. Discuss the rationale for selection of this target population for a pilot program.
- iii. Please state the statutorily eligible service area (see page 2) the target population falls within.

**c. Innovative Service Idea:**

- i. Discuss the issue or problem the pilot program seeks to address.
- ii. Provide a detailed description of the idea for innovative services to be developed or that has been developed into a pilot program.



- iii. Discuss what other agencies you have collaborated with in the development of the idea for the innovative service(s).

**d. Implementation:**

- i. Describe how and with what agencies you will collaborate with to implement the pilot program.
- ii. Discuss the plan for the implementation of the pilot program including how the requested funds will be used for the program in the implementation process.
- iii. Outline the timeline for key steps in the implementation process.

**2. EVALUATION**

**a. Performance Information:**

- i. Attach a Program Performance Measures Worksheet (see Attachment A).

**b. Outcomes:**

- i. Describe the outcomes of the pilot program (outcomes need to be measurable and time specific).

**c. Indicators:**

- i. Identify and describe the indicators which will measure the pilot program outcomes.
- ii. Identify your agency's performance target of these indicators.

**d. Measurement:**

- i. Discuss who will be responsible for the accomplishment of each of the outcome goals.
- ii. Discuss how the data will be collected.
- iii. Identify your agency's timeline for each outcome.
- iv. Describe the approach that will be used to evaluate the pilot program.
- v. Describe the approach that will be used to evaluate the effectiveness of the program.
- vi. Include copies of any evaluation tools you will be using and provide a description of why you are using these tools compared to other tools.

**e. Input**

**i. Clinical Expertise:**

- 1. Discuss the capacity of your agency to execute the proposed program.
- 2. Provide a list of key staff responsible for implementing the program.

**ii. Program Activity:**

- 1. Describe the innovative interventions and/or activities that will be implemented through the pilot program.
- 2. Identify and discuss the evidence-based practices that will be used and relevant research supporting the efficacy of the proposed interventions and/or activities.

3. If there is no research to support the efficacy of the proposed interventions and/or activities, please explain the rationale for utilizing the interventions and/or activities.

**f. Output:**

- i. Service to be provided.
- ii. Unit measurement, if applicable.
- iii. Unit cost, if applicable.
- iv. Amount requested.
- v. Number of individuals to be served.

**3. BUDGET**

**a. Budget Worksheets to be Attached:**

- i. Agency Financial Worksheet (see Attachment B).
- ii. Program Budget Worksheet (see Attachment C).

**b. Budget Narrative**

- i. Please explain each line of the budget worksheets from Attachments B and C.

**c. Staff Positions:**

- i. Provide a list of staff positions for the project, including direct and indirect.
- ii. State the role of each position and their qualifications.
- iii. State the proposed salary for each position.

**4. AGENCY ASSURANCE, CERTIFICATION, AND WORK AUTHORIZATION SHEETS**

Please review, sign, and return the Agency Assurance Sheet (see Attachment D), the Certification Sheet (See Attachment E), and the Work Authorization Sheet (see Attachment F) with the proposal. The sheets outline the expectations and requirements for any agencies requesting and/or receiving funds through the Boone County Children's Services Fund.

## ATTACHMENT A

### Program Performance Measures Information Worksheet

The following synonyms, definitions, and examples may help you completing the required program performance measures information:

	<b>Activity</b>	<b>Output</b>	<b>Outcome</b>	<b>Indicator</b>	<b>Method of Measurement</b>
<b>Synonyms</b>	<i>Activity</i> = Service	<i>Output</i> = Product	<i>Outcome</i> = Change	<i>Indicator</i> = Measure	<i>Method of Measurement</i> = Information gathering instrument or technique
<b>Definitions</b>	An <i>Activity</i> is the program service or sub service being provided	An <i>Output</i> is expressed as the NUMBER of things produced by an activity and the number people for whom it is provided	An <i>Outcome</i> describes a beneficial CHANGE in people	An <i>Indicator</i> is the specific item of information by which a program's LEVEL OF SUCCESS is measured	A <i>Method Of Measurement</i> is the instrument or technique used to gather the information needed to measure the program's success.
<b>Example</b>	Activity= Before/after school youth enrichment programming  Sub-Activity=Tutoring	150 hours of tutoring sessions for 30 children	Child's academic performance improves	Number and percent of participants who receive better grades following participation in program as compared to period prior to participation	Utilize school report card data pre and post participation in the program.

Activity	Output(s)	Outcome(s)	Indicator(s)	Method of Measurement

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**ATTACHMENT B**  
**AGENCY FINANCIAL INFORMATION**

**AGENCY NAME:**

<b>AGENCY REVENUE</b>	<b>PRIOR YEAR ACTUAL</b>	<b>CURRENT YEAR</b>	<b>PROPOSED YEAR</b>	<b>% OF PROPOSED TOTAL</b>	<b>% CHANGE CURRENT TO PROPOSED</b>
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way					
B. Other United Ways					
C. Capital Campaigns					
D. Grants (non-governmental)					
E. Fund Raising & Other Direct Support					
<b>TOTAL DIRECT SUPPORT (sub-totals)</b>					
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding					
B. Boone County - Other					
C. Other Counties					
D. City of Columbia - Social Service Funding					
E. City of Columbia - Other					
F. Other Cities					
G. Federal (Medicaid, Title III, etc.)					
H. State (Purchase of Services, Grants, etc.)					
I. Other (Schools, Courts, etc.)					
<b>TOTAL GOVT CONTRACTS/SUPPORT (sub-totals)</b>					
3. Program Service Fees					
4. Investment Income (realized & unrealized)					
5. Other Revenue Items					
<b>TOTAL AGENCY REVENUE</b>					
<b>AGENCY EXPENSES</b>	<b>PRIOR YEAR ACTUAL</b>	<b>CURRENT YEAR</b>	<b>PROPOSED YEAR</b>	<b>% OF PROPOSED TOTAL</b>	<b>% CHANGE CURRENT TO PROPOSED</b>
Expenses for Program Services					
Expenses for Management and General					
Expenses for Fundraising					
<b>TOTAL AGENCY EXPENSES</b>					
% of Management and Fundraising Expenses					
<b>NET ASSETS</b>	<b>PRIOR YEAR ACTUAL</b>	<b>CURRENT YEAR</b>	<b>PROPOSED YEAR</b>	<b>% CHANGE CURRENT TO PROPOSED</b>	
Net Assets, End of Year					
<b>CASH FLOWS</b>	<b>PRIOR YEAR ACTUAL</b>	<b>CURRENT YEAR</b>	<b>PROPOSED YEAR</b>	<b>% CHANGE CURRENT TO PROPOSED</b>	
Cash, End of Year					

## ATTACHMENT C

### PROGRAM BUDGET WORKSHEET

**PROGRAM NAME:**

TOTAL PROGRAM REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way					
B. Other United Ways					
C. Capital Campaigns					
D. Grants (non-governmental)					
E. Fund Raising & Other Direct Support					
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding					
B. Boone County - Other					
C. Other Counties					
D. City of Columbia - Social Service Funding					
E. City of Columbia - Other					
F. Other Cities					
G. Federal (Medicaid, Title III, etc.)					
H. State (Purchase of Services, Grants, etc.)					
I. Other (Schools, Courts, etc.)					
3. Program Service Fees					
4. Investment Income (realized & unrealized)					
5. Other Revenue Items					
<b>TOTAL PROGRAM REVENUE</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		

PROGRAM EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
1. Personnel					
2. Non-Personnel					
<b>TOTAL PROGRAM EXPENSES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		

NUMBER OF DIRECT PROGRAM STAFF (FTE)	ACTUAL	CURRENT	PROPOSED
<i>FTE = number of direct program service hours worked by employee per year/2080 (e.g. 1040/2080= .5 FTE)</i>			

**ATTACHMENT D**

**2014 AGENCY ASSURANCE SHEET**  
**(Please complete and return with Proposal Response)**

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children’s Services Board (BCCSB) and any of the Boone County Children’s Services Fund’s conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Proof of 501(c)(3)
- Certificate of Corporate Good Standing
- Most Recent 990 Federal Form
- Agency Strategic Plan
- Copies of Agency Accreditations
- Most Recent Agency Independent Audit
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality
- Memorandums of Understanding (not currently needed for Contingency Funds Request)

\_\_\_\_\_  
Printed Name - Agency Executive Director/President/CEO

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Agency Executive Director/President/CEO

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name - Agency Board Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Agency Board Chair

\_\_\_\_\_  
Date

## ATTACHMENT E

**(Please complete and return with Proposal Response)**

Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR  
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, 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.
  
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

---

Name and Title of Authorized Representative

---

Signature

---

Date



**ATTACHMENT F**

**WORK AUTHORIZATION CERTIFICATION  
PURSUANT TO 285.530 RSMo  
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

County of \_\_\_\_\_ )  
  )ss  
State of \_\_\_\_\_ )

My name is \_\_\_\_\_. I am an authorized agent of \_\_\_\_\_  
\_\_\_\_\_ (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

\_\_\_\_\_ Date

\_\_\_\_\_ Printed Name

Subscribed and sworn to before me this \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

**Attach to this form the *E-Verify Memorandum of Understanding* that you completed when enrolling.**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/20/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Commercial Lines - (866) 547-6283 Wells Fargo Insurance Services USA, Inc. 1 N Jefferson, Bldg C, 3rd Floor St. Louis, MO 63103	<b>CONTACT NAME:</b> Rosie Haukap		
	<b>PHONE (A/C, No. Ext):</b> 314-919-3086	<b>FAX (A/C, No):</b> 855-512-3887	
	<b>E-MAIL ADDRESS:</b> rosie.haukap@wellsfargo.com		
<b>INSURED</b> CHA Low Income Services, Inc. 201 Switzler St  Columbia MO 65203	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A : Philadelphia Indemnity Insurance Company		18058
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

**COVERAGES**      **CERTIFICATE NUMBER:** 8416194      **REVISION NUMBER:** See below

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.


INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="checked" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>			PHPK1234456	10/25/2014	10/25/2015	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="checked" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	<input checked="checked" type="checkbox"/>						MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	<input type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC				PRODUCTS - COMPIOP AGG	\$ 1,000,000
	OTHER:						Prof Liab	\$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR						AGGREGATE	\$
	<b>EXCESS LIAB</b>							\$
	<input type="checkbox"/> CLAIMS-MADE							\$
	DED							\$
	RETENTION \$							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						<input type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / N		N / A			E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is added as Additional Insured where required by written contract and subject to the terms and conditions of the policy.

### CERTIFICATE HOLDER

### CANCELLATION

County of Boone 613 E. Ash St. Columbia, MO 65201	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 



**MISSOURI HOUSING AUTHORITIES  
PROPERTY & CASUALTY, INC.**

173 Chesterfield Business Parkway, Chesterfield, MO 63005  
636-530-6181 (office) • 636-530-6942 (fax)  
www.mhapci.com

**Supplemental Declaration Page  
For Automobile Coverage**

**DECLARATIONS**

**Item 1. Named Insured and Mailing Address:**

**Columbia Housing Authority  
201 Switzler Street  
Columbia, MO 65203**

**Item 2. Policy Period:** From January 01, 2014 to January 01, 2015

**Item 3. Insured Autos:**

2014	Nissan	Cargo S NV200	Vin # 3N6CM0KN7EK693446	7/3/14
2014	Ford	Escape SE	Vin # 1FMCU9GX1EUA86200	9/23/13
2014	Ford	Escape S	Vin # 1FMCU0F72EUA86199	9/23/13
2013	Nissan	NV200	VIN # 3N6CM0KN6DK690746	
2012	Ford	Econoline Van	VIN # 1FBSS3BL3CDB14460	
2011	Ford	F-150	VIN # 1FTNF1CF9BKD84247	
2011	Ford	F-150	VIN # 1FTNF1CF0BKD84248	
2010	Ford	Escape	VIN # 1FMCU0DGXAKC90130	
2010	Ford	Escape	VIN # 1FMCU0DG3AKC90129	
2009	Ford	F-150	VIN # 1FTRF12W69KB97898	
2008	Ford	Econoline Van	VIN # 1FBSS31LX8DA49440	
2008	Ford	Escape	VIN # 1FMCU93108KA50063	
2007	Carry-On	Utility Trailer	VIN # 4YMUL12157M057481	
2006	Load	Trailer	VIN # 4ZEDT142961014181	
2006	Ford	Pickup	VIN # 1FTWF31596EC94630	
2006	Ford	Pickup	VIN # 1FTWF31526EC94629	
2004	Ford	Econoline Van	VIN # 1FTNE24W24HB31570	
2002	Ford	Econoline	VIN # 1FTRE14W42HA85555	
2002	Ford	Pickup	VIN # 1FTRF172X2KC42305	
2002	Ford	Pickup	VIN # 1FTRX18L32NB10151	
2001	Ford	Econoline	VIN # 1FBSS31L61HA92025	
1998	Ford	Club Wagon	VIN # 1FBSS31L0WHA64308	
1998	Ford	Ranger	VIN # 1FTZR15UXWPB38496	
1998	Ford	Van	VIN # 1FTRE14L9WHB88983	

## Item 4. Coverages effective as of: 01/01/2014

Comprehensive &amp; Collision \$250 Deductible

Uninsured/Underinsured \$25,000 per person, \$50,000 per accident

Liability: \$2,657,587 per occurrence and \$398,638 per person\*

(Combined Single Limit for Bodily Injury and Property Damage Liability)

## Item 5. Covered Drivers:

Anderson, Bryan S.		Noland, Diane M.	
Anspach, Gary L.		Owens, Deric L.	
Baurichter, Kaleb M.		Platero, Shannon L.	
Belmore, James M.		Platero, Vernon L.	
Brock, Devara D.		Price-Radtke, Karen L.	
Brooks, Janice L.		Rhodes, Eltonya R.	
Brotemarkle, Mark O.		Richardson, Lyndsy M.	
Brown, Julie M.	8/7/14	Riechers, Melissa R.	
Brown, Marcus L.	7/29/14	Rowe, Ronald K.	9/5/14
Cannaday, Gary M.		Simmons, Debbi L.	
Chellis, Rino K.		Skinner, Crystal A.	
Clark, Ronald D.		Slotwinski, Traci L.	11/18/13
Davee, Gina A.	7/28/14	Sly, Rhonda M.	
Davis, Erica M.	10/14/14	Smajlovic, Mefail	
Edwards, Tawanda L. EFFECTIVE	10/27/14	Sommer, Zoe F.	11/20/13
Friesz, Erin D.		St. John, Jenah M.	7/30/14
Grant, Norman E.	9/12/13	Steffensmeier, April D.	
Griffin, Elizabeth A.		Steinhaus, Phillip A.	
Harris, Jacqueline		Stevenson, Taalor C.	10/22/14
Harvey, Mary K.		Tapia, Andrea S.	11/4/13
Hasanovic, Hajrudin		Thomason, Tara M.	
Hatton, Ida R.		Thompson, Barron K.	
Hess, Richard J.		Thornton, Ronald D.	
James, Elaina B.		Vincent, Erin N.	
Jennings, Terry A.	8/27/14	West, George M.	8/27/13
Johnson, Denisha A.		Williams, Cornelia L.	
Keith, Kevin E.		Willingham, Gregory L.	
Keith, Shane M.	10/30/14		
Kelly, Jewell L.			
Kennon, David C.			
Kessler, Matthew C. *			
Lewis, Laura A.			
Litchfield, Dorothy M.			
Markt, Rebecca L.			
Martin, Veronica M.			
Martinez, Veronica R.			
Mehmedovic, Mustafa			

\*Limited to driving to and from Food Bank

\* Nothing contained herein shall constitute any waiver of any kind of the defenses or limitations of sovereign immunity or official immunity.

The purpose of protection contained under the previous paragraph is not to include coverage for any liability or suit for damages which is barred by the doctrines of sovereign or governmental immunity by whatever name, as set forth in Sections 537.600 - 537.650 RSMo, as amended from time-to-time.

This Declaration Page is not intended to act as a waiver, nor is it a waiver of any defense available to the named Insured by statute or at Common-Law.



Policy Number: MEM 1011301-08

**Workers Compensation and Employers Liability Insurance Policy**  
**Insurer: Missouri Employers Mutual Insurance Company**

**SCHEDULE RATING DETAIL**

**Insured:** Columbia Housing Authority

**Effective Date:** 12/16/2013

The policy period is from: 12/16/2013 to: 12/16/2014

**Schedule Rating Detail:**

Management: Safety Organization	-5.00%
Management: Cooperation with Company	-3.00%
Employees: Selection, Training and Supervision	-10.00%

**Total Schedule Rating: -18.00%**

**ISSUE DATE:** 12/16/2013

**Policy Number: MEM 1011301-08**

**Workers Compensation and Employers Liability Insurance Policy  
 Insurer: Missouri Employers Mutual Insurance Company - Carrier #33413**

INFORMATION PAGE			
<b>1.</b>	<b>INSURED:</b> Columbia Housing Authority 201 Switzler Street Columbia, MO 65203		<b>PRODUCER: 1306-1</b> MHAPCI 173 Chesterfield Business Parkway Chesterfield, MO 63005
	<b>FEDERAL ID NO.:</b>	43-6014416	<b>OTHER NAMED INSURED:</b>
	<b>RISK ID NO.:</b>	240212889	<b>OTHER LOCATIONS:</b>
	<b>INSURED'S LEGAL STATUS:</b> Other		
<b>2.</b>	The policy period is from: <b>12/16/2013</b> to <b>12/16/2014</b> 12:01 A.M. standard time at the insured mailing address.		
<b>3a.</b>	<b>Workers Compensation Insurance:</b> Part One of the policy applies to the Workers Compensation Law of the states listed here: MO		
<b>3b.</b>	<b>Employers Liability Insurance:</b> Part Two of the policy applies to work in each state listed in item 3a. The limits of our liability under Part Two are:		
	Bodily Injury by Accident	\$ 1,000,000	each accident
	Bodily Injury by Disease	\$ 1,000,000	policy limit
	Bodily Injury by Disease	\$ 1,000,000	each employee
<b>3c.</b>	<b>Other States Insured:</b> Part Three of the policy applies to the states, if any, listed here: NONE		
<b>3d.</b>	This policy includes these endorsements and schedules: See WC 99 06 02		
<b>4.</b>	<i>The premium for this policy will be determined by our Manual of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.</i>		
	See Classification Schedule	Total Estimated Premium:	\$43,575.00
		Estimated Second Injury Fund Surcharge:	\$1,308.00
<b>Expense Constant: \$240.00</b>		<b>Total Estimated Premium and Surcharges:</b>	<b>\$44,883.00</b>
<b>Minimum Premium: \$642.00</b>			
<b>Billing Payment Mode: Nine Installment - 25% Down</b>			

**ISSUING OFFICE:**  
 101 N. Keene St.  
 Columbia, MO 65201

**Countersigned By:**



**ISSUE DATE: 12/16/2013**



**Workers Compensation and Employers Liability Insurance Policy**  
**Insurer: Missouri Employers Mutual Insurance Company - Carrier #33413**

**CLASSIFICATION SCHEDULE**

**Insured: Columbia Housing Authority**

The policy period is from: **12/16/2013 to 12/16/2014**

The policy rating period is from: **12/16/2013 to 12/16/2014**

Classifications	Code No.	Premium Basis		Estimated Annual Premium
		Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	
<b>Location: 1 201 Switzler Street, Columbia MO 65203</b>				
Housing Authority & Clerical, Salespersons, Drivers	9033	2,255,140	2.77	62,467.00
Manual Premium				62,467.00
Increased Employers Liability 1.1%				687.00
Exp. Modifier 0.86				(\$8,842.00)
Modified Premium				54,312.00
Schedule Rating Credit/Debit -18%				(9,776.00)
Standard Premium				44,536.00
Premium Discount				(1,652.00)
Expense Constant				240.00
Terrorism Risk Act of 2007				451.00
<b>Total Estimated Premium</b>				<b>43,575.00</b>
Missouri SIF 3%				1,287.00
Missouri SIF Expense Constant 3%				7.00
Missouri SIF Terrorism 3%				14.00
<b>Total Premium and Missouri Second Injury</b>				<b>44,883.00</b>



Policy Number: MEM 1011301-08

**Workers Compensation and Employers Liability Insurance Policy  
Insurer: Missouri Employers Mutual Insurance Company - Carrier #33413**

**INFORMATION PAGE**

Coverage is provided by Missouri Employers Mutual Insurance Company. The complete Home Office address and location for receipt of premium payment is:

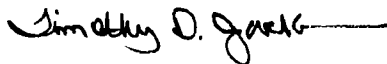
Missouri Employers Mutual Insurance Company  
101 N. Keene St.  
Columbia, MO 65201

By acceptance of this policy, the named insured becomes a member of the Company and shall be entitled to vote at all meetings of the members and, upon termination of this policy, shall participate in the distribution of dividends as fixed and determined by the directors in accordance with the law.

This policy is not assessable. Your liability as a policyholder and a member of the Company under this policy is limited to payment of premium.

The annual meeting will be held at the principle offices of the Corporation or at such other place within the State as the Board of Directors shall from time to time determine, on the first business day of July or as deemed by majority vote of the Board of Directors.

The Information Page and all the forms and endorsements listed on it and including with it complete this policy. Coverage under this policy is provided by the Company named in the Information Page (a Mutual Company). In witness whereof we have executed and attested this policy, but this policy is not valid unless it has been countersigned by our authorized representative.



Secretary



President and CEO

**Workers Compensation and Employers Liability Insurance Policy**  
**Insurer: Missouri Employers Mutual Insurance Company**

**SCHEDULE OF ENDORSEMENTS**

**Insured:** Columbia Housing Authority

**Effective Date:** 12/16/2013

The policy period is from: 12/16/2013 to: 12/16/2014

**Schedule of Endorsements:**

SCHRATING	Schedule Rating
WC 00 00 01 A	Information Page
WC 99 06 02	Schedule of Endorsements
WC 99 06 05	Installment Schedule
WC 00 00 00 B	Workers Compensation and Employers Liability Insurance Policy
WC 00 04 02	Anniversary Rating Date Endorsement
WC 00 04 03	Experience Rating Modification Factor Endorsement
WC 00 04 06 A	Premium Discount Endorsement
WC 00 04 14	Notification of Change in Ownership Endorsement
WC 00 04 19	Premium Due Date Endorsement
WC 00 04 22 A	Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement
WC 24 04 06 C	Missouri Employer Paid Medical Endorsement
WC 24 06 01 B	Missouri Cancellation and Nonrenewal Endorsement
WC 24 06 02 B	Missouri Property and Casualty Guaranty Association Notification Endorsement
WC 24 06 04 A	Missouri Amendatory Endorsement
WC 89 04 06	Experience Modification Endorsement
WC 99 03 01	Limited Coverage for Temporary & Incidental Operations in Other States
WC 99 06 01 A	Second Injury Fund Surcharge
WC 99 06 08	Payment Plan Endorsement



WC 99 06 05 (09/02)

Policy Number: MEM 1011301-08

**Workers Compensation and Employers Liability Insurance Policy  
Insurer: Missouri Employers Mutual Insurance Company**

**INSTALLMENT SCHEDULE**

Insured: Columbia Housing Authority

Effective Date: 12/16/2013

The policy period is from: 12/16/2013 to: 12/16/2014

Installment/ Endorsement No.	Installment* Amount	SIF* Surcharge	Total Amount*	Due Date
Down Payment	\$11,073.75	332.25	\$11,406.00	12/26/2013
Installment #1	\$4,062.67	121.98	\$4,194.65	02/05/2014
Installment #2	\$4,062.66	121.98	\$4,194.64	03/10/2014
Installment #3	\$4,062.66	121.97	\$4,194.63	04/07/2014
Installment #4	\$4,062.66	121.97	\$4,194.63	05/06/2014
Installment #5	\$4,062.65	121.97	\$4,194.62	06/05/2014
Installment #6	\$4,062.65	121.96	\$4,194.61	07/07/2014
Installment #7	\$4,062.65	121.96	\$4,194.61	08/05/2014
Installment #8	\$4,062.65	121.96	\$4,194.61	09/05/2014
Total	\$43,575.00	\$1,308.00	\$44,963.00	
	*A \$10 fee will be added to each installment - if applicable	*Second Injury Fund		

ISSUE DATE: 12/16/2013

**Workers Compensation and Employers Liability Insurance Policy  
Insurer: Missouri Employers Mutual Insurance Company**

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

In return for the payment of the premium and subject to all terms of this policy, we agree with you as follows:

**GENERAL SECTION**

**A. The Policy**

This policy includes at its effective date the Information Page and all endorsements and schedules listed there. It is a contract of insurance between you (the employer named in Item 1 of the Information Page) and us (the insurer named on the Information Page). The only agreements relating to this insurance are stated in this policy. The terms of this policy may not be changed or waived except by endorsement issued by us to be part of this policy.

**B. Who Is Insured**

You are insured if you are an employer named in Item 1 of the Information Page. If that employer is a partnership, and if you are one of its partners, you are insured, but only in your capacity as an employer of the partnership's employees.

**C. Workers Compensation Law**

Workers Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page. It includes any amendments to that law which are in effect during the policy period. It does not include any federal workers or workmen's compensation law, any federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

**D. State**

State means any state of the United States of America, and the District of Columbia.

**E. Locations**

This policy covers all of your workplaces listed in Items 1 or 4 of the Information Page; and it covers all other workplaces in Item 3.A. states unless you have other insurance or are self-insured for such workplaces.

**PART ONE - WORKERS COMPENSATION INSURANCE**

**A. How This Insurance Applies**

This workers compensation insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. Bodily injury by accident must occur during the policy period.
2. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

**B. We Will Pay**

We will pay promptly when due the benefits required of you by the workers compensation law.

**C. We Will Defend**

We have the right and duty to defend at our expense any claim, proceeding or suit against you for benefits payable by this insurance. We have the right to investigate and settle these claims, proceedings or suits.

**Workers Compensation and Employers Liability Insurance Policy**  
**Insurer: Missouri Employers Mutual Insurance Company**

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance.

**D. We Will Also Pay**

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding or suit we defend:

1. reasonable expenses incurred at our request, but not loss of earnings;
2. premiums for bonds to release attachments and for appeal bonds in bond amounts up to the amount payable under this insurance;
3. litigation costs taxed against you;
4. interest on a judgment as required by law until we offer the amount due under this insurance;  
and
5. expenses we incur.

**E. Other Insurance**

We will not pay more than our share of benefits and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that may apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance will be equal until the loss is paid.

**F. Payments You Must Make**

You are responsible for any payments in excess of the benefits regularly provided by the workers compensation law including those required because:

1. of your serious and willful misconduct;
2. you knowingly employ an employee in violation of law;
3. you fail to comply with a health or safety law or regulation; or
4. you discharge, coerce or otherwise discriminate against any employee in violation of the workers compensation law.

If we make any payments in excess of the benefits regularly provided by the workers compensation law on your behalf, you will reimburse us promptly.

**G. Recovery From Others**

We have your rights, and the rights of persons entitled to the benefits of this insurance, to recover our payments from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them.

**H. Statutory Provisions**

These statements apply where they are required by law.

1. As between an injured worker and us, we have notice of the injury when you have notice.
2. Your default or the bankruptcy or insolvency of you or your estate will not relieve us of our duties under this insurance after an injury occurs.

**Workers Compensation and Employers Liability Insurance Policy  
Insurer: Missouri Employers Mutual Insurance Company**

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

3. We are directly and primarily liable to any person entitled to the benefits payable by this insurance. Those persons may enforce our duties; so may an agency authorized by law. Enforcement may be against us or against you and us.
4. Jurisdiction over you is jurisdiction over us for purposes of the workers compensation law. We are bound by decisions against you under that law, subject to the provisions of this policy that are not in conflict with that law.
5. This insurance conforms to the parts of the workers compensation law that apply to:
  - a. benefits payable by this insurance;
  - b. special taxes, payments into security or other special funds, and assessments payable by us under that law.
6. Terms of this insurance that conflict with the workers compensation law are changed by this statement to conform to that law.

Nothing in these paragraphs relieves you of your duties under this policy.

**PART TWO - EMPLOYERS LIABILITY INSURANCE**

**A. How This Insurance Applies**

This employers liability insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must arise out of and in the course of the injured employee's employment by you.
2. The employment must be necessary or incidental to your work in a state or territory listed in Item 3.A. of the Information Page.
3. Bodily injury by accident must occur during the policy period.
4. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.
5. If you are sued, the original suit and any related legal actions for damages for bodily injury by accident or by disease must be brought in the United States of America, its territories or possessions, or Canada.

**B. We Will Pay**

We will pay all sums that you legally must pay as damages because of bodily injury to your employees, provided the bodily injury is covered by this Employers Liability Insurance.

The damages we will pay, where recovery is permitted by law, include damages:

1. For which you are liable to a third party by reason of a claim or suit against you by that third party to recover the damages claimed against such third party as a result of injury to your employee;
2. For care and loss of services; and
3. For consequential bodily injury to a spouse, child, parent, brother or sister of the injured employee; provided that these damages are the direct consequence of bodily injury that arises out of and in the course of the injured employee's employment by you; and

**Workers Compensation and Employers Liability Insurance Policy**  
**Insurer: Missouri Employers Mutual Insurance Company**

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

4. Because of bodily injury to your employee that arises out of and in the course of employment, claimed against you in a capacity other than as employer.

**C. Exclusions**

This insurance does not cover:

1. Liability assumed under a contract. This exclusion does not apply to a warranty that your work will be done in a workmanlike manner;
2. Punitive or exemplary damages because of bodily injury to an employee employed in violation of law;
3. Bodily injury to an employee while employed in violation of law with your actual knowledge or the actual knowledge of any of your executive officers;
4. Any obligation imposed by a workers compensation, occupational disease, unemployment compensation, or disability benefits law, or any similar law;
5. Bodily injury intentionally caused or aggravated by you;
6. Bodily injury occurring outside the United States of America, its territories or possessions, and Canada. This exclusion does not apply to bodily injury to a citizen or resident of the United States of America or Canada who is temporarily outside these countries;
7. Damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any employee, or any personnel practices, policies, acts or omissions;
8. Bodily injury to any person in work subject to the Longshore and Harbor Workers' Compensation Act (33 USC Sections 901-950), the Non-appropriated Fund Instrumentalities Act (5 USC Sections 8171-8173), the Outer Continental Shelf Lands Act (43 USC Sections 1331-1356a), the Defense Base Act (42 USC Sections 1651-1654), the Federal Coal Mine Safety and Health Act (30 USC Sections 801-945), any other federal workers or workmen's compensation law or other federal occupational disease law, or any amendments to these laws;
9. Bodily injury to any person in work subject to the Federal Employers' Liability Act (45 USC Sections 51-60), any other federal laws obligating an employer to pay damages to an employee due to bodily injury arising out of or in the course of employment, or any amendments to those laws;
10. Bodily injury to a master or member of the crew of any vessel;
11. Fines or penalties imposed for violation of federal or state law; and
12. Damages payable under the Migrant and Seasonal Agricultural Worker Protection Act (29 USC Sections 1801-1872) and under any other federal law awarding damages for violation of those laws or regulations issued there under, and any amendments to those laws.

**D. We Will Defend**

We have the right and duty to defend, at our expense, any claim, proceeding or suit against you for damages payable by this insurance. We have the right to investigate and settle these claims, proceedings and suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance. We have no duty to defend or continue defending after we have paid our applicable limit of liability under this insurance.

**E. We Will Also Pay**

**Workers Compensation and Employers Liability Insurance Policy**  
**Insurer: Missouri Employers Mutual Insurance Company**

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding, or suit we defend:

1. Reasonable expenses incurred at our request, but not loss of earnings;
2. Premiums for bonds to release attachments and for appeal bonds in bond amounts up to the limit of our liability under this insurance;
3. Litigation costs taxed against you;
4. Interest on a judgment as required by law until we offer the amount due under this insurance; and
5. Expenses we incur.

**F. Other Insurance**

We will not pay more than our share of damages and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance and self-insurance will be equal until the loss is paid.

**G. Limits of Liability**

Our liability to pay for damages is limited. Our limits of liability are shown in Item 3.B. of the Information Page. They apply as explained below.

1. **Bodily Injury by Accident.** The limit shown for "bodily injury by accident-each accident" is the most we will pay for all damages covered by this insurance because of bodily injury to one or more employees in any one accident.  
A disease is not bodily injury by accident unless it results directly from bodily injury by accident.
2. **Bodily Injury by Disease.** The limit shown for "bodily injury by disease-policy limit" is the most we will pay for all damages covered by this insurance and arising out of bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease. The limit shown for "bodily injury by disease-each employee" is the most we will pay for all damages because of bodily injury by disease to any one employee.  
Bodily injury by disease does not include disease that results directly from a bodily injury by accident.
3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

**H. Recovery From Others**

We have your rights to recover our payment from anyone liable for an injury covered by this insurance. You will do everything necessary to protect those rights for us and to help us enforce them.

**I. Actions Against Us**

There will be no right of action against us under this insurance unless:

1. You have complied with all the terms of this policy; and
2. The amount you owe has been determined with our consent or by actual trial and final judgment.

This insurance does not give anyone the right to add us as a defendant in an action against you to determine your liability. The bankruptcy or insolvency of you or your estate will not relieve us of our obligations under this Part.



**Workers Compensation and Employers Liability Insurance Policy**  
**Insurer: Missouri Employers Mutual Insurance Company**

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

**PART THREE - OTHER STATES INSURANCE**

**A. How This Insurance Applies**

1. This other states insurance applies only if one or more states are shown in Item 3.C. of the Information Page.
2. If you begin work in any one of those states after the effective date of this policy and are not insured or are not self-insured for such work, all provisions of the policy will apply as though that state were listed in Item 3.A. of the Information Page.
3. We will reimburse you for the benefits required by the workers compensation law of that state if we are not permitted to pay the benefits directly to persons entitled to them.
4. If you have work on the effective date of this policy in any state not listed in Item 3.A. of the Information Page, coverage will not be afforded for that state unless we are notified within thirty days.

**B. Notice**

Tell us at once if you begin work in any state listed in Item 3.C. of the Information Page.

**PART FOUR - YOUR DUTIES IF INJURY OCCURS**

Tell us at once if injury occurs that may be covered by this policy. Your other duties are listed here.

1. Provide for immediate medical and other services required by the workers compensation law.
2. Give us or our agent the names and addresses of the injured persons and of witnesses, and other information we may need.
3. Promptly give us all notices, demands and legal papers related to the injury, claim, proceeding or suit.
4. Cooperate with us and assist us, as we may request, in the investigation, settlement or defense of any claim, proceeding or suit.
5. Do nothing after an injury occurs that would interfere with our right to recover from others.
6. Do not voluntarily make payments, assume obligations or incur expenses, except at your own cost.

**PART FIVE - PREMIUM**

**A. Our Manuals**

All premium for this policy will be determined by our manuals of rules, rates, rating plans and classifications. We may change our manuals and apply the changes to this policy if authorized by law or a governmental agency regulating this insurance.

**B. Classifications**

Item 4 of the Information Page shows the rate and premium basis for certain business or work classifications. These classifications were assigned based on an estimate of the exposures you would have during the policy period. If your actual exposures are not properly described by those classifications, we will assign proper classifications, rates and premium basis by endorsement to this policy.

**Workers Compensation and Employers Liability Insurance Policy**  
**Insurer: Missouri Employers Mutual Insurance Company**

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

**C. Remuneration**

Premium for each work classification is determined by multiplying a rate times a premium basis. Remuneration is the most common premium basis. This premium basis includes payroll and all other remuneration paid or payable during the policy period for the services of:

1. all your officers and employees engaged in work covered by this policy; and
2. all other persons engaged in work that could make us liable under Part One (Workers Compensation Insurance) of this policy. If you do not have payroll records for these persons, the contract price for their services and materials may be used as the premium basis. This paragraph 2 will not apply if you give us proof that the employers of these persons lawfully secured their workers compensation obligations.

**D. Premium Payments**

1. You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid.

**E. Final Premium**

The premium shown on the Information Page, schedules, and endorsements is an estimate. The final premium will be determined after this policy ends by using the actual, not the estimated, premium basis and the proper classifications and rates that lawfully apply to the business and work covered by this policy. If the final premium is more than the premium you paid to us, you must pay us the balance. If it is less, we will refund the balance to you. The final premium will not be less than the highest minimum premium for the classifications covered by this policy.

If this policy is canceled, final premium will be determined in the follow way unless our manuals provide otherwise:

1. If we cancel, final premium will be calculated pro rata based on the time this policy was in force. Final premium will not be less than the pro rata share of the minimum premium.
2. If you cancel, final premium will be more than pro rata; it will be based on the time this policy was in force, and increased by our short-rate cancellation table and procedure. Final premium will not be less than the minimum premium.

**F. Records**

You will keep records of information needed to compute premium. You will provide us with copies of those records when we ask for them.

**G. Audit**

You will let us examine and audit all your records that relate to this policy. These records include ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data. We may conduct the audits during regular business hours during the policy period and within three years after the policy period ends. Information developed by audit will be used to determine final premium. Insurance rate service organizations have the same rights we have under this provision.

**Workers Compensation and Employers Liability Insurance Policy  
Insurer: Missouri Employers Mutual Insurance Company**

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

**PART SIX - CONDITIONS**

**A. Inspection**

We have the right, but are not obliged to inspect your workplaces at any time. Our inspections are not safety inspections. They relate only to the insurability of the workplaces and the premiums to be charged. We may give you reports on the conditions we find. We may also recommend changes. While they may help reduce losses, we do not undertake to perform the duty of any person to provide for the health or safety of your employees or the public. We do not warrant that your workplaces are safe or healthful or that they comply with laws, regulations, codes or standards. Insurance rate service organizations have the same rights we have under this provision.

**B. Long Term Policy**

If the policy period is longer than one year and sixteen days, all provisions of this policy will apply as though a new policy were issued on each annual anniversary that this policy is in force.

**C. Transfer of Your Rights and Duties**

Your rights or duties under this policy may not be transferred without our written consent.

If you die and we receive notice within thirty days after your death, we will cover your legal representative as insured.

**D. Cancellation**

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel this policy. We must mail or deliver to you not less than ten days advance written notice stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
3. The policy period will end on the day and hour stated in the cancellation notice.
4. Any of these provisions that conflict with a law that controls the cancellation of the insurance in this policy is changed by this statement to comply with the law.

**E. Sole Representative**

The insured first named in Item 1 of the Information Page will act on behalf of all insureds to change this policy, receive return premium, and give or receive notice of cancellation.



WC 00 04 02 (04/84)

Policy Number: MEM 1011301-08

**Workers Compensation and Employers Liability Insurance Policy  
Insurer: Missouri Employers Mutual Insurance Company**

**ANNIVERSARY RATING DATE ENDORSEMENT**

**Insured:** Columbia Housing Authority

**Effective Date:** 12/16/2013

The policy period is from: 12/16/2013 to: 12/16/2014

The premium and rates for this policy, and the experience rating modification factor, if any, may change on your anniversary rating date shown in the Schedule.

**Schedule**

Anniversary Rating Date    12 (Month)    16 (Day)

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**ISSUE DATE:** 12/16/2013



WC 00 04 03 (04/84)

Policy Number: MEM 1011301-08

**Workers Compensation and Employers Liability Insurance Policy**  
**Insurer: Missouri Employers Mutual Insurance Company**

**EXPERIENCE RATING MODIFICATION FACTOR ENDORSEMENT**

**Insured:** Columbia Housing Authority

**Effective Date:** 12/16/2013

The policy period is from: 12/16/2013 to: 12/16/2014

The premium for the policy will be adjusted by an experience rating modification factor. The factor was not available when the policy was issued. The factor, if any, shown on the Information Page is an estimate. We will issue an endorsement to show the proper factor, if different from the factor shown, when it is calculated.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**ISSUE DATE:** 12/16/2013



Policy Number: MEM 1011301-08

**Workers Compensation and Employers Liability Insurance Policy**  
**Insurer: Missouri Employers Mutual Insurance Company**

**PREMIUM DISCOUNT ENDORSEMENT**

**Insured:** Columbia Housing Authority

**Effective Date:** 12/16/2013

The policy period is from: 12/16/2013 to: 12/16/2014

The premium for this policy and the policies, if any, listed in Item 3 of the Schedule may be eligible for a discount. This endorsement shows your estimated discount in Items 1 or 2 of the Schedule. The final calculation of premium discount will be determined by our manuals and your premium basis as determined by audit. Premium subject to retrospective rating is not subject to premium discount.

**Schedule**

1. State

Estimated Eligible Premium

	First	Next	Next	Next	Next	Next
Missouri	\$10,000	\$15,000	\$25,000	\$25,000	\$25,000	\$100,000
	0.0%	4.5%	5.0%	7.0%	8.5%	9.5%

2. Average percentage discount:

3. Other policies:

4. If there are no entries in Items 1, 2 and 3 of the Schedule, see the Premium Discount Endorsement attached to your policy number:

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**ISSUE DATE:** 12/16/2013



WC 00 04 14 (07/90)

Policy Number: MEM 1011301-08

**Workers Compensation and Employers Liability Insurance Policy  
Insurer: Missouri Employers Mutual Insurance Company**

**NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT**

**Insured:** Columbia Housing Authority

**Effective Date:** 12/16/2013

The policy period is from: 12/16/2013 to: 12/16/2014

Experience rating is mandatory for all eligible insureds. The experience rating modification factor, if any, applicable to this policy, may change if there is a change in your ownership or in that of one or more of the entities eligible to be combined with you for experience rating purposes. Change in ownership includes sales, purchases, other transfers, mergers, consolidations, dissolutions, formations of a new entity and other changes provided for in the applicable experience rating plan manual.

You must report any change in ownership to us in writing within 90 days of such change. Failure to report such changes within this period may result in revision of the experience rating modification factor used to determine your premium.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**ISSUE DATE:** 12/16/2013



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children’s Services**

**ADDENDUM #4 - Issued June 24, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. The County has received the following questions and is providing a response:

1. Where it references "require annual background checks, including child abuse and neglect screenings on all employees and volunteers", we wondered if that pertained to all employees of our organization (Central Missouri Community Action) or only to those who work directly with children and families. Some of our staff, including those from our finance/IT departments, who don't interact directly with our clientele, are at this time not required to undergo annual child abuse/background screenings. In order to be eligible for funding associated with this RFP, are we required to conduct those screens on non-project related employees and volunteers?

**Response: Any position funded by the Children’s Services Fund in whole or in part, must complete an annual background check. Any volunteers associated with any programs funded by the Children’s Services Fund must also complete an annual background check.**

2. The question is in regards to measurement in both RFP’s. “Include copies of any evaluation tools you will be using”. Some of the materials we will be proposing have not been purchased, some are quite lengthy and several use multiple methods. How should we approach these issues? We can easily include why we are using these tools as opposed to others and if it would be satisfactory I would be happy to put together a description of any evaluation tool we have not purchased or is overwhelming in length. And just to verify these evaluation tools do NOT count towards are page limit, correct?

**Response: Copies of the evaluation tools do not count towards the page limit. If there are no examples of the evaluation tools, please provide a description of the evaluation tool and why it will be utilized.**



3. Regarding the Financial Information Attachment sheets. If our agency runs only one program, wouldn't the information be exactly the same for both sheets? If so, do we fill them both out?

Response: **If the agency and program budget are the same, please fill out only one worksheet and provide detailed information in the Budget Narrative.**

4. When looking at the timeline of implementation, what is the approximate date for funding? If we are looking to implement our pilot project in a school year, I am not sure if we should say our implementation would begin this fall (2014 - 15 school year) or the next school year?

Response: **The timeline will be determined during contract negotiations. For prudent planning, agencies could plan on the next school year (2015-2016) but there may be an opportunity to receive funding prior to the next school year.**

5. In both of the above referenced RFPs there is a statement "Revenues collected and deposited in the children's services fund **may not be expended** . . . or, for transportation services".

While we do not intend to propose a transportation service per se in serving youth in the County's bedroom communities there will be expenses incurred in staff reaching out to them and transporting participants to proposed services and activities. Are these costs in anyway allowable? Can expenses incurred while using existing vehicles for gas, insurance and maintenance be included in the unit cost? How about mileage reimbursement for proposed staff?

Response: **All expenses incurred by staff in providing services are allowed and should be included in the unit cost. However, the costs of transporting participants cannot be reimbursed through the Children's Services Fund.**

6. Am I correct in understanding staffing for the proposed project may not exceed 15 % of the total project request? For example, if the total project were \$1000, \$150 would be the maximum allowable for personnel.

Response: **For the Pilot Programs for Innovative Services RFP, the 15% of salary expenses is referring strictly to indirect expenses. Salary expenses include wages, payroll taxes, unemployment, and worker's comp. Indirect expenses include general organizational expenses such as executive management time, finance, human resources or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc.**

7. Will the 15% administration percentage be based on the "Personnel Costs" line on the budget or strictly just the salary portion of that line?

Response: **The 15% administrative percentage or indirect expenses are based on the salary expenses (salary expenses does not include benefits) only.**

8. What is included in Personnel expenses? Wages, payroll taxes, health insurance, and retirement are included but how about unemployment, work comp, and staff training?

Response: **Personnel expenses should include wages, payroll taxes, health insurance, retirement, unemployment, worker's comp and staff training. Please provide a detailed explanation in the Budget Narrative.**

By: Melinda Bobbitt  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #4 to Request for Proposal **28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children’s Services** receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services**

**ADDENDUM #3 - Issued June 16, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Last date to submit questions is June 27, 2014 at 12:00 p.m.
- II. The County has received the following questions and is providing a response:
  1. Under Section II Funding Goals, would you please define match funding opportunities?

**Response: Information regarding match funding may be found in the BCCSB's Funding Policy. The BCCSB's Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

2. Is an annual independent audit necessary for our small agency? We have received state grants for our afterschool program for nine years and have never been required to do this because our level of funding has never exceeded \$100,000.

**Response: If the agency is not required or is exempt from conducting an annual independent financial audit, please explain this in your Application Narrative.**

3. We currently have no paid employees under our organization. We are all volunteers. In the past, we have only had five part-time employees. Under our proposal we would request employment for 3 to 5 employees. Would we still be required to carry Worker's Comp. Insurance?

**Response: It would be acceptable to provide evidence of monopolistic state coverage and the County would provide a form for you to complete at time of contract execution.**

4. We carry Comprehensive General Liability Insurance for \$1,000,000. To increase our coverage to \$2,000,000.00, would be an increase in our annual budget. Is this a non-negotiable requirement?

**Response: The Commercial General Liability Insurance requirements have been reduced to \$1,000,000.000. Please replace the Insurance Requirements that were in the original RFP with the attached.**

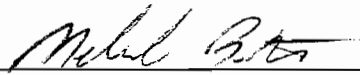
5. We carry Commercial Automobile Liability for \$1,000,000.00. To increase our coverage to \$2,000,000.00 would be an increase to our annual budget. Is this a non-negotiable requirement?

Response: **The Business Automobile Liability Insurance requirements have been reduced to \$1,000,000.00. Please replace the Insurance Requirements that were in the original RFP with the attached.**

6. One of the required attachments is a Certificate of Good Standing from the Missouri Secretary of State's office. May we attach a screen shot of the MO SOS webpage that shows our organization's standing or are you requiring an official Certificate?

Response: **A Certificate of Good Standing is not a required attachment; please do not attach it to your proposal. Attachment D, 2014 Agency Assurance Sheet, states: "I, the undersigned, further certify I have and will make available, upon request, of the following documents...."**

By:

  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #3 to Request for Proposal *28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_

**Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County, nor shall the Contractor allow any subcontractor to commence work on their subcontract until all similar insurance required of subcontractor has been so obtained and approved. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide. Insurance limits indicated below may be lowered at the discretion of the County.

**Employers Liability and Workers Compensation Insurance -** The Contractor shall take out and maintain during the life of this contract, **Employers Liability and Workers Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Workers Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor. Workers Compensation coverage shall meet Missouri statutory limits or provide evidence of monopolistic state coverage. Employers Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit. In case any class of employees engaged in hazardous work under this Contract at the site of the work is not protected under the Workers Compensation Statute, the Contractor shall provide and shall cause each subcontractor to provide Employers Liability Insurance for the protection of their employees not otherwise protected.

**Commercial General Liability Insurance -** The Contractor shall take out and maintain during the life of this contract, such commercial general liability insurance as shall protect them and any subcontractor performing work covered by this contract, from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or for any subcontractor or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 combined single limit for any one occurrence covering both bodily injury and property damage, including accidental death. If the Contract involves any underground/digging operations, the general liability certificate shall include X, C, and U (Explosion, Collapse, and Underground) coverage. If providing Commercial General Liability Insurance, then the Proof of Coverage of Insurance shall also be included.

Contractor may satisfy the minimum liability limits required for Commercial General Liability or Business Auto Liability under an Umbrella or Excess Liability policy. There is no minimum per occurrence limit of liability under the umbrella or Excess Liability; however, the Annual Aggregate limit shall not be less than the highest "Each Occurrence" limit for either Commercial General Liability or Business Auto Liability. Contractor agrees to endorse the County as an Additional Insured on the umbrella or Excess Liability, unless the Certificate of Insurance state the Umbrella or Excess Liability provides coverage on a "Follow-Form" basis.

**Business Automobile Liability –** The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; non-owned and both on and off the site of work.

**Subcontractors:** Contractor shall cause each Subcontractor to purchase and maintain insurance of the types and amounts specified herein. Limits of such coverage may be reduced only upon written agreement of Owner. Contractor shall provide to Owner copies of certificates evidencing coverage for each Subcontractor. Subcontractors' commercial general liability and business automobile liability insurance shall name Owner as Additional Insured and have the Waiver of Subrogation endorsements added.

**Proof of Carriage of Insurance -** The Contractor shall furnish the County with Certificate(s) of Insurance which name the County as additional insured in an amount as required in this contract, contain

a description of the project or work to be performed and provided for Commercial General Liability, Business Auto Liability, and Umbrella or Excess Liability (not on Workers Compensation). The Certificate of Insurance shall provide that there will be no cancellation or reduction of coverage without 30 days prior written notice to the Owner. In addition, such insurance shall be on occurrence basis and shall remain in effect until such time as the County has made final acceptance of the facility contracted.

**INDEMNITY AGREEMENT:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, officers, agents, and employees from and against all claims, damages, losses and expenses (including but not limited to attorney's fees) arising by reason of any act or failure to act, negligent or otherwise, of Contractor, of any subcontractor (meaning anyone, including but not limited to consultants having a contract with contractor or a subcontract for part of the services), of anyone directly or indirectly employed by contractor or by any subcontractor, or of anyone for whose acts the contractor or its subcontractor may be liable, in connection with providing these services. This provision does not, however, require contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

Failure to maintain the required insurance in force may be cause for contract termination. In the event the Agency/Service fails to maintain and keep in force the required insurance or to obtain coverage from its subcontractors, the County shall have the right to cancel and terminate the contract without notice.



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children’s Services**

**ADDENDUM #2 - Issued May 28, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Change Bid Due Date and Opening Date to the following:

**Response Submission Deadline: July 10, 2014, 1:15 p.m. Central Time**  
**Proposal Opening: July 10, 2014, 1:30 p.m. Central Time**

- II. Attached for informational purpose are the pre-proposal conference sign-in sheets from the conferences that were held on May 23, 2014.
- III. Provided for informational purpose is the evaluation weighted criteria that will be used by the Children’s Services Board to evaluate the proposal responses received.

<b>Agency and Service Information</b>	<b>15%</b>
<b>Evaluation</b>	<b>50%</b>
<b>Budget</b>	<b>35%</b>

- IV. The County has received the following questions and is providing a response:

1. Can the “Board of Directors” be submitted as an attachment to our RFP response?

Response: **Yes. Any time you see the word “attached,” you may submit that requirement as an attachment.**

2. If our agency does not have a Board of Directors, is an advisory board acceptable?

Response: **Yes, please explain your agency’s organizational structure in your application narrative.**

3. The Thompson Center is affiliated with the University of Missouri. The Federal 990 is hundreds of pages. Can we submit a URL where that can be viewed rather than attach those pages?

Response: **The 990 should not be attached, it is, however, required to be available upon request.**

4. Will the Board consider proposals for programs that will not work directly with Boone County children, youth, and families, but instead will work with agencies that directly provide statutorily

defined services, such as home-based and community-based family intervention programs and psychological evaluations and mental health screening? The pilot program will facilitate the formation of collaborative action networks and will then mentor the networks and the participating agencies in the use of local data, agency outcomes data, and national research to identify practices that are especially effective and, through their use, confer larger and more meaningful benefits to Boone County children, youth and families.

Response: **The offeror should thoroughly explain how the organization's proposed pilot program falls under a statutorily eligible service area in order for the BCCSB to make an informed decision. Please also see the "Examples of Types of Funding Classifications Envisioned" section of the Boone County Children's Services Board (BCCSB) Funding Policy which may be found at**

**<http://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>**

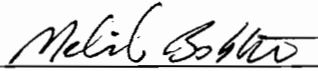
5. Should in-kind services supplied by a partner be included on Attachment C as revenue and expenses and, if so, would you like them to be identified as such?

Response: **No, do not include in-kind services on Attachment C. You should explain partner collaborations in the application narrative where appropriate.**

6. With respect to Measurement, could you further explain the difference between 2.d.iv. "Describe the approach that will be used to evaluate the pilot program" and 2.d.v. "Describe the approach that will be used to evaluate the effectiveness of the program"? Is iv about evaluating the process and v about evaluating the outcomes?

Response: **2.d.iv. is seeking information regarding the pilot program itself in regard to the principles expressed in the BCCSB Funding Policy, please see "Examples of Types of Funding Classifications Envisioned" section. 2.d.v. is seeking information regarding how the outcomes proposed will be measured.**

By:



**Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing**

OFFEROR has examined copy of Addendum #2 to Request for Proposal **28-24JUN14 - Pilot Programs that Provide Innovative Service - Boone County Community Children's Services** receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



PRE-PROPOSAL CONFERENCE SIGN IN SHEET

27-10JUN14 – Service Contracts for Boone County Children’s Services  
 May 23, 2014, 10:00 a.m. central time

28-24JUN14 – Pilot Programs that Provide Innovative Service Friday  
 May 23, 2014, 11:00 a.m. central time

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	Kelly Wallis	Children's Services Board	886-7218	
3.	Joanne Nelson	Children's Services Board	886-4298	
4.	Erika Waller	MU Psychological Services Clinic	882-2686	882-7503
5.	J. Armist	BBH	777-8397	
6.	Rachel Jones	BBH	777 6330	777 8306
7.	Julia Adani	GC	443-8331	-
8.	Carole Schatz	MUPC	424-2287	
9.	Cynthia Tobe	MU		
10.	Vicki Davis	T		
11.	Isabel Rife	Project LAUNCH		
12.	Jessica Wilkoy	I		
13.	Jack Jensen	First Chance for Children		
14.	Harper Zolako	Great Circle		
15.	Paule Porcann	Preferred Family Healthcare		
16.	Wes To: nu	"		
17.	Sara Mark	"		

Kelly Trehr "

18.	Jan Stock	Rainbow House	474-6600	474-5992
19.	Philip Petus	Cradle to Career	882-8274	
20.	Ryan Worley	Tenth Community Coalition	449-1993	265 0543
21.	Marlene House	Russell	777 8336	
22.	Craig Valone	" "	777 8451	
23.	Brian Martin	Patness Community Health	317-9100	
24.	Holly Staley	SSM Health Care	314-479-8462	314-406-5925
25.	Bryson White	Central Mo Community Health	443 8706	
26.	Ric Douber	Self	356 6397	
27.	Anna Drake	Agent of Missouri CARA	(573)442-4670	NA
28.	Marissa Emmer	Assessment + Consultation Clinic	573-884-3101	573-884-3377
29.	Stee Hollis	City/County HHS	874-7778	
30.	Christy Martin	All Parents	573-268-7746	
31.	Heather Swift	Big Bro Boys	573-874-3627 x.221	
32.	GRANT BRACKEL	UPSTANDER INITIATIVE	573-999-9166	
33.	BONDI WOOD	THE THOMPSON CENTER FOR AUTISM	573-489-7312	
34.	Chryck Bordin	U. Missouri	573-882-4578	
35.	Nellma Alford	CMT-CAR	573-353-0574	
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FAX

41.	Erandy Talina	CMCA	443-8706	
42.	Pamela Berry	CMCA	443-8706	
43.	Randy Hill	Love INC	256-7662 ext. 29	256-7665
44.	Sen An... Bros	CPS	214 3467	214-3402
45.	Megan Cairney	MJAC	573-884-6856	573-884-3349
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

27-10JUN14 – Service Contracts for Boone County Children’s Services  
 May 23, 2014, 10:00 a.m. central time

28-24JUN14 – Pilot Programs that Provide Innovative Service Friday  
 May 23, 2014, 11:00 a.m. central time

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	Kelly Wallis	Children’s Services Board	886-7218	
3.	Joanne Nelson	Children’s Services Board	886-4298	
4.	Paulette Foerster	Lutheran Family and children’s services	815-9955	449-4640
5.	Christine Curran	"	"	"
6.	Paula Fleming	Great Circle	356-0022	442-8330
7.	Peppy Howard-Winters	Great Circle	314-623-6589	314-968-8308
8.	Helen Zoloth	Great Circle	314-606-6242	
9.	Misty O’Keefe	Child Care Aware of MD	314-752-9716	314-754-0330
10.	Shelly Lock	Child Care Aware of MD	573-353-1730	314-754-0330
11.	Whitney Jones	Youth Empowerment Zone	(713) 677-215	
12.	Chrissy Mayer	DCCCA / Tallgrass Family Services	(785) 841-4138 cmayer@dcca.org	785-841-5777
13.	Anita Kiestling-Cave	PCHAS	573-289-7570	
14.	Becky Markt	CHA Low Income Services	573-943-2556	
15.	Andrea Toprai	" HCV	" ext 1400	
16.				
17.				



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services**

**ADDENDUM #1 - Issued May 23, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. If any Offeror is interested in obtaining a copy of the RFP in Word format and the Budget Worksheets in Excel, please e-mail request to [mboobitt@boonecountymo.org](mailto:mboobitt@boonecountymo.org).
- II. The County has received the following questions and is providing a response:
  1. Can our organization apply as a lead organization with community collaborations as long as MOU's are in place?

Response: **Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies. The contracting agency must comply with terms for entering into subcontracts with other agencies.**

2. Is there a length of service established for both RFP's?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

3. Are there parameters around levels of funding? How much is available for each RFP? Funding ceiling or floor?

Response: **Parameters around levels of funding have not been established at this time.**

4. How are Innovative Pilot Services defined?

Response: **Further information regarding Pilot Programs may be found in the Boone County Community Service Board's (BCCSB) Funding Policy.**

- a. Would an evidence-based program already in place in another location, qualify for this RFP if we are adapting and implementing the program for the first time in Boone County?

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy.**

5. Will evidence-based program training be funded under both of the RFP's?

Response: **Evidence-based program training may be considered for funding, provided the program training complies with the BCCSB's Funding Policy and the parameters established for funding by the Request For Proposal.**

- a. Are there any restrictions on the % of training costs?

Response: **No restrictions have been established at this time.**

- b. Are there any restrictions on the % of administration costs?

Response: **Administration costs/indirect expenses will be considered up to a maximum of 15% of salary expense only.**

7. Can funding be used for rent or the purchase of a physical building (i.e. a community center) in either RFP?

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy. For Pilot Program proposals these expenses fall under indirect expenses. See above answer regarding allowance of indirect expenses.**

8. Can you explain the indirect cost 15% of salary expense that is allowable on pilot programs?

Response: **Agencies may be funded for indirect expenses up to 15% of the total salary expenses for direct staff positions for the project.**

9. Does the general liability insurance requirement and worker's compensation insurance requirement need to be in place before applying for the grant? Can this be an allowed expenditure in the budget of the request for funding proposal or is this at the expense of the organization? Do applicants need to provide an indemnity clause with their application, or only if selected for an award?

Response: **Insurance certificate does not have to be provided to submit a proposal response. It will be required at contract execution. The Offeror has discretion as to whether to itemize this expense or include it in their overall unit pricing. Indemnity clause may be provided with application or after selected for award.**

10. Can you clarify what specifically you are seeking in the anticipated outcomes, outcomes, indicators, and measurement sections (or how these differ)? Some of this information seems repetitive – is that okay?

Response: **There are excellent resources available on-line that provide detailed explanations of these terms. One resource to find this information is <http://www.cdc.gov/eval/resources/index.htm>.**

11. May we submit letters of support with our proposals?

Response: **Letters of support are not required. Letters of support will be considered as part of the Application Narrative. Consideration should be given to page limitations outlined in the Request for Proposals.**

12. Are the awarded contracts going to be fee for services (we get reimbursed for the services we provide) or cost-based? If they are fee for service, how are the rates determined?

Response: **For pilot program proposals, funding terms will be established during contract negotiation.**

13. Attachment B - Our fiscal year runs from July to June. With that in mind, here is how I feel the years should run: Prior Year- July 2012- June 2013, Current Year July 2013-June 2014, and Proposed Year July 2014-June 2015. Is this correct? If so, our July 2013- June 2014 information will be incomplete (missing May and June numbers), should we project those numbers to show 12 months? Our agency wide budget is not completed for the upcoming year (July 2014-June 2015). Should we provide a preliminary budget?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

14. Attachment C - Where do we include the funding we are requesting from the Children's Service Funds?

Response: **The amount requested from the Children's Services Fund should not be included on Attachment C.**

15. Attachment C - In the bottom box, what is the difference between "Actual" and "Current"?

Response: **The bottom box should read from left to right, "Prior Actual Year", "Current Year", and "Proposed Year". An amended Attachment C is attached.**

16. What is the maximum amount of funds that can be requested for each RFP? Is there a range of funding for each project/RFP that the evaluation/reviewers desire?

Response: **There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

17. Can funding be used to support services, or supportive services/wrap-around services to children and youth who are currently enrolled in a residential chemical dependency program?

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy.**

18. Should all proposals be for a twelve month period? I see that there is the option for negotiation to renew funded proposals, but in our original design for programming, should we limit programming to twelve months?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. Agencies should define proposed program terms in the application and budget narratives.**

19. How many times can organizations re-apply? Is it on an Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

20. When is the start date and end date of the funding?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

21. If a new non-profit organization has applied for their 501(3)(c) designation but it is still pending by the deadline date of the grant, will some consideration be given to the non-profits as long as they can document their application for 501(3)(c)?

Response: **Consideration may be given to a non-profit organization that has not yet obtained a 501(c)(3) designations; however, an organization must have obtained the 501(c)(3) designations prior to entering into a contract.**

22. Can an organization submit more than one pilot program?

Response: **Yes**

23. Can an organization apply for the pilot program and the purchase for services contracts?

Response: **Organizations may apply for both the pilot program and purchase of services contracts.**

24. What is the funding cap request per proposal for the pilot program? Is it a set amount or is it variable?

Response: **There is no funding cap established at this time for either the pilot program or purchase of services contracts.**



25. Is there a list of “allowable expenditures” of what can be requested for the proposal? Or a list of things that are “not allowable”? That would be helpful to have if it is available.

Response: **There is not currently a list of “allowable” or “not allowable” expenditures.**

26. For the pilot program, can participants/subjects in the research pilot be paid for their participation for completing surveys, classes, etc. as part of the funding? For example, “each participant who completes the pre- and post surveys and the classes on advocacy will have their name entered into a drawing to win a \$100.00 gift card to \_\_\_\_\_.”

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB’s Funding Policy.**

27. If a new non-profit has just been certified the state and Jason Kander’s office sent a letter stating that their independent audit is not due to the state until August of 2015, is this letter allowable to present in lieu of doing an independent audit prior to submission as required by the grant?

Response: **Yes.**

28. Section I - Overview:

Must offerors submit proposals providing services throughout Boone County, or may proposals focus on certain geographic areas such as the City of Columbia?

Response: **Please reference the “Beneficiaries and Outcomes” section of the BCCSB’s Funding Policy.**

29. Attachment C Program Budget Worksheet

- a. Because Section VII - Term; Termination of Contract Agreement indicates that the initial term of contract will be negotiated, should the offeror assume that the Program Budget Worksheet is to be filled out on a calendar year basis?

Response: **As the contract term has not yet been established, agencies may use the agency’s fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

- b. The Worksheet requires Program Revenue and Expenses for Prior (2013), Current (2014), and Proposed Year (2015). Because revenue from certain sources (such as United Way) are contractually committed on calendar year basis, some revenue shown for Current year may not be available for Proposed Year. How should offerors treat this type of revenue on Exhibit C?

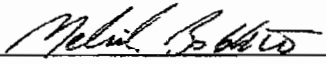
Response: **See above.**

30. My question is about the kinds of services that are eligible for funding. We would like to know whether funds could be awarded to a program that identifies key community-level student outcomes (such as kindergarten readiness and psycho-social well-being at the transition out of middle school), identifies local data with which to measure progress on those outcomes, and

assembles collaborative action networks of public and private entities to improve those community outcomes. We would apply under the RFP for pilot projects as a collaborative effort that will make a meaningful impact on children by fostering revision of existing services that target and building the capacity of local providers to use data in their decision-making. To you more detail, the collaborative action networks will collect, share, and analyze data on local newborn, child, and youth outcomes in order to identify local root causes, promising leverage points for improving youth outcomes, and strategies that are especially effective locally. The networks will create action plans based on that data and will measure the impact of their plans on student success to determine whether those strategies should be expanded, refined or replaced.

Our question is whether the organization that convenes these networks, provides the data assistance needed for the networks to do data-based decision-making, and publishes annual community report cards is eligible for partial funding, assuming that the proposal is otherwise meritorious?

Response: **The offeror should thoroughly explain how the organization's proposed pilot program falls under a statutorily eligible service area in order for the BCCSB to make an informed decision.**

By:   
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #1 to Request for Proposal *28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



# COUNTY OF BOONE - MISSOURI

## REQUEST FOR PROPOSAL (RFP) #: 28-24JUN14

### Pilot Programs that Provide Innovative Services

### Boone County Children's Services Fund

### 2014 Application

#### BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:

*To improve the lives of children, youth and families in Boone County  
by strategically investing in the creation and maintenance of integrated systems  
that deliver effective and quality services for children and families in need.*

#### RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	May 9, 2014
Written Questions Due By	<a href="mailto:mbobbitt@boonecountymo.org">mbobbitt@boonecountymo.org</a>	May 21, 2014 12:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	May 23, 2014 11:00 a.m. Central Time
Response Submission Deadline	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	June 24, 2014 9:15 a.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	June 24, 2014 9:30 a.m. Central Time

#### CONTACT INFORMATION:

Boone County Purchasing  
Boone County Annex  
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
Phone: (573) 886-4391 Fax: (573) 886-4390  
Email: [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

## I. Overview

On November 6, 2012, the citizens of Boone County passed County of Boone Proposition 1, which created a Children's Services Fund for children and youth nineteen years of age or less in Boone County. The Boone County Children's Services Board (BCCSB) has been appointed by the County Commission and entrusted to oversee this Fund. The Fund is created pursuant to RSMo §67.1775, RSMo §210.861, and the ballot language presented to the voters on November 6, 2012. RSMo §210.861 specifies the types of services that may be funded by the BCCSB. By statute, funds may be invested to address the following needs:

- up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
- respite care services
- unmarried parent services
- outpatient chemical dependency and psychiatric treatment programs
- counseling and related services as a part of transitional living programs
- home-based and community-based family intervention programs
- prevention programs which promote healthy lifestyles among children and youth and strengthen families
- crisis intervention services, inclusive of telephone hotlines
- individual, group, or family professional counseling and therapy services
- psychological evaluations
- mental health screenings.

Revenues collected and deposited in the community children's services fund **may not** be expended for inpatient medical, psychiatric, and chemical dependency services, or for transportation services.

## II. Funding Goals

The Board believes that it should invest in meaningful services to children, youth and families in a way that utilizes multiple effective strategies. To that end, the Board intends to invest its funding *appropriated for services* in the following general categories:

- Pilot programs that provide innovative services
- Purchase of service programs
- Match funding opportunities
- Strategic opportunities
- Contingency reserve to support other programs with circumstances requiring immediate attention

This RFP seeks applications for pilot programs that provide innovative services. Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth and families in need in Boone County. Preference will also be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.

### **III. Minimum Eligibility Criteria**

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit agency or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services
- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri

### **IV. Funding Available**

Applications for funding will be accepted to fund pilot programs that provide innovative services to children and youth nineteen years of age or less and their families in all service areas fundable pursuant to statute.

The proposed pilot programs may involve the creation of definitions for a class of children, youth and families, the creation of definitions for evidence-based services, and the creation of techniques to evaluate effectiveness. This may be a collaborative effort with other stakeholders to provide services that can make a meaningful impact on children that are not currently being provided. These programs could include funding to build capacity among appropriate service providers to provide these new, evidence-based practices.

For pilot programs the Board will consider **indirect expenses** up to a maximum of 15% of salary expense only (salary expense does not include benefits). Indirect expenses include general organizational expenses such as executive management time, finance, human resources or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc.

## V. Application

The Application Narrative cannot exceed 20 double-spaced pages, on standard white paper, with at least 12-point font and one-inch margins, excluding required attachments.

Please submit two original copies to:

Boone County Purchasing Department  
Attn: Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
Boone County Annex  
613 E. Ash, Rm. 110  
Columbia, MO 65201

Paper copies must be sealed in an envelope with RFP # and name of Offeror on the outside of the envelope. Proposals MUST be delivered no later than 9:15 a.m. central time, June 24, 2014. Proposals will not be accepted after this date and time and the County will return such late proposals to the Offeror.

Please submit an electronic copy after 9:30 a.m. central time June 24, 2014 and before 11:30 p.m. June 24 in Microsoft Word or PDF format to: [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org). Please do not submit the electronic copy prior to 9:30 a.m. central time, June 24, 2014.

## VI. Contracting Agency Requirements

**Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

- **Compensation Insurance:** The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.
- Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$1,000,000.00 each employee, \$1,000,000.00 each accident, and \$1,000,000.00 policy limit.
- **Comprehensive General Liability Insurance:** The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether

such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$2,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

- The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$2,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.
- The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$2,000,000.00 and naming Boone County as additional insured.
- **Commercial Automobile Liability:** The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$2,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

**Indemnity Agreement:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

**Subcontracts :** The Contractor may enter into subcontracts for components of the consulting service as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.

In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

## **VII. Instructions and General Conditions**

**Delivery of Proposals:** Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received at the Boone County Purchasing office until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- If you have obtained this proposal document from our Web Page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addenda if we do not have you on our Vendor list for this proposal.
- The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- No negotiations, decisions, or actions shall be initiated by any agency as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

### **Ambiguity, Conflict, or Other Errors in the RFP:**

- If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the Request for Proposal, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the Request for Proposals prior to submitting the proposal or it shall be waived.
- Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

**Rejection of Proposals:** The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply



information in connection with respect to responsibility may be grounds for a determination of non-responsibility.

**Acceptance of Proposals:** The County will accept for evaluation all proposals that are submitted properly. However, the County reserves the right to request clarifications or corrections to proposals.

**Requests for Clarification of Proposals:** Requests by the Purchasing Department for clarification of proposals shall be in writing.

**Validity of Proposals:** Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

**Receipt and Opening of Advertised, Sealed Proposals:** The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful firm's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, Tuesday, June 24, 2014 at 9:30 a.m. Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at [www.showmeboone.com](http://www.showmeboone.com). Select "Purchasing", then "2014 Bid Tabulations".
- Proposal responses are due by Tuesday, June 24, 2014 at 9:15 p.m. No late proposals will be accepted.

**Withdrawal of Proposals:** Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

**Guidelines for Written Questions:** All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than 12:00 p.m., May 21, 2014. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, and Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet.

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
613 E. Ash Street, Room 110  
Columbia, Missouri 65201  
Phone: (573) 886-4391 Fax: (573) 886-4390  
E-mail: [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

**Pre-Proposal Conference:** To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for May 23, 2014 at 11:00 a.m. Central Time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri 65201.

- All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.

**Term; Termination of Contract Agreement:**

- The initial term of the resulting contract agreement from this Pilot Programs that Provide Innovative Services Request for Proposal will be negotiated. The negotiated contract may have an option for renewal.
- The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 60 days prior written notice to the Contractor.

**Competitive Negotiation of Proposals:** The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or

to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

- Negotiations may be conducted in person, in writing, or by telephone.
- Negotiations will only be conducted with potentially acceptable proposals. The County reserves the right to limit negotiations to those proposals, which received the highest rankings during the initial evaluation phase.
- Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.
- The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- The County reserves the right to contact any and all references to obtain without limitation, information regarding the Offeror's performance on previous projects. A uniform sample of references may be checked for each short-listed Offeror.

**BOONE COUNTY CHILDREN'S SERVICES FUND  
2014 APPLICATION NARRATIVE FOR FUNDING:  
PILOT PROGRAMS THAT PROVIDE INNOVATIVE SERVICES**

**Agency Name:**

**Agency Address:**

**Agency Phone Number:**

**Primary Agency Contact (include title):**

**Email Address:**

**Contact Phone Number:**

**Amount Requested:**

**Federal Tax ID (or Social Security #):**

**Signature:**

**Date:**

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**1. AGENCY AND PROGRAM INFORMATION**

**a. Background Information:**

- i. Provide a summary of your agency, including your agency's mission statement.
- ii. Attach a list of your agency's Board of Directors.
- iii. Describe why your agency is interested in implementing a pilot program to provide innovative services to children, youth and families in Boone County.

**b. Target Population:**

- i. Describe the pilot program's target population.
- ii. Discuss the rationale for selection of this target population for a pilot program.
- iii. Please state the statutorily eligible service area (see page 2) the target population falls within.

**c. Innovative Service Idea:**

- i. Discuss the issue or problem the pilot program seeks to address.
- ii. Provide a detailed description of the idea for innovative services to be developed or that has been developed into a pilot program.

- iii. Discuss what other agencies you have collaborated with in the development of the idea for the innovative service(s).

**d. Implementation:**

- i. Describe how and with what agencies you will collaborate with to implement the pilot program.
- ii. Discuss the plan for the implementation of the pilot program including how the requested funds will be used for the program in the implementation process.
- iii. Outline the timeline for key steps in the implementation process.

## 2. EVALUATION

**a. Performance Information:**

- i. Attach a Program Performance Measures Worksheet (see Attachment A).

**b. Outcomes:**

- i. Describe the outcomes of the pilot program (outcomes need to be measurable and time specific).

**c. Indicators:**

- i. Identify and describe the indicators which will measure the pilot program outcomes.
- ii. Identify your agency's performance target of these indicators.

**d. Measurement:**

- i. Discuss who will be responsible for the accomplishment of each of the outcome goals.
- ii. Discuss how the data will be collected.
- iii. Identify your agency's timeline for each outcome.
- iv. Describe the approach that will be used to evaluate the pilot program.
- v. Describe the approach that will be used to evaluate the effectiveness of the program.
- vi. Include copies of any evaluation tools you will be using and provide a description of why you are using these tools compared to other tools.

**e. Input**

**i. Clinical Expertise:**

- 1. Discuss the capacity of your agency to execute the proposed program.
- 2. Provide a list of key staff responsible for implementing the program.

**ii. Program Activity:**

- 1. Describe the innovative interventions and/or activities that will be implemented through the pilot program.
- 2. Identify and discuss the evidence-based practices that will be used and relevant research supporting the efficacy of the proposed interventions and/or activities.

3. If there is no research to support the efficacy of the proposed interventions and/or activities, please explain the rationale for utilizing the interventions and/or activities.

**f. Output:**

- i. Service to be provided.
- ii. Unit measurement, if applicable.
- iii. Unit cost, if applicable.
- iv. Amount requested.
- v. Number of individuals to be served.

**3. BUDGET**

**a. Budget Worksheets to be Attached:**

- i. Agency Financial Worksheet (see Attachment B).
- ii. Program Budget Worksheet (see Attachment C).

**b. Budget Narrative**

- i. Please explain each line of the budget worksheets from Attachments B and C.

**c. Staff Positions:**

- i. Provide a list of staff positions for the project, including direct and indirect.
- ii. State the role of each position and their qualifications.
- iii. State the proposed salary for each position.

**4. AGENCY ASSURANCE, CERTIFICATION, AND WORK AUTHORIZATION SHEETS**

Please review, sign, and return the Agency Assurance Sheet (see Attachment D), the Certification Sheet (See Attachment E), and the Work Authorization Sheet (see Attachment F) with the proposal. The sheets outline the expectations and requirements for any agencies requesting and/or receiving funds through the Boone County Children's Services Fund.

## ATTACHMENT A

### Program Performance Measures Information Worksheet

The following synonyms, definitions, and examples may help you completing the required program performance measures information:

	<b>Activity</b>	<b>Output</b>	<b>Outcome</b>	<b>Indicator</b>	<b>Method of Measurement</b>
<b>Synonyms</b>	<i>Activity = Service</i>	<i>Output = Product</i>	<i>Outcome = Change</i>	<i>Indicator = Measure</i>	<i>Method of Measurement = Information gathering instrument or technique</i>
<b>Definitions</b>	An <i>Activity</i> is the program service or sub service being provided	An <i>Output</i> is expressed as the NUMBER of things produced by an activity and the number people for whom it is provided	An <i>Outcome</i> describes a beneficial CHANGE in people	An <i>Indicator</i> is the specific item of information by which a program's LEVEL OF SUCCESS is measured	A <i>Method Of Measurement</i> is the instrument or technique used to gather the information needed to measure the program's success.
<b>Example</b>	Activity= Before/after school youth enrichment programming  Sub-Activity=Tutoring	150 hours of tutoring sessions for 30 children	Child's academic performance improves	Number and percent of participants who receive better grades following participation in program as compared to period prior to participation	Utilize school report card data pre and post participation in the program.

Activity	Output(s)	Outcome(s)	Indicator(s)	Method of Measurement

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**ATTACHMENT B**  
**AGENCY FINANCIAL INFORMATION**

**AGENCY NAME:**

<b>AGENCY REVENUE</b>	<b>PRIOR YEAR ACTUAL</b>	<b>CURRENT YEAR</b>	<b>PROPOSED YEAR</b>	<b>% OF PROPOSED TOTAL</b>	<b>% CHANGE CURRENT TO PROPOSED</b>
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way					
B. Other United Ways					
C. Capital Campaigns					
D. Grants (non-governmental)					
E. Fund Raising & Other Direct Support					
<b>TOTAL DIRECT SUPPORT (sub-totals)</b>					
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding					
B. Boone County - Other					
C. Other Counties					
D. City of Columbia - Social Service Funding					
E. City of Columbia - Other					
F. Other Cities					
G. Federal (Medicaid, Title III, etc.)					
H. State (Purchase of Services, Grants, etc.)					
I. Other (Schools, Courts, etc.)					
<b>TOTAL GOV'T CONTRACTS/SUPPORT (sub-totals)</b>					
3. Program Service Fees					
4. Investment Income (realized & unrealized)					
5. Other Revenue Items					
<b>TOTAL AGENCY REVENUE</b>					
<b>AGENCY EXPENSES</b>	<b>PRIOR YEAR ACTUAL</b>	<b>CURRENT YEAR</b>	<b>PROPOSED YEAR</b>	<b>% OF PROPOSED TOTAL</b>	<b>% CHANGE CURRENT TO PROPOSED</b>
Expenses for Program Services					
Expenses for Management and General					
Expenses for Fundraising					
<b>TOTAL AGENCY EXPENSES</b>					
% of Management and Fundraising Expenses					
<b>NET ASSETS</b>	<b>PRIOR YEAR ACTUAL</b>	<b>CURRENT YEAR</b>	<b>PROPOSED YEAR</b>	<b>% CHANGE CURRENT TO PROPOSED</b>	
Net Assets, End of Year					
<b>CASH FLOWS</b>	<b>PRIOR YEAR ACTUAL</b>	<b>CURRENT YEAR</b>	<b>PROPOSED YEAR</b>	<b>% CHANGE CURRENT TO PROPOSED</b>	
Cash, End of Year					

## ATTACHMENT C

### PROGRAM BUDGET WORKSHEET

**PROGRAM NAME:**

TOTAL PROGRAM REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way					
B. Other United Ways					
C. Capital Campaigns					
D. Grants (non-governmental)					
E. Fund Raising & Other Direct Support					
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding					
B. Boone County - Other					
C. Other Counties					
D. City of Columbia - Social Service Funding					
E. City of Columbia - Other					
F. Other Cities					
G. Federal (Medicaid, Title III, etc.)					
H. State (Purchase of Services, Grants, etc.)					
I. Other (Schools, Courts, etc.)					
3. Program Service Fees					
4. Investment Income (realized & unrealized)					
5. Other Revenue Items					
<b>TOTAL PROGRAM REVENUE</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		

PROGRAM EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
1. Personnel					
2. Non-Personnel					
<b>TOTAL PROGRAM EXPENSES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		

NUMBER OF DIRECT PROGRAM STAFF (FTE)	ACTUAL	CURRENT	PROPOSED
<i>FTE = number of direct program service hours worked by employee per year/2080 (e.g. 1040/2080= .5 FTE)</i>			

**ATTACHMENT D**

**2014 AGENCY ASSURANCE SHEET**

**(Please complete and return with Proposal Response)**

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children’s Services Board (BCCSB) and any of the Boone County Children’s Services Fund’s conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Proof of 501(c)(3)
- Certificate of Corporate Good Standing
- Most Recent 990 Federal Form
- Agency Strategic Plan
- Copies of Agency Accreditations
- Most Recent Agency Independent Audit
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality
- Memorandums of Understanding (not currently needed for Contingency Funds Request)

\_\_\_\_\_  
Printed Name - Agency Executive Director/President/CEO \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Agency Executive Director/President/CEO \_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name - Agency Board Chair \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Agency Board Chair \_\_\_\_\_  
Date

## ATTACHMENT E

**(Please complete and return with Proposal Response)**

Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR  
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, 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.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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Name and Title of Authorized Representative

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Signature

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Date





**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services**

**ADDENDUM #1 - Issued May 23, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. If any Offeror is interested in obtaining a copy of the RFP in Word format and the Budget Worksheets in Excel, please e-mail request to [mbobbitt@boonecountymmo.org](mailto:mbobbitt@boonecountymmo.org).

II. The County has received the following questions and is providing a response:

1. Can our organization apply as a lead organization with community collaborations as long as MOU's are in place?

Response: **Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies. The contracting agency must comply with terms for entering into subcontracts with other agencies.**

2. Is there a length of service established for both RFP's?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

3. Are there parameters around levels of funding? How much is available for each RFP? Funding ceiling or floor?

Response: **Parameters around levels of funding have not been established at this time.**

4. How are Innovative Pilot Services defined?

Response: **Further information regarding Pilot Programs may be found in the Boone County Community Service Board's (BCCSB) Funding Policy.**

a. Would an evidence-based program already in place in another location, qualify for this RFP if we are adapting and implementing the program for the first time in Boone County?

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy.**

5. Will evidence-based program training be funded under both of the RFP's?

Response: **Evidence-based program training may be considered for funding, provided the program training complies with the BCCSB's Funding Policy and the parameters established for funding by the Request For Proposal.**

- a. Are there any restrictions on the % of training costs?

Response: **No restrictions have been established at this time.**

- b. Are there any restrictions on the % of administration costs?

Response: **Administration costs/indirect expenses will be considered up to a maximum of 15% of salary expense only.**

7. Can funding be used for rent or the purchase of a physical building (i.e. a community center) in either RFP?

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy. For Pilot Program proposals these expenses fall under indirect expenses. See above answer regarding allowance of indirect expenses.**

8. Can you explain the indirect cost 15% of salary expense that is allowable on pilot programs?

Response: **Agencies may be funded for indirect expenses up to 15% of the total salary expenses for direct staff positions for the project.**

9. Does the general liability insurance requirement and worker's compensation insurance requirement need to be in place before applying for the grant? Can this be an allowed expenditure in the budget of the request for funding proposal or is this at the expense of the organization? Do applicants need to provide an indemnity clause with their application, or only if selected for an award?

Response: **Insurance certificate does not have to be provided to submit a proposal response. It will be required at contract execution. The Offeror has discretion as to whether to itemize this expense or include it in their overall unit pricing. Indemnity clause may be provided with application or after selected for award.**

10. Can you clarify what specifically you are seeking in the anticipated outcomes, outcomes, indicators, and measurement sections (or how these differ)? Some of this information seems repetitive – is that okay?

Response: **There are excellent resources available on-line that provide detailed explanations of these terms. One resource to find this information is <http://www.cdc.gov/evaL/resources/index.htm>.**

11. May we submit letters of support with our proposals?

Response: **Letters of support are not required. Letters of support will be considered as part of the Application Narrative. Consideration should be given to page limitations outlined in the Request for Proposals.**

12. Are the awarded contracts going to be fee for services (we get reimbursed for the services we provide) or cost-based? If they are fee for service, how are the rates determined?

Response: **For pilot program proposals, funding terms will be established during contract negotiation.**

13. Attachment B - Our fiscal year runs from July to June. With that in mind, here is how I feel the years should run: Prior Year- July 2012- June 2013, Current Year July 2013-June 2014, and Proposed Year July 2014-June 2015. Is this correct? If so, our July 2013- June 2014 information will be incomplete (missing May and June numbers), should we project those numbers to show 12 months? Our agency wide budget is not completed for the upcoming year (July 2014-June 2015). Should we provide a preliminary budget?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

14. Attachment C - Where do we include the funding we are requesting from the Children's Service Funds?

Response: **The amount requested from the Children's Services Fund should not be included on Attachment C.**

15. Attachment C - In the bottom box, what is the difference between "Actual" and "Current"?

Response: **The bottom box should read from left to right, "Prior Actual Year", "Current Year", and "Proposed Year". An amended Attachment C is attached.**

16. What is the maximum amount of funds that can be requested for each RFP? Is there a range of funding for each project/RFP that the evaluation/reviewers desire?

Response: **There is no funding cap established at this time for either the pilot program or purchase of services contracts.**



17. Can funding be used to support services, or supportive services/wrap-around services to children and youth who are currently enrolled in a residential chemical dependency program?

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy.**

18. Should all proposals be for a twelve month period? I see that there is the option for negotiation to renew funded proposals, but in our original design for programming, should we limit programming to twelve months?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. Agencies should define proposed program terms in the application and budget narratives.**

19. How many times can organizations re-apply? Is it on an Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

20. When is the start date and end date of the funding?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

21. If a new non-profit organization has applied for their 501(3)(c) designation but it is still pending by the deadline date of the grant, will some consideration be given to the non-profits as long as they can document their application for 501(3)(c)?

Response: **Consideration may be given to a non-profit organization that has not yet obtained a 501(c)(3) designations; however, an organization must have obtained the 501(c)(3) designations prior to entering into a contract.**

22. Can an organization submit more than one pilot program?

Response: **Yes**

23. Can an organization apply for the pilot program and the purchase for services contracts?

Response: **Organizations may apply for both the pilot program and purchase of services contracts.**

24. What is the funding cap request per proposal for the pilot program? Is it a set amount or is it variable?

Response: **There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

25. Is there a list of “allowable expenditures” of what can be requested for the proposal? Or a list of things that are “not allowable”? That would be helpful to have if it is available.

Response: **There is not currently a list of “allowable” or “not allowable” expenditures.**

26. For the pilot program, can participants/subjects in the research pilot be paid for their participation for completing surveys, classes, etc. as part of the funding? For example, “each participant who completes the pre- and post surveys and the classes on advocacy will have their name entered into a drawing to win a \$100.00 gift card to \_\_\_\_\_.”

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB’s’s Funding Policy.**

27. If a new non-profit has just been certified the state and Jason Kander’s office sent a letter stating that their independent audit is not due to the state until August of 2015, is this letter allowable to present in lieu of doing an independent audit prior to submission as required by the grant?

Response: **Yes.**

28. Section I - Overview:

Must offerors submit proposals providing services throughout Boone County, or may proposals focus on certain geographic areas such as the City of Columbia?

Response: **Please reference the “Beneficiaries and Outcomes” section of the BCCSB’s Funding Policy.**

29. Attachment C Program Budget Worksheet

- a. Because Section VII - Term; Termination of Contract Agreement indicates that the initial term of contract will be negotiated, should the offeror assume that the Program Budget Worksheet is to be filled out on a calendar year basis?

Response: **As the contract term has not yet been established, agencies may use the agency’s fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

- b. The Worksheet requires Program Revenue and Expenses for Prior (2013), Current (2014), and Proposed Year (2015). Because revenue from certain sources (such as United Way) are contractually committed on calendar year basis, some revenue shown for Current year may not be available for Proposed Year. How should offerors treat this type of revenue on Exhibit C?

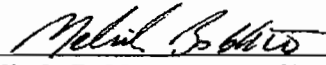
Response: **See above.**

30. My question is about the kinds of services that are eligible for funding. We would like to know whether funds could be awarded to a program that identifies key community-level student outcomes (such as kindergarten readiness and psycho-social well-being at the transition out of middle school), identifies local data with which to measure progress on those outcomes, and

assembles collaborative action networks of public and private entities to improve those community outcomes. We would apply under the RFP for pilot projects as a collaborative effort that will make a meaningful impact on children by fostering revision of existing services that target and building the capacity of local providers to use data in their decision-making. To you more detail, the collaborative action networks will collect, share, and analyze data on local newborn, child, and youth outcomes in order to identify local root causes, promising leverage points for improving youth outcomes, and strategies that are especially effective locally. The networks will create action plans based on that data and will measure the impact of their plans on student success to determine whether those strategies should be expanded, refined or replaced.

Our question is whether the organization that convenes these networks, provides the data assistance needed for the networks to do data-based decision-making, and publishes annual community report cards is eligible for partial funding, assuming that the proposal is otherwise meritorious?

**Response: The offeror should thoroughly explain how the organization's proposed pilot program falls under a statutorily eligible service area in order for the BCCSB to make an informed decision.**

By:   
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #1 to Request for Proposal *28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



**AGREEMENT FOR PILOT PROGRAMS**  
**The BRIDGE (Building Resilience through Interdisciplinary, Developmentally Guided Engagement)**

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**THIS AGREEMENT** dated the 11<sup>th</sup> day of December, 2014 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "BCCSB" and **Central Missouri Community Action**, a tax-exempt, not organized for profit agency or governmental entity, hereinafter referred to as "**CMCA**".

**WHEREAS**, the BCCSB, under the provisions of 67.1775 and 210.861 of the Revised Statutes of Missouri, has the right to expend monies from the Children's Services Fund (CSF) for the purposes of funding services to children and youth 19 years of age and younger, and their families residing in Boone County; and

**WHEREAS**, the CMCA has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided along with the expected cost to CMCA thereof; and

**WHEREAS**, the BCCSB has approved the Request for Funding Proposal in whole or in part as hereinafter set forth,

**IN CONSIDERATION** of the parties performance of the respective obligations contained herein, the parties agree as follows:

**FUNDING ALLOCATION FOR SERVICES RENDERED BY CMCA**

CMCA is expected to the greatest extent possible to maximize funding from all other sources. CMCA shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. CMCA shall only request reimbursement for services not reimbursable by any other source. CMCA shall provide documentation and assurance to the BCCSB that requests for reimbursement from the CSF is not a duplication of reimbursement from any other source of funding.

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract. CMCA will perform the services and carry out the activities as set forth in the Request for Funding Proposal Application. CMCA agrees to, and understands that services performed under this agreement are limited to the Request for Funding Proposal Application.

2. **Contract Documents.** This agreement shall consist of the Request for Proposal #28-24JUN14 (Pilot Programs that Provide Innovative Services) and CMCA's response to the County of Boone's Request for Proposal, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over the CMCA's Proposal, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The BCCSB agrees to purchase from the CMCA and the CMCA agrees to furnish **The BRIDGE (Building Resilience through Interdisciplinary, Developmentally Guided Engagement)** for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in the CMCA's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$333,505** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of contract execution and extend through **June 30, 2016** subject to the provisions for termination specified below. This contract may at the sole discretion of the BCCSB and with the agreement of CMCA be **renewed for an additional two (2) one-year periods**. CMCA agrees and understands that the BCCSB may require supplemental information to be submitted by CMCA prior to any renewal of this agreement.

5. **Billing and Payment.** For the Pilot Programs that Provide Innovative Services (PILOT) Contract, the payments for (type of service) will be made in four (4) installments, 25% of the contracted amount, within 30 days of the execution of the contract, 25% of the contracted amount within 30 days of the completion and approval of the 2015 mid-year report, 25% of the contracted amount within 30 days of the completion and approval of the 2015 year-end report, and 25% of the contracted amount within 30 days of the completion and approval of the 2016 mid-year report. An accounting of prior funding received from the CSF shall be required before receiving subsequent contractual installment payments. Installment payments may vary based on the adjusted totals provided to BCCSB. In the event of a billing dispute, the BCCSB reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of the CMCA, the BCCSB agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

6. **Availability of Funds.** Payments under this contract are dependent upon the availability of funds or as otherwise determined by the BCCSB. This contract can be terminated

if funding becomes unavailable in whole or in part for cause shown, and the BCCSB shall have no obligation to continue payment.

## **REPORTING, MONITORING, AND MODIFICATION**

**7. Reporting.** The BCCSB shall utilize the Request for Funding Proposal Application and the Responses to Requests for Additional Information, as submitted by CMCA to monitor service delivery and program expenditures. CMCA agrees to submit to the BCCSB a mid-year service report by July 30, 2015 for the period beginning with the date of contract execution to June 30, 2015 and an annual service report by January 29, 2016, for the period of July 1, 2015 to December 31, 2015. For contracts expiring June 30, 2016, CMCA agrees to submit to the BCCSB a mid-year service report by July 30, 2016 for the period January 1, 2016 to June 30, 2016. Variations on this date may be requested by CMCA and, if so stipulated, are noted on this contract document. Payments may be withheld from CMCA if reports designated here are not submitted on time, until such time as the reports are filed. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. CMCA agrees to submit its reports through an on-line reporting system if requested.

**8. Audits.** CMCA also agrees to make available to the BCCSB a copy of its annual audit within four months after the close of CMCA's fiscal year. The audit must be performed by an independent individual or firm licensed by the Missouri State Board of Accountancy. The audit is to include a complete accounting for funds covered by this agreement in accordance with generally accepted accounting principles. In addition, the BCCSB requires that the management report of any audit as it relates to BCCSB program activities be made available to BCCSB as part of the required audit. Payment may be withheld from CMCA, if reports designated here are not made available upon request.

**9. Monitoring.** CMCA agrees to permit the BCCSB, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the BCCSB to monitor, survey and inspect CMCA's services, activities, programs and client records, to determine compliance and performance with this contract, except as prohibited by laws protecting client confidentiality. In addition, CMCA hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the BCCSB or its designee(s) all records, facilities and personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

**10. Modification or Amendment.** In the event CMCA requests to make any change, modification, or an amendment to funded services, one-time items, activities and/or programs covered by this contract, a request of the proposed modification or amendment must be

submitted in writing to the Director of Community Services to share with the BCCSB for approval. A board resolution from CMCA must be included with the request. Requests to the BCCSB must be submitted in writing at least two weeks prior to the BCCSB meeting.

#### **OTHER TERMS OF THIS CONTRACT**

11. **Violation of Client Rights.** Any alleged case of a violation of a client's rights in a program funded by the Commission/BCCSB shall be investigated in accordance with CMCA's policies and procedures and in accordance with any local/state/federal regulations. CMCA agrees to notify the BCCSB through the Director of Community Services of any such incidents that have been reported to the appropriate governmental body and must also authorize the governmental body to notify the BCCSB of any substantiated allegations. CMCA must comply with Missouri law regarding confidentiality of client records.

12. **Discrimination.** CMCA will refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply will applicable provisions of federal and state laws, county or municipal statutes or ordinances, which prohibit discrimination in employment and the delivery of services.

13. **CSF to be used for Services Provided.** CMCA agrees that the CSF funds shall be used exclusively for the services provided to children and youth 19 years of age or less and their families and for administrative costs directly related to CMCA's provision of such services.

14. **Accreditation/Licensure/Certifications.** All agencies must comply with all state/federal certification and licensing requirements and all applicable federal, state, and local laws and must remain in "good standing".

15. **Conflict of Interest.** CMCA agrees that no member of its Board of Directors or its employees now has, or will in the future, have any conflict of interest between himself/herself and CMCA, and this shall include any transaction in which CMCA is a party, including the subject matter of this contract. Missouri law, as this term is used herein, shall define "Conflict of Interest".

16. **Subcontracts.** CMCA may enter into subcontracts for components of the contracted service as CMCA deems necessary within the terms of the contract. All such subcontracts require the written approval of the BCCSB or their designated representative. In performing all services under the resulting contract agreement, the CMCA shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

17. **Employment of Unauthorized Aliens Prohibited.** CMCA agrees to comply with Missouri State Statute section 285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. CMCA shall require each subcontractor to affirmatively state in its Agreement with the CMCA that the subcontractor shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri. Provider shall also require each subcontractor to provide CMCA a sworn affidavit under the penalty of perjury attesting to the fact that the subcontractor's employees are lawfully present in the United States.

18. **Litigation.** CMCA agrees that there is no litigation, claim, consent order, settlement agreement, investigation, challenge or other proceeding pending or threatened against CMCA or any individual acting on the CMCA's behalf, including subcontractors, which seek to enjoin or prohibit CMCA from entering into this contract agreement of performing its obligations under this agreement.

19. **Board Ownership.** If CMCA ceases to be funded by the BCCSB or ceases to provide programs and services for Boone County children, youth and their families, all capital equipment, materials, and buildings purchased with CSF funds shall be returned to Boone County unless so otherwise approved by a majority vote of the BCCSB. In addition, if CMCA no longer used capital equipment, materials, and building purchased with CSF funds for its original intent, CMCA will need BCCSB approval to re-direct.

20. **Failure to Perform/Default.** In the event CMCA, at anytime, fails or refuses to perform according to the terms of this contract, as determined by the BCCSB, such failure or refusal shall constitute a default hereunder, and the BCCSB will be relieved of any further obligation to make payments to CMCA as set out herein. This contract will be terminated at the option of the BCCSB.

21. **Termination.** This agreement may be terminated by the BCCSB upon 15 days advance written notice for any of the following reasons or under any of the following circumstances:

a. BCCSB may terminate this agreement due to material breach of any term or condition of this agreement, or

b. BCCSB may terminate this agreement if key personnel providing services are changed such that in the opinion of the BCCSB delivery of services are or will be delayed or impaired, or if services are otherwise not in conformity with proposal specification, or if services are deficient in quality in the sole judgment of BCCSB, or



c. BCCSB may terminate this agreement with 15 days of prior written notice should the CMCA fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

d. BCCSB may terminate this agreement at will by giving at least 30 days prior written notice to the CMCA, or

e. If appropriations are not made available and budgeted for any calendar year to fund this agreement.

22. **Indemnification.** To the extent permitted under Missouri law, CMCA agrees to hold harmless, defend and indemnify the BCCSB, the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of **Central Missouri Community Action**, (meaning anyone, including but not limited to consultants having a contract with the CMCA or subcontractor for part of the services), or anyone directly or indirectly employed by CMCA, or of anyone for whose acts CMCA may be liable in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its negligence.

23. **Publicity by the Agency.** CMCA shall notify the BCCSB of contact with the media regarding CSF funded programs or profiles of participants in CSF funded programs. CMCA will acknowledge the BCCSB as a funding source whenever publicizing CSF funded programs. CMCA will collaborate with the BCCSB to inform the community about the ways its tax dollars are being invested in services and supports. CMCA agrees to acknowledge the Children's Services Fund as a funding source on all written and electronic publications including brochures, letterhead, annual reports and newsletters.

24. **Independence.** This contract does not create a partnership, joint venture or any other form of joint relationship between the BCCSB and CMCA. The BCCSB does not recognize any of the CMCA's employees, agents or volunteers as those of the BCCSB.

25. **Binding Effect.** This agreement shall be binding upon the parties hereto and their successors and assigns for so long as this agreement remains in full force and effect.

26. **Entire Agreement.** This agreement constitutes the entire agreement between the parties and supersedes any prior negotiations, written or verbal, and other proposal or contractual agreement. This agreement may only be amended by a signed writing executed with the same formality as this agreement.

27. **Record Retention Clause.** CMCA shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of

the this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.

28. **Notice.** Any written notice or communication to the BCCSB shall be mailed or delivered to:

Boone County Community Services  
605 E. Walnut, Ste. A  
Columbia, MO 65201


Any written notice or communication to the CMCA shall be mailed or delivered to:

Central Missouri Community Action  
Darin Preis, Executive Director  
807 B. North Providence  
Columbia, MO, 65203

**IN WITNESS WHEREOF** the parties through their duly authorize representatives have executed this agreement on the day and year first above written.

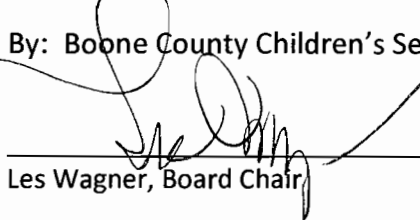
**Central Missouri Community Action**

**Boone County, Missouri**

By:   
Signature

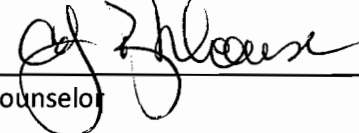
By: Boone County Commission  
  
Daniel K. Atwill, Presiding Commissioner

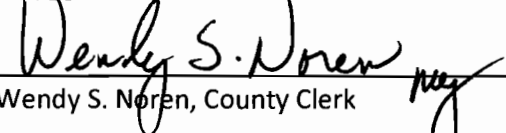
By: Darin Preis / Executive Director  
Printed Name/ Title

By: Boone County Children's Services Board  
  
Les Wagner, Board Chair

APPROVED AS TO FORM:

ATTEST:

  
County Counselor

  
Wendy S. Noren, County Clerk

AUDITOR CERTIFICATION: In accordance with RSMo. §50.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note: Certification of this contract is not required if the terms of this contract do not create a measurable county obligation at this time.)

June Pitchford by jg 12/05/2014 2161 / 71106 / \$333,505  
Signature Date Appropriation Account  
An Affirmative Action/Equal Opportunity Employer

**REQUEST FOR ADDITIONAL INFORMATION FORM #2**

**PROPOSAL: 28-24JUN14 - Pilot Programs that Provide Innovative Service - Boone County Community Children's Services**

This Request for Additional Information #2 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted by e-mail to [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org).

Company Name: Central Missouri Community Action

Address: 807 B North Providence  
Columbia, MO 65203

Telephone: 573 443 8706 Fax: 573 875 2689

Federal Tax ID (or Social Security #): 43-0835026

Print Name: Darin Preis Title: Executive Director

Signature:  Date: 10/22/14

E-mail: darin-preis@showmeaction.org

**Boone County Community Children's Services (Case Management and Relationship Building)**

- a. We received multiple proposals, offering similar services, from Central Missouri Community Action and Boys and Girls Club. Please communicate with Boys and Girls Club regarding the proposal they submitted. If both are funded, how would we move forward in not duplicating services and efforts?

**Contact Information:**

Boys and Girls Clubs of the Columbia Area  
Valorie Livingston, Executive Director  
Phone: (573) 874-1697  
E-mail: [valorie@bgc-columbia.org](mailto:valorie@bgc-columbia.org)

# Central Missouri Community Action



807-B North Providence Road  
Columbia, MO 65203  
(Voice) 573-443-8706 • (Fax) 573-875-2689  
[www.showmeaction.org](http://www.showmeaction.org)

October 21, 2014

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
Boone County Purchasing  
Annex Building  
613 E. Ash Street, Room 110  
Columbia, MO 65201

Dear Mrs. Bobbitt,

On October 20th, I received your email with the attached Request for Additional Information Form #2. As recommended, we have been in communication with the Boys and Girls Club regarding the proposal they submitted and to discuss ways for collaborating without duplicating services and efforts.

Representatives from each of our organizations met together on October 20th to develop a plan to assure that services being coordinated under each of our proposed projects, for which Boone County Children's Service Funds are requested, compliment instead of duplicate services. That plan was formalized into a Memorandum of Understanding which is submitted with this letter and the Request for Additional Information Form #2.

If you have any questions or are in need of additional information, please feel free to contact me at (573)443-8706, ext. 1025 or via email at [darin-preis@showmeaction.org](mailto:darin-preis@showmeaction.org). Thank you.

Sincerely,

Darin Preis  
Executive Director  
Central Missouri Community Action Agency

**MEMORANDUM OF UNDERSTANDING  
BETWEEN CENTRAL MISSOURI COMMUNITY ACTION AND  
BOYS & GIRLS CLUB OF THE COLUMBIA AREA**

The following memorandum of understanding (MOU) is to clarify joint responsibilities between Central Missouri Community Action (CMCA) and Boys & Girls Club of the Columbia Area (BGC) as they relate to the collaborative effort with the Boone County Children's Services Fund application.

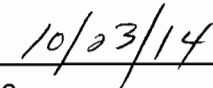
**It is mutually agreed that:**

1. The parties will exchange information (with parental consent) to each other for the instruction and benefit of avoiding duplication of services provided.
2. The parties will meet once a month to touch base on the progress of the collaboration and to insure continuity with communication.
3. The parties will at all times abide by each agencies policies, procedures and applicable state and federal law.
4. CMCA staff will provide professional development to BGCC employees on mutually agreed upon relevant topics.
5. BGCC will provide professional development to CMCA employees on mutually agreed upon relevant topics.
6. CMCA and BGCC mutually agree to provide client referrals to those seeking service support (CMCA) or after school programming support (BGCC).
7. CMCA will provide parent trainings to BGCC families.
8. BGCC will be an active participant in Columbia Cares for Kids and will promote opportunities for their participants to engage in training activities.


**IN WITNESS WHEREOF**, BGCC's and CMCA's authorized representatives have signed this Agreement on the dates set forth opposite their names.

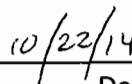
**Boys and Girls Club of the Columbia Area**

  
\_\_\_\_\_  
Executive Director

  
\_\_\_\_\_  
Date

**Central Missouri Community Action**

  
\_\_\_\_\_  
Executive Director

  
\_\_\_\_\_  
Date

# Boone County Purchasing

Melinda Bobbitt, CPPO, CPPB  
Director



613 E. Ash St. Room 110  
Columbia, MO 65201  
Phone: (573) 886-4391  
Fax: (573) 886-4390  
[mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

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October 20, 2014

Darin Preis, Executive Director  
Central Missouri Community Action  
807 B. North Providence  
Columbia, MO 65203  
E-mail: [darin-preis@showmeaction.org](mailto:darin-preis@showmeaction.org)


RE: Request for Additional Information #2 – 28-10JUN14 - *Pilot Programs that Provide Innovative Service - Boone County Community Children's Services*

Dear Mr. Preis:

Attached is a *Request for Additional Information #2*. Please complete the attached form, sign and submit with the requested information as soon as possible by email to [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org).

If you have any questions regarding this request, please call (573) 886-4391 or e-mail [Mbobbitt@boonecountymo.org](mailto:Mbobbitt@boonecountymo.org). I sincerely appreciate your efforts in working with Boone County, MO to ensure a thorough evaluation of your proposal.

Sincerely,



Melinda Bobbitt, CPPO, CPPB, Director of Purchasing

cc: Proposal File

Attachment: Request for Additional Information

**REQUEST FOR ADDITIONAL INFORMATION FORM #2**

**PROPOSAL: 28-24JUN14 - Pilot Programs that Provide Innovative Service - Boone County Community Children's Services**

This Request for Additional Information #2 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted by e-mail to [mboobbitt@boonecountymmo.org](mailto:mboobbitt@boonecountymmo.org).

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Tax ID (or Social Security #): \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

**\_\_\_\_\_ (Case Management and Relationship Building)**

- a. We received multiple proposals, offering similar services, from Central Missouri Community Action and Boys and Girls Club. Please communicate with Boys and Girls Club regarding the proposal they submitted. If both are funded, how would we move forward in not duplicating services and efforts?

**Contact Information:**

Boys and Girls Clubs of the Columbia Area

Valorie Livingston, Executive Director

Phone: (573) 874-1697

E-mail: [valorie@bgc-columbia.org](mailto:valorie@bgc-columbia.org)

**Central Missouri Community Action Agency's Response to Request for Additional Information #1**

**PROPOSAL: 28-24JUN14**

**Central Missouri Community Action  
807 B. North Providence  
Columbia, MO 65203**

**573-443-8706 phone                      573-875-2689 fax**

**Federal Tax ID: 43-0835026**

**Darin Preis**

**Executive Director**

Signature: 

**Date: 10/14/14**

**E-mail: [darin-preis@showmeaction.org](mailto:darin-preis@showmeaction.org)**

**a. This project only mentions working with the Columbia Public Schools, what is the possibility of extending this project into some rural areas such as Centralia, Hallsville, etc.?**

Central Missouri Community Action recognizes that children in rural areas of Boone County are at a significant disadvantage in terms of accessibility to resources and supports to enhance school and family life experiences. For that reason, along with the fact we are already well established in Centralia and operate a very successful Head Start program there, we would be highly interested in extending the BRIDGE into its community and schools.

We believe, however, due to the intricate details of first year programming, our efforts will be best served focused on the students and families who will transition from Head Start into the Columbia Public School District. While building strong program foundations and creating successes with our first group of participants, we will also establish operational systems and formalize partnership agreements allowing us to expand BRIDGE services into the Centralia area prior to the onset of year two. At the same time, we will be recruiting families from our Centralia Head Start program so the project can be fully implemented with them prior to their transition into the 2016-17 kindergarten class.

**b. Please clarify what is included in a "stipend".**

Stipends in the form of a check in the amount of \$750.00 will be provided to participating teachers for their successful engagement in BRIDGE related activities. Because their participation will require time and effort that goes far beyond their normal duties, and will extend their work hours into evenings



and/or weekends, compensation seems appropriate and necessary. Additional duties they will assume include:

- Completion of the "Homeworks! Teacher Home Visitation Training
- Completion of the "Bridges Out of Poverty" training
- Participation in an experiential "Poverty Simulation"
- Completion of training on "Toxic Stress and its Impact on Student Development"
- Conducting at least two home visits with BRIDGE enrolled families
- Completion of the Devereux Student Strengths Assessment quarterly
- On-going collaboration with Parent Partners and the implementation of specific and individualized strategies to support the social and emotional competencies of students enrolled in the initiative
- Participation in regular planning meetings with Parent Partners
- Completion of the Devereux Adult Resilience Scale
- Participation in social and educational events with enrolled families and their Head Start Teachers and Parent Partners as a means of relationship, team building and learning and practicing new skills.

**c. Please clarify what is included in the Non-Personnel section on attachment C.**

Upon review of Attachment C, the Program Budget Worksheet, it was recognized that we had inadvertently made a calculation error and reversed the totals for our personnel and non-personnel expense categories. We thank you for seeking follow up information, allowing us to clarify. Our projected personnel expenses total \$149,056.00 with non-personnel totaling \$117,748.00. Revised copies of both the Program Budget Worksheet and the Activity Budget Worksheet are attached and reflect the accurate totals and the percentages of the overall budget they represent. A justification for each of the budgetary categories shown on the Activity Budget Worksheet are detailed below and in the following section also.

**Non-Personnel:** Includes all project related expenses other than those associated with personnel. A justification for each category shown on the Activity Budget Worksheet is shown below:

- **Travel:** Staff travel to and from home visits, training, meetings and community engagement events will be fundamental to the BRIDGES facilitation. All staff travel directly related to BRIDGE activities will be reimbursed at CMCA's standard rate of \$0.45 per mile. We project a total of roughly 15,000 miles of directly related travel annually with an estimated cost of \$7000.
- **Equipment:** Each of the Parent Partners will need to be equipped with laptop computers for recording data during home visits, meetings with partners and for general record keeping and office work. Because portable devices will allow the flexibility of working in a variety of different environments, their use is preferred. The total projected cost is \$1000 each, based on CMCA's history of purchasing laptops.

- Docking stations and desktop monitors will allow for the Parent Partners to connect their laptop computers directly to CMCA and public school networks to allow for entry of data into web-based systems such as Child Plus, Devereux Institute, etc. Based on CMCA's cost history, the docking stations and monitors together will cost \$500 and, to equip both Parent Partners the total will be an estimated \$1000.
- Cell Phones and Service: Each of the Parent Partners will need to be provided with cell phones to allow for accessibility when they are outside of their offices. Enrolled families and community partners, including public school personnel will be provided cell phone numbers as the primary means for contacting their Parent Partners. The estimated service fees, based on what CMCA is currently paying, will be \$50 monthly for each and, with two Parent Partners needing the service, the annual total will be roughly \$1200.
- Supplies: The cost of miscellaneous office supplies that will be required BRIDGE staff to perform their office duties such as, notebooks, pens, printer cartridges, etc. The \$500 cost estimate for this projected expense is based on past history of CMCA spending for supplies needed for daily work.
- Printing and Copies: These costs were developed using a similar grant we have operated in the past (Connecting For Children) and will involve the printing of Parent Passport Booklets, community reports, and other necessary printing and copy needs throughout the year. This will include copies of information and activity guides which will be given directly to BRIDGE enrolled families.
- **Contractual Fees:** The Columbia Cares for Kids Coalition will work cooperatively to develop and facilitate an area-wide educational program, recognizing the power of three; parents, professionals and community members coming together to ensure emotionally healthy environments for children. In doing this, twice annually, community-wide media campaigns and multiple training venues will offer extensive information to vulnerable families, early childhood and social service professionals, as well as to the larger community. The focus of the information will relate specifically to supporting the healthy social and emotional growth of children as a means of promoting academic and life success.

Twice over the course of the year, nationally recognized authors/experts will be contracted with and brought to Columbia where each will spend at least three days training in variety of venues and connecting with our media partners. The process will be similar to that the Columbia Cares for Kids Coalition coordinated previously when they brought in David Walsh, Ph.D., who authored 9 books, including national best sellers, and had a history of engaging audiences around the world in understanding parenting and its impact on the brain's development. Two hundred copies of His latest book *Smart Parenting, Smarter Kids: The One Brain Book You Need to Help Your Child Grow Brighter, Healthier, and Happier* were purchased with funds donated by one of our community partners and provided to the first 200 community members who arrived for one of his events, which was open all individuals. Details of this time spent with us, and the impact it made, are shown below to help convey the depth of his work with us. This includes a list of the training events in which he engaged our community,

total number of participants, post-training survey results collected, and a breakdown of the expenses involved.

- ✓ Press Conference/Kick-Off/Mayor's Proclamation – 55 attending
- ✓ Columbia Chamber of Commerce Training -8 attending
- ✓ Professional Development Training on Adolescent Brain Development – 100 attending from multiple schools and social service organizations
- ✓ University of Missouri Student training – 22 plus several professors from the Department of Human and Family Studies attended
- ✓ Community Training Workshop "Smart Parenting, Smarter Kids" – 253 signed in (but we know that seating was to accommodate 350 and there was standing room only - therefore estimating at least 375)
- ✓ CPS/HS/PAT combined Professional Development Workshop – 204 attended
- ✓ Columbia Wellness Council Training – 31attended
- ✓ Grand Rounds University Hospitals – 83 attending plus some viewing on-line (to view this presentation you may follow the link (<http://medicine.missouri.edu/childhealth/grand-rounds.html>) and scroll to the month of February.
- ✓ Child Care Provider Training – 47 participated
- ✓ Total Participants = 925 individuals and feedback collected indicated very positive outcomes:

- 97% indicated their knowledge of effective parenting increased
- 97% indicated their knowledge of child development increased
- 91% indicated their skills as a parent were likely to increase
- 93% expressed a desire to be a better parent
- 90% indicated they would change or improve upon one parenting behavior
- 86% believed their relationship with their child would likely improve
- 98% indicated they would recommend the program to family or friends

In addition, interviews were held and aired on KBIA, Paul Pepper's Friends with Paul Pepper, the Sarah Hill Show, Wake up with Tom Bradley, Good Morning with David Lile, and the KOMU news, enhancing public awareness on brain development and parenting practices to support brain health.

Our projected contractual fees, as shown on the Activity Budget are based on the costs of bringing Dr. Walsh to lead the initiative described above (breakdown shown below).

- contractual fees with Dr. Walsh	\$11,000 (which was a 50% discount from his normal contractual fees)
- Travel and Per Diem	\$450.00
- Hotel Expenses	\$205.92
- Car Rental	\$172.45
-Rental of Training Venues	\$700.00 we didn't actually have to pay for any but will likely need to in the future

-Advertising Expenses	\$1,875.80 (\$430.80 Columbia Tribune, \$455.00 Zimmer Radio, University of Missouri-KOMU \$990)
- Total Expenditures	\$14,404.17 (not including books which were purchase with donated funds)

To repeat this process, twice annually the cost would be roughly \$30,000.

- **Language Intervention:** To support dual language families' participation in home visits, meetings with teachers and Parent Partners, and to enable their participation in community training events, the services of interpreters will be required. CMCA currently contracts with interpreters at the rate of \$60.00 per hour. We project 80 hours of these services will be required to successfully serve and engage dual language families with BRIDGE services, and anticipate the cost to be \$5000 annually.
- **Research and Evaluation:** If awarded funds, we intend to identify a partner at the University of Missouri to help establish research questions and the data sets necessary to answer those questions, determine replicability, and suggest modifications. Budget estimates are based on prior contracts with the University.
- **Child Plus License for Data:** CMCA uses Child Plus for all data tracking with Head Start children and families. It is our intent to use this system for ongoing tracking as participating Head Start families transition into the BRIDGE. ChildPlus charges a flat fee per participating child.
- **DESSA Training:** Parent partners will need research and evidence based strategies for assessing social emotional competency along with strategies for enhancing them in order to successfully meet BRIDGE outcomes. Each Parent Partner will be trained in the Devereux Student Strengths Assessment (DESSA) and on Facing the Challenge: Helping Teacher Better Work with Children with Challenging Behaviors Train-the-Trainer Session. The registration fees a currently shown as being \$800 per participant and we will send each of our Parent Partners for a total registration cost of \$1600. Because that is two and a half day long training event that will be held out of state, hotel, travel and per diem expenses will also apply, costing roughly \$1400. The combined cost for having our Parent Partners trained by the Devereux Center for Resilient Children will total and estimated \$3,000.
- **Family Development Credent Training and Credentialing Fees:** Each of our Parent Partners will also be expected to complete a family development credentialing process. This is important to the success of their work in that their 90 hours of classroom experiences, combined with a process of developing reflective portfolios, teaches family service providers how to coach families to set and reach their goals for healthy self-reliance. Initially, based on Cornell University research, the interagency Family Development Credentialing program builds highly skilled workers who are leaders in the field of supporting families. Central Missouri Community Action is contracted to facilitate the training process which we have done over the course of the past six years. Our Parent Partners will receive this training in-house and will be credentialed

though the University of Connecticut. Fees involved in this process \$1250 each and, for the two Parent Partners the cost will total \$2500.

- **Bridges Out of Poverty - Strategies for Professionals and Communities:** This workshop offers lifetime certification allowing Parent Partners to understand and deliver training to community members, including educators, on ways to move individuals from poverty to self-sufficiency, reduce social costs related to crime, poor health and welfare, to strengthen educational attainment and job skills, enhance economic development, and improve on-the-job productivity. Bridges Out of Poverty is a nationally recognized program with the goal of helping agencies fight the long-term effects of poverty in meaningful ways. Because poverty and its effects are so deeply embedded into the lives of the families who will be served through the BRIDGE, and because educational outcomes are strongly impacted by experiences of poverty, we believe this training is extremely important for our Parent Partners in terms of equipping them to understand and interrupt the negative effects of poverty. The training and certification process will cost \$1,299.00 per Parent Partner totaling \$2598.00. Because this training is 2 and a half days long and held in Villanova, Pennsylvania travel costs and per diem will apply, costing an estimated additional \$1000.00 for each parent partner. Our projected total for this training and certification process will total \$4598.00.
- **Premier Parent Events:** These events will be held 10 times over the course of each year and will be designed to promote strong, positive and trusting relationships among the team of adults surrounding each child who is involved in the BRIDGE. Some will be strictly social where others will involve a training component related to education, parenting, and social emotional development. Because the events will be held in the evenings or on weekends, and based upon our history of hosting such events, we have determined that meals should be offered to encourage participation. Our historical costs associated with incorporating meals into our events have been no less than \$10.00 per participant. We project having 50 attend each of the 10 events, with our total projected annual cost of food for the events totaling \$5000. Offering barriers to participation has also been a very effective strategy we have used over time to successfully draw families into our events and activities. Each BRIDGE enrolled family who attends premier parent events, will be provided \$10.00, each time they attend to offset costs they will incur in order to participate fully. Given that we will have 30 enrolled families in our first year, the total cost for barriers to participation will total \$3000.00. Further, five of the 10 premier parent events held over the year will involve training to be offered by a local expert. We plan to offer each presenter and honorarium fee of \$200 to compensate them for their planning time and the time required to share their expertise they will share with our parents and teachers. Taking into consideration the expenses outlined above, the total projected cost of the premier parent events will be \$9000.
- **Removal of Barriers and Incentive to Participation:**
  - \* **Teachers:** As stated in response to question b above, Stipends in the amount of \$750.00 will be provided to participating teachers for their successful engagement in BRIDGE related activities. Because their participation will require time and effort that goes far beyond their normal duties, and will extend their work hours into evenings and/or weekends, compensation

seems appropriate and necessary. Stipends are based on typical extra duty stipends offered by Columbia Public Schools. Additional duties they will assume include:

Completion of the "Homeworks! Teacher Home Visitation Training  
Completion of the "Bridges Out of Poverty" training  
Participation in an experiential "Poverty Simulation"  
Completion of training on "Toxic Stress and its Impact on Student Development"  
Conducting at least two home visits with BRIDGE enrolled families  
Completion of the Devereux Student Strengths Assessment quarterly  
On-going collaboration with Parent Partners and the implementation of specific and individualized strategies to support the social and emotional competencies of students enrolled in the initiative  
Participation in regular planning meetings with Parent Partners  
Completion of the Devereux Adult Resilience Scale  
Participation in social and educational events with enrolled families and their Head Start Teachers and Parent Partners as a means of relationship, team building and learning and practicing new skills.

\* Parent Passport and Associated Activities: Each parent will be provided with a Passport to Proficiency and will use it to record and obtain verification of any services, learning experiences, crisis management services, etc., they connect with as a means of strengthening resiliency. After reaching established benchmarks in terms of instances of services accessed or events they participated in, which will be verified by BRIDGE staff, families will be provided with gift cards or cash as a means of incentivizing their participation.

\*Drawings: As a means of encouraging regular participation in BRIDGE related activities, drawings for prizes will be held at a number of the different bridge events. Based on our cost history with such incentives, we project a total expense of \$3000 to support this. CMCA has a long history of engaging families in activities designed to expose them to new experiences, a deeper understanding of their responsibilities as parents, and to change their behaviors. Incentives are necessary to get participants in the door and the quality of our relationships with them keeps them involved.

**Non-Personnel Expense Totals = \$117,748.00**

**d. Please clarify and justify what is included in the Personnel Section on Attachment C.**

**Personnel:** Includes salaries, fringe and indirect expenses for BRIDGE involved staff, adjusted to fund the percentage of their work time which will be spent involved in the project. This will include:

- CMCA's Early Childhood Programs Director will guide the development and implementation of the BRIDGE. Her expertise in the areas of mental health, disabilities and elementary education

will be critical to the project's success. A total of 5% of her annual salary, totaling \$3947 will come from the grant.

- The BRIDGE Project Manager will spend 50% of his work time devoted to the BRIDGE involved in the supervision of the Parent Partners, management of grant activities, reporting of outcomes, coordination and facilitation of the project's guiding coalition and in coordinating all of the community training events. The 50% of his annual salary that will come from the grant totals \$25,000.
- Two parent partners will spend 100% of their time on activities associated with the BRIDGE. Their roles are crucial in that they will be responsible for coordinating services for both children and families, engaging parents as partners in the education of their children, assessing, supporting and referring families to community resources, facilitating parent activities and serving as a home/school liaison. The full 100% of their salaries will come from the grant and totals \$70,000 annually (\$35,000 each).
- The CMCA Mental Health Administrator will provide individual support, consultation and training of Parent Partners and teachers involved in the BRIDGE. She will devote 5% of her work time toward the BRIDGE with a total of \$1850 coming from the grant.
- The CMCA Manager of Research and Assessment's involvement will be imperative to showing outcomes of the BRIDGE. She will collect, analyze and evaluate data, and will coordinate research with the University of Missouri to measure impacts of the pilot. She will devote 5% of her time to the project and of her annual salary, 5%, equaling \$2000 will come from the grant.
- Fringe Benefits for all BRIDGE program staff will be pro-rated to the percentages of their work time allocated toward the BRIDGE. Included in CMCA's fringe expenses are; Federal Insurance Contributions, Medicare Tax, State Unemployment, Worker's Compensation, Medical Insurance and Retirement Benefits. The total of these prorated expenses is \$30,839.
- The Indirect Cost Rate, totaling 15% of the annual salaries of the aforementioned program staff, will support the existing CMCA administration whose work indirectly impacts the success of the BRIDGE. They include CMCA's Executive Director, Finance Director and accounting staff, the Human Resources Director, and Information/Technology support. None of their positions will be directly supported by grant funds. The total indirect expense that will be supported with the grant is \$15,420.00.

**Personnel and Indirect Expense Totals = \$149,046**

**e. How much money is earmarked for Columbia Cares for Kids Please specify what will be covered with this funding.**

- A total of \$30,000 has been earmarked to support the activities of the Columbia Cares for Kids Coalition. As stated earlier in this document, The Columbia Cares for Kids Coalition will work cooperatively to develop and facilitate an area-wide educational program that promotes social and emotional health of children. Please see "Contractual Fees" above for a detailed consideration of costs.

# Boone County Purchasing

Melinda Bobbitt, CPPO, CPPB  
Director



613 E. Ash St. Room 110  
Columbia, MO 65201  
Phone: (573) 886-4391  
Fax: (573) 886-4390  
[mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

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October 6, 2014

Darin Preis, Executive Director  
Central Missouri Community Action  
807 B. North Providence  
Columbia, MO 65203  
E-mail: [darin-preis@showmeaction.org](mailto:darin-preis@showmeaction.org)

RE: Request for Additional Information #1 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services

Dear Mr. Preis:

Attached is a *Request for Additional Information #1*. Please complete the attached form, sign and submit with the requested information by 9:00 a.m., Tuesday, October 14, 2014 by email to [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org).

Your **interview** has been scheduled for:

October 16, 2014

Time: 8:30 – 9:30 a.m.

Location: Boone County Annex, 613 E. Ash Street, Columbia, MO 65201

Conference Room (come in the building and turn left directly into the conference room)

County Attendees:

Kelly Wallis, Director, Community Services

JoAnne Nelson, Program Manager, Community Services

Melinda Bobbitt, Director of Purchasing

If you have any questions regarding this request, please call (573) 886-4391 or e-mail [Mbobbitt@boonecountymo.org](mailto:Mbobbitt@boonecountymo.org). I sincerely appreciate your efforts in working with Boone County, MO to ensure a thorough evaluation of your proposal.

Sincerely,



Melinda Bobbitt, CPPO, CPPB, Director of Purchasing

cc: Proposal File / Attachment: Request for Additional Information



**REQUEST FOR ADDITIONAL INFORMATION FORM #1**

**PROPOSAL: 28-24JUN14 - Pilot Programs that Provide Innovative Service - Boone County Community Children's Services**

This Request for Additional Information #1 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted on or before **9:00 a.m. Tuesday, October 14, 2014.**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Tax ID (or Social Security #): \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

**\_\_\_\_\_ (Case Management and Relationship Building)**

- a. This project is only mentions working with the Columbia Public Schools, what is the possibility of extending this project out into some rural areas such as Centralia, Hallsville, etc?
- b. Please clarify what is included in a "stipend"?
- c. Please clarify and justify what is included in the Non-Personnel section on Attachment C.
- d. Please clarify and justify what is included in the Personnel section on Attachment C.
- e. How much money is earmarked for Columbia Cares for Kids? Please specify what will be covered with this funding.

**BOONE COUNTY CHILDREN'S SERVICES FUND  
2014 APPLICATION NARRATIVE FOR FUNDING:  
PILOT PROGRAMS THAT PROVIDE INNOVATIVE SERVICES**

**RFP#: 28-24JUN14**

**CENTRAL MISSOURI COMMUNITY ACTION**

**The BRIDGE**

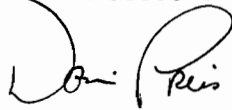
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CMCA application narrative  
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Attachment B: Agency Financial Information  
Attachment C: Program Budget Worksheet  
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Attachment E: Certification Regarding Debarment, etc.  
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Acknowledgement and Receipt of RFP Addendum #1-#4

**BOONE COUNTY CHILDREN'S SERVICES FUND  
2014 APPLICATION NARRATIVE FOR FUNDING:  
PILOT PROGRAMS THAT PROVIDE INNOVATIVE SERVICES**

**Agency Name:** Central Missouri Community Action  
**Agency address:** 807 B. North Providence, Columbia MO 65203  
**Agency Phone Number:** 573-864-2281  
**Primary Agency Contact:** Darin Preis, Executive Director  
**Email Address:** darin-preis@showmeaction.org  
**Contact Phone Number:** 573-864-2281 x1025  
**Amount Requested:** \$266,804  
**Federal Tax ID:** 43-0835026

**Signature:**



**Date:** 7/8/14

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**1. AGENCY AND PROGRAM INFORMATION**

**a. Background Information:**

i. Central Missouri Community Action's (CMCA) mission is to empower individuals and families to achieve self-reliance. We provide programs and services for people with low income that are designed to help them improve their life circumstances and move them out of poverty. Programs range from utility and housing assistance to employment assistance to starting small businesses or purchasing a first home. CMCA is also involved in changing the causes of poverty and uses Community Organizers to engage broader coalitions and community solutions. A complete listing and description of CMCA programs and services can be found at <http://www.showmeaction.org>. CMCA has been working with families through Head Start and Early Head Start for five decades. Families eligible for Head Start are the most at-risk and lowest income families in the community.

ii. See attached list of CMCA Board members.

iii. CMCA is interested in implementing this pilot program because the level of family support and trust of the education establishment among our target population drops dramatically when they exit our Head Start program. Head Start is designed to serve the most at-risk

families within the low-income population. The families we serve exhibit a low level of resiliency factors and the children have relatively low social and emotional competencies (1). CMCA staff often makes dramatic progress with these families to get them ready for school but these supports go away as soon as they “graduate” from Head Start. By leveraging our existing relationships with these families and maintaining family supports while supporting their transition into kindergarten, they will be more successful and require far fewer ongoing supports throughout their school careers. Our approach is multi-model and requires a variety of deep and meaningful partnerships to achieve our outcomes. CMCA has an established track record with all of the partners necessary to be successful and a history of success with this kind of home visiting model.

**b. Target Population**

i. The pilot program’s target population is the co-hort of 2014-15 Head Start participants in Columbia who will be attending kindergarten in Columbia Public Schools during the 2015-16 school year.

ii. Our intention is to work with families with whom we already have an established relationship. These families will be under no obligation to participate but will have had positive interactions with Head Start and often express a desire to stay connected. As much progress as these families make with Head Start, they are often very much still at risk when they leave. We believe that our focus on this particular population will increase the likelihood of achieving the stated outcomes because their progress will be compounded by a longer intervention. The social emotional and resiliency issues, and the struggles these families face were created over many years, through generations even, and require a longterm approach to create sustainable change.

iii. The target population falls within the following statutorily eligible service areas:

- home-based and community-based family intervention program

- prevention program which promotes healthy lifestyles among children and strengthen families
- crises intervention services
- mental health screenings

**C. Innovative Service Idea:**

i. Children transitioning from Head Start into the public school system are among the most "at risk" for social-emotional difficulties and, consequently, academic failure. Given the experience of poverty alone, these children will take with them a history of adverse childhood experiences. The trajectory for other aspects of their lives include the adoption of health-risk behaviors, chronic disease, disability, social problems, and early death (2). This is largely due to a host of negative social influences, poverty, stressful family life situations, and parenting behaviors resulting from the adversities associated with poverty, often referred to as childhood trauma or toxic stress. For children and youth, the consequences of trauma include difficulties with learning, ongoing behavioral problems, impaired relationships and poor social and emotional competence. (3) Children exposed to trauma, especially violence, experience more learning and academic difficulties and behavioral and mood-related problems. (4) The research also shows that the younger children are when they experience trauma, the more vulnerable they are to its effects on brain development. (5)

The good news is that through trauma informed care, targeted social and emotional learning, and the building of protective factors, the impact of adverse early life experiences can be counterbalanced with strong and healthy relationships and optimal development (6). Because strong families are recognized as being the most influential factor in supporting the development of a healthy and successful child, a model of strengthening families and engaging them fully as partners in their child's education must be incorporated through a research-informed approach and grounded in trusting and supportive relationships. In addition, a system of supports must be wrapped around parents themselves, including those addressing basic and secondary needs, empowering them to positively influence and nurture their children. Each of

the elements described above are strongly in place over the course of their Head Start experiences. However, upon transition out of Head Start, these supports are removed and these children and their families are again placed at significant risk.

The BRIDGE will create home environments that are supportive of social and emotional competence; ensure that relationships between families and their schools are collaborative; and establish a community-wide commitment to improving the social and emotional health of children. By cross-pollinating a supportive home environment with strong relationships between families and their schools, and engaging the community to commit to school success for all, we can ensure that participants will show improved social and emotional competence. Integrated approaches to school support are missing in the schools and absolutely necessary for the social, emotional, and academic success of students most at risk. CMCA has experience leveraging the kind of collaboration necessary to implement this proposal and a track record of success administering comprehensive programming.

ii. We are calling our approach to case management and intentional relationship building The BRIDGE (Building Resilience through Interdisciplinary, Developmentally Guided Engagement). The BRIDGE links students to parents to teachers in a way that is mutually supportive, outcomes driven, and supported by the entire community. We have designed activities that are designed to work together and compliment each other to increase the impact of each. Program participants will be enrolled in The BRIDGE during the spring of 2015 and activities will begin even before they exit the Head Start program at the end of the year. This group can participate through second grade as we enroll subsequent Head Start cohorts to build up to the final full enrollment of 60 families. We anticipate enrolling between 20 and 30 families in the first cohort with some attrition through the three years of intervention. A new CMCA staff classification called a Parent Partner has been created to work with the target families in this strategy. The Parent Partners will have caseloads of 10 to 15 former Head Start families in Columbia, MO during the first year of implementation. During subsequent years this caseload

will increase with their experience and subsequent years of participant cohorts. The Parent Partners will conduct home visits with families twelve times in year 1, and fewer times in subsequent years as a gradual reduction in intensity of the BRIDGE services occurs over the course of the three years parents are involved in the project. The schools to which the first cohort of Head Start students will transition will be identified early in the 2014-15 school year. Kindergarten teachers from those schools will be given the opportunity to participate in this strategy. Participating teachers will conduct two home visits each with between 1 and 5 families. Further, the entire cohort of participants will have many opportunities, as described below, to interact, share their experiences, and develop together into a community of learners designed to sustain the gains of this strategy well beyond their children's third grade year. The proposed approach will assure that the measured gains achieved by children and families in Head Start are not lost by 3<sup>rd</sup> grade and, further, will assure that the children will be socially and emotionally competent to succeed throughout school. As we progress into the 2<sup>nd</sup> and 3<sup>rd</sup> program years, parents will be expected to take on leadership and mentoring roles with new families. This "pay it forward" approach lets parents practice new skills and gives them the opportunity to "pay back" the community with their service.

iii. In 2010, CMCA convened the Columbia Cares for Kids coalition. These seventeen organizations worked closely together to implement a community-wide training and engagement initiative. Columbia Cares for Kids also planned for the backbone of this idea in preparation for a United Way application. In addition, the Columbia Public Schools Assistant Superintendent for Elementary Education helped to refine public school teachers' role and program outcomes.

**d. Implementation**

i. Columbia Public Schools (CPS) will be the primary partner for the BRIDGE. We will be sharing space, paying teacher stipends, cross-training CPS and CMCA staff, and

creating shared expectations for the purpose of managing and evaluating the BRIDGE strategy. While we have collaborated with CPS on early childhood endeavors for several years, this is the first time we have delved so deeply into a partnership that affects their core business. CPS staff and administration have shown an extraordinary openness to partnerships that expand opportunities for the success of their students and we intend to build on this value.

CMCA's BRIDGE program management and Executive Director will work closely with CPS administration. During the pre-implementation phase, the administrators of CPS and CMCA will develop plans, establish effective monitoring and management structures, and will jointly interview and hire the Parent Partners for the program. The Parent Partners will be housed at one of the elementary schools served by the program. Teachers who have BRIDGE participants in their classroom will be provided training for their role in the program. In addition, teachers in the school district will be provided opportunities to attend trainings that will enhance their home-school relationships with at risk students.

The Columbia Cares for Kids Coalition (CCK) will be another key partner and will help coordinate the BRIDGE. They bring a collective knowledge of best practices pertaining to education and social service delivery, and have agreed to involvement in the BRIDGE project.

Their roles will include:

- Strategic planning/service model development
- Recommendations for family intervention from a multi-disciplinary perspective
- Coordination and promotion of training activities

ii. The plan for implementing the BRIDGE pilot program includes four broad categories: 1) Project Administration (planning, development, initiation and evaluation), 2) establishment of the guidance role of the CCK; 3) staff education (program staff, teachers at CPS and community partners) and 4) engaging families in the project. The costs associated with the BRIDGE can be broadly categorized as staffing and related costs, training and contractual costs, and expenses related to the elimination of barriers to parent participation.



The first phase of implementation will require the CMCA and CPS administrations to finalize a partnership agreement and communication matrix that will establish timelines related to all methods described below. As we have in other partnerships, we will establish the BRIDGE “Partnership Rating Rubric” as a tool for both assessing our implementation and evaluating the process. Key components will include the placement of Head Start families in CPS elementary schools and the identification of potential teacher partners. Columbia Cares for Kids will serve as the guiding coalition for this initiative and will formalize their role during the initial implementation planning phase. CCK, CMCA, and CPS will work together to establish the training timeline for Parent Partners, teachers, and community events. Engaging families will require careful planning as their participation must be promoted as a fun way to build new relationships that support their children’s success, rather than a punitive measure that is an invasion of their homes.

iii. The timeline below reflects key implementation steps leading up to full implementation.

<b>Month</b>	<b>Activity</b>	<b>responsible persons</b>
<b>One</b>	Finalize Job Description and Post Project Manager position	ECP Director
	Hire Project Manager	ECP Director
	Hold initial meeting with CCK to establish procedures, then meet monthly throughout implementation	Project Manager
<b>Two</b>	Hire Parent Partners	Project Manager/CPS admin
	Begin recruitment of HS families for the project	Project Manager
<b>Three</b>	Elementary School Principals identify teacher participants	CPS administration
<b>Four</b>	Hold transition meetings with families and HS teachers	Parent Partners
	Transition caseloads to Parent Partners	Project Manager
	Hold Transition Staffing meetings with HS Intervention Team	Project Manager
<b>Five</b>	Families are formally enrolled in project	Parent Partners
	Kindergarten teachers are enrolled in the BRIDGE	Project Manager and Parent Partners
	Enrolled Families attend kickoff event to establish cohort	Parent Partners
	Parent Partners start making regular home visits	Parent Partners
<b>Six</b>	Families in program attend social activity	Parent Partners/Teachers
<b>Seven</b>	Families in program attend social activity	Parent Partners

<b>Eight</b>	Families, Parent Partners and Teacher have ice cream social and kick off for school	Parent Partners, Project Manager, ECP Director, Executive Director, CPS administrators, and teachers
	Children begin Kindergarten	Parents
<b>Nine</b>	Full Program Implementation is initiated: teachers begin home visits, children attend school and parent partners continue to make home visits	All Project Personnel

## 2. EVALUATION

### a. Performance Information:

i. See Attachment A

b. **Outcomes:** The following outcomes, indicators, and measurements are described together by outcome for clarity.

**Outcome 1:** Children participating in the BRIDGE will show increased social and emotional competence.

**Indicators:** The Devereux Student Strengths Assessment (DESSA) will provide the data and suggest supporting activities to create 20-30 (depending on final enrollment) Child Success Plans that outline the strategies to enhance social and emotional outcomes for each student. Our indicators will be the number of students displaying increased competency in all DESSA domains (85% target) and a decrease in behavioral referrals (80% target).

**Measurement:** We will use the DESSA for measuring social and emotional competency. This tool is a 72 item, standardized, norm referenced instrument to assess social-emotional competencies that serve as protective factors for children kindergarten through 8th grade. This assessment will be completed by both parents and teachers quarterly over the course of the student's involvement. The DESSA is organized into scales that provide information about eight key social-emotional competencies. A web based system developed by Devereux will be used for the collection and analysis of data. That system will allow for tracking of outcomes for

individual children and all participants of the BRIDGE in aggregate, allowing for measurement of effectiveness for individuals and for the pilot. Behavior referrals and classroom performance outcomes will be collected from Columbia Public Schools.

**Outcome 2:** Parents participating in the BRIDGE will increase their resilience and their ability to support the social and emotional competence of their children.

**Indicators:** Parents' resiliency, anxiety, and social connections are critical indicators of their ability to support their children's social and emotional competency. To that end, our indicators will reflect the percentage of parents who increase their measurable resiliency (80% target), the percentage of parents who increase their positive social connections (90% target), the percentage who implement strategies from their Success Plans (85% target), and the percentage of parents who engage in ongoing assessment activities (90% target).

**Measurement:** The Devereux Adult Resiliency Scale (DARS) will be completed by parents quarterly over the course of their involvement. BRIDGE parents will also complete the Depression, Anxiety and Stress Scale (DASS), a 42-item questionnaire used to measure the negative emotional states of depression, anxiety and stress. A domestic violence screening tool which has been endorsed by the Missouri Coalition Against Domestic Violence will also be used to help establish the family plan and gauge progress. The DARS will establish baseline in terms of levels of adult resilience and, with quarterly updates will allow for measurement of changes and growth.

Eco-mapping will be used to assess pre and post access to social connections. Initially, the tool will be used to help families recognize where supports and connections are missing. The Family Success Plan (FSP) will be used to outline steps for increasing social connections in any domain with an identified deficiency. Sign-in records will also be used to capture and analyze levels of participation in any BRIDGE hosted or endorsed events designed to support

the Success Plan. The family eco-map will be updated at least quarterly to show increased social connections.

A Parent Passport to Proficiency will be used to record and verify any services, learning experiences, crisis management services, etc. the family connects with as a means of strengthening resiliency. The Project Manager will utilize a data system to produce reports to measure and guide on-going progress.

A family referral tracking process will be incorporated into the Success Plan, the family eco-map will be updated, and all levels of parent engagement with supports to address the need will be recorded in the CMCA database for measurement and reporting purposes. This will allow for measurement of services received and will produce reporting information.

**Outcome 3: Teachers** engaged with the BRIDGE will have deeper relationships with parents and implement classroom strategies that support the social and emotional competency of students.

**Indicators:** Teachers have a significant impact on the social and emotional competency of their students. That impact can be even greater when they apply strategies that complement parenting practices. When teachers are more aware of the realities of their students' home lives, they will be more motivated to implement joint social and emotional support strategies and reduce the level of stress and burnout they often experience when working with struggling students. With this in mind, indicators of success of the BRIDGE and our targets include:

- 95% of teachers reporting increased understanding of poverty and toxic stress' impact on student development and behavior;
- 95% of teachers reporting greater capacity for supporting the social and emotional needs of their students;
- 90% of teachers reporting reduced levels of stress and burnout;
- 90% of teachers working collaboratively with parents and Parent Partners to implement classroom strategies that support the social and emotional competency of students.

**Measurement:** Training/meeting sign-in records will be used to measure levels of teacher involvement in training events and face to face meetings with parents and Parent Partners. Pre and post training assessments will be used to measure learning gains experienced, which will be systematically aggregated to show outcomes. A teacher success plan (TSP) will also be used to document BRIDGE activities/events they took part in and will be reviewed and updated at least twice annually with the Parent Partner. The DARS will also be completed by each participating teacher at least twice over the course of the pilot year to measure teacher resiliency. A teacher satisfaction survey will be completed by each teacher, no later than 10 days following the project, with results being aggregated, analyzed and reported.

Strategies will be produced by the Devereux Center for Resilient Children, in response to the input of data from the teacher and parent completed DESSA. These strategies, with teacher input, will be outlined on the Success Plan, including specific measures of how the teacher will implement them. Each month over the course of the child/teacher's involvement, the Success Plan will be updated with outcomes and further recommendations. Teachers will record monthly updates reflecting outcomes of the strategies offered. Further evidence of related outcomes will be obtained through child performance reports provided quarterly by Columbia Public Schools. Teachers will be responsible for the completion of each of the student DESSAs and for the entry of the information into the Devereux web-based data system. The project manager will be responsible for collecting, analyzing, and reporting of targeted outcomes.

**Outcome 4: Parents, professionals, community members** will enhance their capacities for supporting the social and emotional competency of children.

**Indicators:** Communities that acknowledge the connection between poverty, toxic stress, social and emotional competence, and school success are more likely to support and expect interventions that sustain and expand the types of activities the Children's Services Board promote. Such communities are also more likely to benefit from more work-ready, socially and

emotionally healthy residents and the fruits of such a workforce. Indicators of this

understanding and our targets include:

- 75% of community event participants display an increase in their knowledge about toxic stress, social and emotional health, brain development, and the effect of adverse childhood experiences;
- 75% of community event participants display an increase in their knowledge of strategies to support the social and emotional competency of children.

**Measurement:** Levels of participation in training events offered will be captured through sign-in records which will be tracked and reported. Measures of learning gains experienced will be obtained through pre and post knowledge training assessments.

c. **Indicators:** Responses to roman numerals i and ii are addressed in the narrative above explicit to each outcome.

d. **Measurement:** Responses to roman numerals i, ii, and iii are addressed in the narrative above explicit to each outcome.

iv. The BRIDGE will be evaluated at the end of each program year using both CMCA's internal Self-Assessment (focus groups, data analysis of outcomes and indicators, etc.) and an external evaluation coordinated by CMCA's Manager of Research and Assessment. In the past, CMCA Head Start has worked with the ARC (Assessment Resource Center) at the University of Missouri- Columbia. The outside evaluators will assess the pilots' premise and processes to guide program improvements. The program design and management will be assessed for effectiveness and replicability. In addition to formal evaluation, Columbia Cares for Kids will be utilized to guide the annual self assessment process. An ongoing evaluation of the partnership with Columbia Public Schools will be conducted by and between the BRIDGE and CPS administrations utilizing a Partnership Quality Rating Rubric.

v. CMCA's Manager of Research and Assessment will aggregate and analyze all data collected through out this pilot program. All Head Start participants will sign releases to

allow CMCA to track data into Kindergarten regardless of their participation in the BRIDGE. We anticipate that approximately half of Head Start participants will enroll in the BRIDGE. Those who choose not to participate in the BRIDGE will be used as a comparison group. The data from evaluation tools described above will indicate progress towards all outcomes. Final analysis results will be reported to all stakeholders including the Children's Services Commission and included in CMCA's Annual Report.

vi. The evaluation tools described below are included as Attachment I. Evaluation tools that will be used with children, families and teachers participating in the BRIDGE are listed below, along with the rationale for these instruments being incorporated.

A. *Devereux Student Strengths Assessment (DESSA)*: This assessment can be completed by parents and teachers simultaneously and offers a comprehensive system of assessment, intervention planning, progress monitoring, and outcome evaluation in the social-emotional domain. The web-based system will allow for the input of information and systematic analysis of progress by both teachers and Parent Partners. The DESSA also provides norm tables for children of varying ages and is used in the process of scoring the assessment.

B. *Devereux Adult Resiliency Survey (DARS)*: This tool was selected because of its ease of completion, the fact that it is strength-based, and can be used at no cost. Statistical analysis has shown the DARS is an excellent tool for providing adults with an opportunity to gain valuable insights into four areas so they can better cope with the adversity and stresses of daily life: relationships, internal beliefs, initiative, and self-control. With completion of the DARS, individuals can access tangible strategies for strengthening adult protective factors shown to support resilience. It is appropriate for use with both parents and teachers.

C. *Depression, Anxiety and Stress Scale (DASS)*: The BRIDGE will incorporate the DASS based on the fact that poverty and parenting are oftentimes accompanied by stress and emotional disturbance, directly impacting parenting capacities. The DASS can be administered and scored without psychotherapy qualifications. This will allow our Parent Partners to facilitate the process of helping families assess their own emotional health and, through follow up conversations, identify services needed to enhance their mental health.

D. *Domestic Violence Screening*: Although our intent is to screen each enrolled family for domestic violence, given the impact that violence within the home would have on the social and emotional states of children, we have not yet identified the specific tool that will be used. We are seeking guidance from the Missouri Coalition Against Domestic Violence to identify an appropriate tool.

**e. Input**

i. Clinical Expertise

1. CMCA Head Start has been the local provider of Head Start's comprehensive services for 50 years. CMCA Head Start utilizes an "intervention" approach to services and conducts weekly "staffing" meetings to assure each child and each family is receiving all comprehensive supports needed. The intervention team includes: Health Administrator (Nurse); Nutrition Administrator (RD); Mental Health Administrator (MSW); Contracts Administrator (LCSW); Family Engagement Administrator (BS in Child & Family Development); Special Services Administrator (ECSE) and Child Development Administrator (MA in Education). This intervention team works as both a clinical team and family support system. They will work with the leadership of the BRIDGE to establish goals and will make recommendations for children and families as they transition and will remain involved, as needed, through the course of the family's participation in the BRIDGE. The Intervention team has both the knowledge and the expertise necessary to working with the Head Start population and will serve as advisors to the program. Currently, CMCA Head Start is receiving supports from Head Start Trauma Smart; a highly touted program from the Crittenton Center in Kansas City. They use the ARC (Attachment, Regulation and Competencies) model and staff are fully trained in the model and implement it now within the Head Start program.

2. Key staff responsible for implementing the program

- CMCA Early Childhood Programs Director - Mernell King - will provide planning assistance and oversight (5% FTE)
- Head Start Family & Community Partnership Specialist - Bryon White - will be the BRIDGE Project Manager responsible for implementation (50% FTE)
- Parent Partners (2 staff to be hired) - (100% FTE)
- Mental Health Administrator - Abbey Lenger - will consult on mental health (5% FTE)
- CMCA Manager of Research and Assessment (to be hired August 2014) (10% FTE)

ii. **Program Activity**

1. The BRIDGE activities are designed to increase the social and emotional competency of children by focusing on the adults in their lives. The Center on the Developing Child at Harvard University inspired our planning with their video "Building Adult Capabilities to Improve Child



Outcomes: A Theory of Change” (12). This approach indicates that a child’s environment has to change for society to reasonably expect that their outcomes will change. With this in mind, the BRIDGE activities can be categorized as follows:

1. Train Parent Partners and Teachers on the realities of poverty, their connection to toxic stress, and their influence over the social and emotional health of children;
2. Build strong relationships between parents, Parent Partners, and Teachers so that strategies can be mutually established and consistently applied;
3. Host events that reinforce these relationships in neutral locations while creating opportunities to practice their emerging competencies and learn new ones;
4. Identify and engage positive social connections and services that reduce barriers associated with poverty and toxic stress;
5. Build community support for sustainable approaches to increasing the social and emotional health of all community members.

**Activity 1 - Highly trained home visitors (Parent Partners) and teachers trained in evidence-based home visiting practices- led by a highly qualified Manager from CMCA.**

The Project Manager has a deep understanding of the Family and Community Engagement Framework of Head Start and will be responsible for assuring that family development needs continue to receive the level of support to which Head Start families are accustomed. All participating teachers will be involved in training on the impact of poverty and toxic stress on student development, behavior and educational outcomes as well as on other topics relating to social emotional development and well-being of children and families. Several other core trainings that will involve all teachers participating in the BRIDGE include; Home Works! The Teacher Home Visitation Program, Bridges Out of Poverty, and an experiential "poverty simulation". Each of these training sessions will be offered in year one of the pilot.

Parent Partners will receive the following research- or evidence-based training:

- Family Development Credential
- Strengthening Families and Developmental Asset Frameworks
- Head Start Parent, Family, and Community Engagement Framework
- SEARCH Institute training
- ARC training (Attachment, Regulation, and Competency)
- Mental Health First Aide

Teachers will receive the following research- or evidence-based training and experiences:

- Home Works! The Teacher Home Visit Program
- Bridges Out of Poverty
- CMCA Poverty Simulation
- Mental Health First Aide

Teachers will have access to additional CMCA trainings for free and CMCA staff will have access to CPS training for free.

**Activity 2 – Build strong relationships between all participants by starting in Head Start and extending these connections into home visits.** Parent Partners will spend time with the Head Start families that enroll in the program prior to transitioning to Kindergarten. This will include visiting children in the Head Start classrooms, making home visits with the child’s Head Start teacher, attending parent-teacher conferences, and participating in other family activities. The Parent Partners will know what specific parent goals the parent/families are working on at the time of transition to the public schools and out of Head Start. They will also know the areas of academic or behavioral concern that children on their caseload have exhibited in Head Start. In June and July the Parent Partners will join the exiting Head Start teachers and incoming kindergarten teachers to host summer social events that highlight summer learning opportunities.

Intervention, discussion, and family development plans will revolve around building parent and child resiliency, protective factors like social connections, routine, identifying other forms of support, social and emotional competence of children, and knowledge of parenting skills. In addition, the Parent Partners will reinforce school expectations by discussing Positive Behavior Support (the CPS disciplinary approach), help establish homework routines, and facilitate regular family discussion about school activities. Opportunities for participation in other Parent Passport events will be highlighted and connections with other parents will be stressed to promote ongoing and intervening social connections that will sustain the benefits of this

strategy. Home visits will be more frequent and intensive during the first year in the program and will taper off during the second and third years as we encourage parents to take on leadership roles in the planning and implementation for subsequent cohorts of participants.

The home-school relationship is perhaps the most important support for students to be consistently engaged, challenged, and encouraged to succeed in school (9). The BRIDGE strategy is designed to create multiple opportunities for parents and teachers to interact in different settings. In an effort to increase academic achievement, attendance, parental involvement, homework completion, and attitudes about school, teachers will go to their students' homes to forge a relationship with the family and get them involved in their child's education. Teachers get to know parents, share information about the student, and give parents/guardians the tools to help children do better in school. Teachers will make home visits and participate in additional social and educational events throughout the year that give parents an opportunity to get to know their children's teacher in a variety of "humanizing" settings designed for fun, interaction, and academic support.

A process for helping families explore their strengths and needs will be incorporated into the monthly home visits and will be guided by the Parent Partner. In doing this, the following domains of family functioning will be assessed; family financial concerns, legal issues, employment, education/training, housing, transportation, health/nutrition, mental health, family interrelationships, and parenting. When needs are identified, the family will prioritize them and help to outline the process of connecting to needed supports and resources. These plans will be outlined on the Family Success Plan (FSP). The FSP will be reviewed and updated monthly to include outcomes and new strategies for promoting adult resiliency. BRIDGE parents will also complete the Depression, Anxiety and Stress Scale (DASS). This tool will not be used as a diagnostic assessment, but rather as a door opener for discussion relating to parental stressors, coping skills, and supports available or needing to be accessed.

Strategies for enhancing the social and emotional competencies of children will be compiled and produced by the Devereux Center for Resilient Children with the entry of each enrolled child's DESSA. This web-based system will analyze strengths and needs and produce recommended strategies systematically to be incorporated in the home as well as classroom setting. These strategies, with parental input, will be outlined on the Child Success Plan (CSP), with specific measures of how the family will implement them in the home environment. Each month the CSP will be updated with outcomes and further recommendations. Parents, Parent Partners, and Teachers will use the CSPs and FSPs to guide their strategies, focus their conversations, and gauge their success.

**Activity 3 - Parents, Parent Partners, and Teachers will attend monthly training events.**

The BRIDGE strategy intends to establish communities of learners that are sustainable beyond program participation and beyond the years of intervention. Each month there will be opportunities to learn about ways to support their children, including follow up facilitated discussion, reflection, and sharing. These events will include training topics related to social and emotional health, social outings, and collaborative team meetings with families, teachers and Parent Partners. Eco-mapping will be used to assess pre and post access to social connection. Parents will be provided a "Passport to Proficiency" where participation records will be maintained and verified by the Parent Partner. Incentives will be provided to families who meet certain benchmarks of participation. These events will also include the opportunities to build leadership by planning future meetings, establishing the agenda, and creating a leadership structure. Teachers will be invited to participate with the cohort of learners but they will not be expected to play a leadership role or train. CMCA Head Start has had a great deal of success over the last five years facilitating these kinds of parent activities and find that parents are much more engaged when they can build relationships beyond the structure of the program.

**Activity 4 – Reduce barriers to participation and incentivize participation** – We have learned that participation in this kind of strategy requires the removal of as many barriers as possible. We have developed a Parent Passport to Proficiency incentive matrix. Parents will earn passport stamps for each activity and event in which they participate. The more they participate, the more they can earn from their passport. We will also cover some child care and transportation costs to decrease barriers to participation. Monthly training events will also include drawings for relevant prizes and drawings for participants and teachers.

Through the home visits described above, referrals for social services and external interventions will be established. A family referral tracking process will be incorporated into the Success Plan. Within one month following their linkage to the needed resource, follow up will be conducted with the family to help assess for the service/resource's effectiveness in meeting their need(s), which will be recorded on the FSP. Parents will be responsible for obtaining service provider signatures on their Passport to Proficiency and the Parent Partner will be responsible for verifying that the resource or service was sought/received. Services being coordinated to strengthen adult resilience will be included on the family success plan and records will be kept via a comprehensive data tracking system CMCA already uses.

**Activity 5 - Community-wide training opportunities and broad-based community planning.** Research tells us that student achievement is linked to school, family, *and* community involvement. We also know that attendance improves when schools take comprehensive approaches to family and community involvement (10). To respond to what research tells us about academic success, Columbia Cares for Kids (CCK) will establish two educational events per year for the entire community. All participating families will be encouraged to attend these events *and* they will be open to the entire community. Thousands of parents from throughout Columbia participated in CCK's free training events in 2011 and 2012, and learned new strategies for supporting their children. Further, these research-based

events will be accompanied by smaller, more interactive workshops with teachers and participating families. The primary objective of Columbia Cares for Kids has been to bring accessible and applicable information to parents and family serving professionals to incorporate into their daily practices. Together they have been highly successful in building capacity to support the development of emotionally healthy and resilient children by engaging more than 2,500 individuals in seminars with four different nationally recognized authors and education experts. Through its short history, CCK has had success creating strong buy-in from community stakeholders and policy makers and we intend to leverage that success with the BRIDGE.

2. Evidence-based practices: Social and behavioral competence in young children predicts their academic performance in the first grade over and above their cognitive skills and family backgrounds. Science has established a compelling link between social/emotional development and behavior and school success. Longitudinal studies suggest that the link may be causal. Academic achievement in the first few years of schooling appears to be built on a foundation of children's emotional and social skills. Young children cannot learn to read if they have problems that distract them from educational activities, problems following directions, problems getting along with others and controlling negative emotions, and problems that interfere with relationships with peers, teachers, and parents. Research has also shown that social emotional learning programs become more powerful when they extend into the home (11). "Attachment K: References" lists the research base upon which the BRIDGE has been designed.

Parent Partners will be trained in the Head Start Parent, Family, and Community Engagement Framework. This framework will assure that the approaches to family engagement and development to which the participating families have become accustomed while enrolled in Head Start are consistent with our approach. As research suggests, parents and family members are more likely to become engaged in their child's development and learning when they have positive and trusting relationships with those who support them (11). The BRIDGE

model will help families develop goals with the support of the staff and community partners.

These “goal-directed” relationships are part of the two-generational approach of working with children and adult family members that distinguish Head Start from other education initiatives

(1). In fact, research indicates that:

- Children with supportive home learning environments show increased literacy development, better peer interactions, fewer behavior problems and more motivation and persistence during learning activities (3);
- Continued family engagement is important through the school years. Longitudinal studies of low-income children show that high family involvement offsets the risks of children growing up in low-income households and in households with low parent education (3).

The research upon which we have developed the BRIDGE model is reflected in the models that are integrated throughout all of the planned activities. The two primary models that we used to develop the BRIDGE are the Strengthening Families Model and the Search Institute’s Developmental Asset Building Model. Research has shown that these models build protective factors around children by working differently with their families. These models have been shown to effectively build on family strengths, buffer risks, and promote better outcomes. Specifically, protective factors have been identified as key to enhancing family related factors that promote optimal child and youth development, including school success. Those protective factors are: parental resilience, social connections, concrete supports in time of need, knowledge of parenting and child development, and social and emotional competence of children. The second framework, the Developmental Asset Building Model, will be incorporated into both training for staff and parents, and also into goals and strategies developed between the Parent Partners and families.

#### **Family Development Certificate Training for Parent Partners:**

Conceptually the FDC curriculum is based on foundational research carried out at Cornell University by Urie Bronfenbrenner and others, referred to as Family Matters (Cochran, 1988).

The examined the interactions between families and communities, demonstrating “how children and parents develop in relation with families, neighborhoods, relatives, schools, and workplaces, and influences of society” (Forest, 2008). Through the course of this research, Bronfenbrenner refined his theory of the social ecology of human development, referring to the settings where people live, work, study, play, and interact with other people.

**Home Visiting Training for Teachers:**

To increase academic achievement, attendance, parental involvement, homework completion and attitudes about school, and decrease discipline referrals, Home Works! The Teacher Home Visit Program trains teachers to go to their students' homes to forge a relationship with the family and get them involved in their child's education. National education research overwhelmingly supports the finding that students do better academically and socially when parents and teachers work together (10)(11). Home Works! will provide training on how to make effective home visits by introducing the research, practice, and skills in building effective relationships between families and teachers as co-educators. HomeWorks! is a relatively new approach being piloted in Columbia Public Schools. Research on its efficacy is currently underway.

**f. Output:**

- i. Service to be provided: The BRIDGE (Building Resiliency through Interdisciplinary, Developmentally Guided Engagement).
- ii. Unit measurement is not applicable.
- iii. Unit cost is not applicable.
- iv. Amount requested: \$266,804
- v. Number of Individuals to be served:



The BRIDGE will reach an estimated 60 unduplicated children and their families each year by the time we reach full implementation in the third year. In the first year we will serve 20-30 families with kindergartners who have come out of the Head Start program.

A second tier of participants will be directly impacted by this strategy. The BRIDGE will reach an additional 90 siblings per year (as estimated using 2.5 children in each family) from the families of the 60 children served directly by the program when fully implemented. An accurate count of this reach will be tabulated each year. Further, the ten Teachers who are trained to do home visits, learn about the realities of poverty, and apply different home-school relationship building strategies will likely apply some of these approaches to other students in their classroom. If even five students from each of these classes benefits from this strategy, an additional 50 students will be served.

### **3. BUDGET**

- a. Budget Worksheets:** Attachments B & C
- b. Budget Narrative**

Attachment B: Central Missouri Community Action is funded by a variety of federal, state, and local contracts and grants that provide programs and services for people in poverty. Head Start is our largest program with nearly half of the agencywide budget and approximately two-thirds of our employees. Our agency budget and audit are available upon request.

Attachment C: The bulk of the proposed budget funds staff for the project including stipends for teachers. Additional requested funds will support participation stipends, office supplies and equipment, training costs, etc. Parent Passports will track the participation of parents in all activities. They will receive participation bonuses as they engage in more activities. Over many years of implementing these types of interventions, we have found that incentives factor significantly in our participation rates. Once the parents are engaged, all of the

benefits of the intervention can occur. Please find the BRIDGE Activity Budget attached (Attachment H) to more explicitly reflect our anticipated costs.

c. **Staff positions** for the pilot project, including direct and indirect, individual roles, qualifications and proposed salary for each:

- The CMCA Early Childhood Programs Director will guide the development and implementation of the BRIDGE. Ms. King has more than 16 years of experience working with Head Start in various executive capacities. She has assisted the UCLA/Johnson & Johnson Health Care Institute by providing training and technical assistance to participating Head Start programs over the past 11 years. Ms. King was also a Trainer for the Training & Technical Assistance system serving the Office of Head Start. Throughout her 35 year career, Ms. King has worked in the fields of mental health, disabilities, and as an elementary teacher. The five percent of her salary that would be coming through this grant equals \$3,947.
- The **BRIDGE Project Manager**, who also serves as the Head Start Family and Community Partnership Administrator will devote fifty percent of his time toward the BRIDGE. His responsibilities will include training and supervision of Parent Partners, management of grant activities, reporting of outcomes, coordination and facilitation of activities of our guiding coalition and of the coordination of all community training initiatives. His qualifications include a bachelor's degree in Child and Family Development, a Family Development Credential, and more than 23 years of social service experience. These experiences include both front line service and program management. The fifty percent of his salary coming from this grant will equal \$25,000.00.
- Two Parent Partners will spend 100% of their time on activities associated with this grant. Their key roles will involve coordinating services for both children and families, engaging parents as partners in the education of their children, assessing, supporting and referring to community resources, facilitating parent activities, and serving as a home/school liaison. The proposed salary for each of these will be \$35,000.00. Qualifications for this position include a bachelor's degree and at least two years of experience in working directly with at risk children and families.
- The CMCA Mental Health Administrator will provide individual support and consultation along with training for Parent Partners and Teachers. She will devote 5% of her work time toward the BRIDGE with a total of \$1,850 coming from this grant. Her qualifications include being a Licensed Master of Social Work with nearly 5 years of experience with the Children's Division and three years with CMCA.
- The CMCA Manager of Research and Assessment will collect, analyze, and evaluate data, and coordinate research with the University of Missouri to measure impacts of the pilot. This person will devote 5% of their time toward the project with a total of \$2,000 of salary coming from the grant. Qualifications for this position include a bachelor's degree and two years of related work experience.
- The Indirect Cost rate supports the existing CMCA administration including the Executive Director, Finance Director and accounting staff, the Human Resources Director, and IT support. None of these positions will be directly supported by grant funds.

Attachment A: Program Performance Measures Worksheet

CMCA – The BRIDGE

Activity	Output(s)	Outcomes	Indicators	Method of Measurement
<b>Outcome 1: Children</b>				
Establish individual Child Success Plans	20-30 Child Success Plans outlining processes and strategies to enhance social and emotional outcomes for involved children.	Outcome 1: <b>Children</b> participating in the BRIDGE will show increased social and emotional competence.	20 children will be enrolled in the BRIDGE by 4/30/15.  85% of children enrolled will show increased competency in all domains on the DESSA by the end of their first year participating in the BRIDGE.  There will be an 80% drop in behavioral referrals for children in the BRIDGE by the end of the pilot year.	Enrollment records for the BRIDGE.  Devereux Student Strengths Assessment  Behavioral referral and classroom performance records from Columbia Public Schools
<b>Outcome 2: Parents</b>				
Assessment, goal setting and case management activities including mental health and domestic violence screenings.  Parent/teacher meetings.  Participation in training, school events, and other community-based activities and services.	20-30 Individual Family Success Plans  20-30 Mental health status assessment and strength/needs identified.  2200 hours of participation in social and education activities  60 Referrals to community services and	Outcome 2: <b>Parents</b> participating in the BRIDGE will increase their resilience and their ability to support the social and emotional competence of their children.	By the end of the pilot year, 80% of parents participating in the BRIDGE will show increased resilience.  In the first year of the pilot, 90% of participating families will have increased social connections.  85% of parents will use	Devereux Adult Resiliency Scale (DARS)  Depression, Anxiety and Stress Scale (DASS)  Sign- in records from BRIDGE activities.  Family Eco-Map Individualized Family Goal Plan

<p>Participation in healthy activities with others involved in the project</p>	<p>resources.</p>	<p>strategies that compliment those being incorporated into their child's classroom for supporting the social and emotional competence of their children.</p> <p>Over the first year, 90% of families will be engaged in on-going assessment of their needs and strengths.</p>	<p>Parent Passport to Proficiency</p> <p>Child Success Plan</p> <p>Student performance reports</p> <p>parent/teacher conference records;</p> <p>Referral tracking report</p> <p>Family Success Plan</p>
<p><b>Outcome 3: Teachers</b></p>			
<p>Teacher home visits</p> <p>Parent/teacher/Parent Partner meetings.</p> <p>Participation in training/school events.</p> <p>Teacher training - Homeworks!</p> <p>Culture of Poverty</p> <p>CMCA Poverty Simulation</p>	<p>10 Teacher Passports to Proficiency</p> <p>1080 hours of training, parent meetings, and events</p>	<p>Outcome 3: Teachers engaged with the BRIDGE will have deeper relationships with parents and implement classroom strategies that support the social-emotional competency of participating students.</p>	<p>Pre/post training assessments.</p> <p>Parent partner/teacher success plan</p> <p>Devereux Adult Resiliency Scale</p>
<p>95% of teachers will report increased understanding of poverty and toxic stress' impact on student development and behavior.</p> <p>95% of teachers will report greater capacity for supporting social and emotional needs of classroom students by completion of year one.</p> <p>90% of involved teachers will report reduced levels of stress and burnout and enhanced resiliency by 04/2016.</p> <p>90% of teachers will</p>			

	work collaboratively with Parent Partners to coordinate and implement classroom strategies to support enhanced social-emotional competencies of students.			
<b>Outcome 4: Community</b>				
Community training events.  Coordination of Columbia Cares for Kids Coalition Activities and resource sharing among the 17 involved organizations.	2-3 community-wide training events  1000 community members attend training	<b>Outcome 4: Parents, professionals and community members</b> will enhance their capacities for supporting the social and emotional competency of children by the end of the pilot year.	75% of community event participants display an increase in their knowledge about toxic stress, social and emotional health, brain development, and the effect of adverse childhood experiences.  75% of community event participants display an increase in their knowledge of strategies to support the social and emotional competency of children.	Training sign-in records  Pre and post training knowledge assessments

**ATTACHMENT B**

**AGENCY FINANCIAL INFORMATION**

**AGENCY NAME: Central Missouri Community Action**

<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way					
B. Other United Ways	10,579	12,700	13,000	0.09%	2.36%
C. Capital Campaigns					
D. Grants (non-governmental)					
E. Fund Raising & Other Direct Support	86,728	59,093	60,000	0.42%	1.53%
<b>TOTAL DIRECT SUPPORT (sub-totals)</b>	<b>97,308</b>	<b>71,793</b>	<b>73,000</b>	<b>0.52%</b>	
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding					
B. Boone County - Other					
C. Other Counties					
D. City of Columbia - Social Service Funding					
E. City of Columbia - Other	98,783	66,981	50,000	0.35%	-25.35%
F. Other Cities					
G. Federal (Medicaid, Title III, etc.)	12,746,915	12,096,387	12,300,000	87.09%	1.68%
H. State (Purchase of Services, Grants, etc.)	778,403	1,307,154	1,200,000	8.50%	-8.20%
I. Other (Schools, Courts, etc.)					
<b>TOTAL GOV'T CONTRACTS/SUPPORT (sub-totals)</b>	<b>13,624,101</b>	<b>13,470,522</b>	<b>13,550,000</b>	<b>95.94%</b>	
3. Program Service Fees					
4. Investment Income (realized & unrealized)					
5. Other Revenue Items	570,479	496,991	500,000	3.54%	0.61%
<b>TOTAL AGENCY REVENUE</b>	<b>\$14,291,887</b>	<b>\$14,039,306</b>	<b>\$14,123,000</b>		<b>0.60%</b>

<b>Expenses for Program Services</b>					
	13,797,072.34	13,500,000.00	13,650,000.00	90.91%	1.11%
<b>Expenses for Management and General</b>					
	1,290,876.81	1,250,000.00	1,300,000.00	8.66%	4.00%
<b>Expenses for Fundraising</b>					
	45,780.43	65,000.00	65,000.00	0.43%	0.00%
<b>TOTAL AGENCY EXPENSES</b>	<b>15,133,729.58</b>	<b>14,815,000.00</b>	<b>15,015,000.00</b>		<b>1.35%</b>
<b>% of Management and Fundraising Expenses</b>	<b>8.83%</b>	<b>8.88%</b>	<b>9.09%</b>		<b>0.00%</b>

<b>Net Assets, End of Year</b>					
	\$2,055,885	\$1,988,885	\$1,990,000		0.06%

<b>Cash, End of Year</b>					
	\$917,583	\$850,000	\$875,000		2.94%

**ATTACHMENT C**

**PROGRAM BUDGET WORKSHEET**

**PROGRAM NAME:** Central Missouri Community Action

<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way				0.00%	
B. Other United Ways				0.00%	
C. Capital Campaigns				0.00%	
D. Grants (non-governmental)				0.00%	
E. Fund Raising & Other Direct Support				0.00%	
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding				0.00%	
B. Boone County - Other	0	0	266,804	100.00%	0.00%
C. Other Counties				0.00%	
D. City of Columbia - Social Service Funding				0.00%	
E. City of Columbia - Other				0.00%	
F. Other Cities				0.00%	
G. Federal (Medicaid, Title III, etc.)				0.00%	
H. State (Purchase of Services, Grants, etc.)				0.00%	
I. Other (Schools, Courts, etc.)				0.00%	
3. Program Service Fees				0.00%	
4. Investment Income (realized & unrealized)				0.00%	
5. Other Revenue Items				0.00%	
<b>TOTAL PROGRAM REVENUE</b>	<b>\$0</b>	<b>\$0</b>	<b>\$266,804</b>		

1. Personnel	0	0	116,259	43.57%	0.00%
2. Non-Personnel	0	0	150,545	56.43%	0.00%
<b>TOTAL PROGRAM EXPENSES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$266,804</b>		

<i>FTE = number of direct program service hours worked by employee per year/2080 (e.g. 1040/2080= .5 FTE)</i>	0	0	2.65
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**ATTACHMENT D**

**2014 AGENCY ASSURANCE SHEET**

**(Please complete and return with Proposal Response)**

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Proof of 501(c)(3)
- Certificate of Corporate Good Standing
- Most Recent 990 Federal Form
- Agency Strategic Plan
- Copies of Agency Accreditations
- Most Recent Agency Independent Audit
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality
- Memorandums of Understanding (not currently needed for Contingency Funds Request)

Darin Preis

Printed Name - Agency Executive Director/President/CEO

7/7/14

Date

Darin Preis

Signature - Agency Executive Director/President/CEO

7/7/14

Date

PAUL S. DAVIS

Printed Name - Agency Board Chair

7/7/14

Date

Paul Davis

Signature - Agency Board Chair

7/7/14

Date



**ATTACHMENT E**

**(Please complete and return with Proposal Response)**

Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR  
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, 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.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Darin Preis, Executive Director

Name and Title of Authorized Representative

D. Preis

Signature

7/7/14

Date

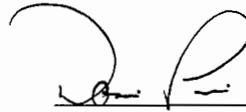
**ATTACHMENT F**

**WORK AUTHORIZATION CERTIFICATION  
PURSUANT TO 285.530 RSMo  
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

County of Boone )  
 )ss  
State of Missouri )

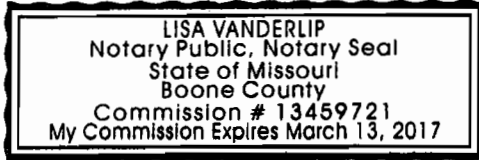
My name is Darin Preis. I am an authorized agent of CMCA  
 (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

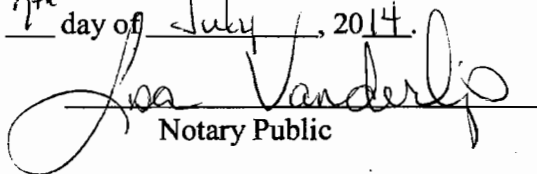
Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

  
\_\_\_\_\_  
Affiant 7/7/14  
Date

Darin Preis  
\_\_\_\_\_  
Printed Name

Subscribed and sworn to before me this 7<sup>th</sup> day of July, 2014.



  
\_\_\_\_\_  
Notary Public

**Attach to this form the *E-Verify Memorandum of Understanding* that you completed when enrolling.**

Company ID Number: 188329

## THE E-VERIFY PROGRAM FOR EMPLOYMENT VERIFICATION MEMORANDUM OF UNDERSTANDING

### ARTICLE I

#### PURPOSE AND AUTHORITY

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Department of Homeland Security (DHS) and CMCA Central Office (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). This MOU explains certain features of the E-Verify program and enumerates specific responsibilities of DHS, the Social Security Administration (SSA), and the Employer. E-Verify is a program that electronically confirms an employee's eligibility to work in the United States after completion of the Employment Eligibility Verification Form (Form I-9). For covered government contractors, E-Verify is used to verify the employment eligibility of all newly hired employees and all existing employees assigned to Federal contracts.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note). Authority for use of the E-Verify program by Federal contractors and subcontractors covered by the terms of Subpart 22.18, "Employment Eligibility Verification", of the Federal Acquisition Regulation (FAR) (hereinafter referred to in this MOU as a "Federal contractor") to verify the employment eligibility of certain employees working on Federal contracts is also found in Subpart 22.18 and in Executive Order 12989, as amended.

### ARTICLE II

#### FUNCTIONS TO BE PERFORMED

##### A. RESPONSIBILITIES OF SSA

1. SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all employees verified under this MOU and the employment authorization of U.S. citizens.
2. SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).

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4. SSA agrees to provide a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility within 3 Federal Government work days of the initial inquiry.

5. SSA agrees to provide a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

## **B. RESPONSIBILITIES OF DHS**

1. After SSA verifies the accuracy of SSA records for aliens through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct, to the extent authorized by this MOU:

- Automated verification checks on alien employees by electronic means, and
- Photo verification checks (when available) on employees.

2. DHS agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.

3. DHS agrees to provide to the Employer a manual (the E-Verify User Manual) containing instructions on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify. DHS agrees to provide training materials on E-Verify.

4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, U.S. Department of Justice.

5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by alien employees with DHS's database.

6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of alien employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and Nationality Act (INA) and Federal criminal laws, and to administer Federal contracting requirements.

7. DHS agrees to provide a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative

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nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.

8. DHS agrees to provide a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

## **C. RESPONSIBILITIES OF THE EMPLOYER**

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees and all employees who are to be verified through the system.
2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.
3. The Employer agrees to become familiar with and comply with the most recent version of the E-Verify User Manual.
4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.
  - A. The Employer agrees that all Employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify, including any tutorials for Federal contractors if the Employer is a Federal contractor.
  - B. Failure to complete a refresher tutorial will prevent the Employer from continued use of the program.
5. The Employer agrees to comply with current Form I-9 procedures, with two exceptions:
  - If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2(b)(1)(B)) can be presented during the Form I-9 process to establish identity.) If an employee objects to the photo requirement for religious reasons, the Employer should contact E-Verify at 888-464-4218.
  - If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The employer will use the photocopy to verify the photo and to assist DHS with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.

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6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, including the obligation to comply with the antidiscrimination requirements of section 274B of the INA with respect to Form I-9 procedures, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in compliance with the terms and conditions of E-Verify; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$550 and \$1,100 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ an employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any action taken in good faith based on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures for new employees within 3 Employer business days after each employee has been hired (but after both sections 1 and 2 of the Form I-9 have been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify User Manual. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. In all cases, the Employer must use the SSA verification procedures first, and use DHS verification procedures and photo screening tool only after the SSA verification response has been given. Employers may initiate verification by notating the Form I-9 in circumstances where the employee has applied for a Social Security Number (SSN) from the SSA and is waiting to receive the SSN, provided that the Employer performs an E-Verify employment verification query using the employee's SSN as soon as the SSN becomes available.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, in support of any unlawful employment practice, or for any other use not authorized by this MOU. Employers must use E-Verify for all new employees, unless an Employer is a Federal contractor that qualifies for the exceptions described in Article II.D.1.c. Except as provided in Article II.D, the Employer will not verify selectively and will not verify employees hired before the effective date of this MOU. The Employer understands that if the Employer uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III. below) regarding tentative nonconfirmations, including notifying employees of the finding, providing written referral instructions to employees, allowing employees to contest the finding, and not taking

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adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's perceived employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1(l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification system to verify work authorization, a tentative nonconfirmation, a case in continuance (indicating the need for additional time for the government to resolve a case), or the finding of a photo non-match, does not establish, and should not be interpreted as evidence, that the employee is not work authorized. In any of the cases listed above, the employee must be provided a full and fair opportunity to contest the finding, and if he or she does so, the employee may not be terminated or suffer any adverse employment consequences based upon the employee's perceived employment eligibility status (including denying, reducing, or extending work hours, delaying or preventing training, requiring an employee to work in poorer conditions, refusing to assign the employee to a Federal contract or other assignment, or otherwise subjecting an employee to any assumption that he or she is unauthorized to work) until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match or if a secondary verification is completed and a final nonconfirmation is issued, then the Employer can find the employee is not work authorized and terminate the employee's employment. Employers or employees with questions about a final nonconfirmation may call E-Verify at 1-888-464-4218 or OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

11. The Employer agrees to comply with Title VII of the Civil Rights Act of 1964 and section 274B of the INA by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify except as provided in part D below, or discharging or refusing to hire employees because they appear or sound "foreign" or have received tentative nonconfirmations. The Employer further understands that any violation of the unfair immigration-related employment practices provisions in section 274B of the INA could subject the Employer to civil penalties, back pay awards, and other sanctions, and violations of Title VII could subject the Employer to back pay awards, compensatory and punitive damages. Violations of either section 274B of the INA or Title VII may also lead to the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

13. The Employer agrees that it will use the information it receives from SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of employees as

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authorized by this MOU. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU, except for such dissemination as may be authorized in advance by SSA or DHS for legitimate purposes.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a(i)(1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to cooperate with DHS and SSA in their compliance monitoring and evaluation of E-Verify, including by permitting DHS and SSA, upon reasonable notice, to review Forms I-9 and other employment records and to interview it and its employees regarding the Employer's use of E-Verify, and to respond in a timely and accurate manner to DHS requests for information relating to their participation in E-Verify.

#### **D. RESPONSIBILITIES OF FEDERAL CONTRACTORS**

1. The Employer understands that if it is a Federal contractor subject to the employment verification terms in Subpart 22.18 of the FAR it must verify the employment eligibility of any "employee assigned to the contract" (as defined in FAR 22.1801) in addition to verifying the employment eligibility of all other employees required to be verified under the FAR. Once an employee has been verified through E-Verify by the Employer, the Employer may not reverify the employee through E-Verify.

a. Federal contractors not enrolled at the time of contract award: An Employer that is not enrolled in E-Verify as a Federal contractor at the time of a contract award must enroll as a Federal contractor in the E-Verify program within 30 calendar days of contract award and, within 90 days of enrollment, begin to use E-Verify to initiate verification of employment eligibility of new hires of the Employer who are working in the United States, whether or not assigned to the contract. Once the Employer begins verifying new hires, such verification of new hires must be initiated within 3 business days after the date of hire. Once enrolled in E-Verify as a Federal contractor, the Employer must initiate verification of employees assigned to the contract within 90 calendar days after the date of enrollment or within 30 days of an employee's assignment to the contract, whichever date is later.

b. Federal contractors already enrolled at the time of a contract award: Employers enrolled in E-Verify as a Federal contractor for 90 days or more at the time of a contract award must use E-Verify to initiate verification of employment eligibility for new hires of the Employer who are working in the United States, whether or not assigned to the contract, within 3 business days after the date of hire. If the Employer is enrolled in E-Verify as a Federal contractor for 90 calendar days or less at the time of contract award, the Employer must, within 90 days of enrollment, begin to use E-Verify to initiate verification of new hires of the contractor who are working in the United States, whether or not assigned to the contract. Such verification of new hires must be initiated within 3 business days after the date of hire. An Employer enrolled as a Federal contractor in E-Verify must initiate verification of each employee assigned to the



Company ID Number: 188329

contract within 90 calendar days after date of contract award or within 30 days after assignment to the contract, whichever is later.

c. Institutions of higher education, State, local and tribal governments and sureties: Federal contractors that are institutions of higher education (as defined at 20 U.S.C. 1001(a)), State or local governments, governments of Federally recognized Indian tribes, or sureties performing under a takeover agreement entered into with a Federal agency pursuant to a performance bond may choose to only verify new and existing employees assigned to the Federal contract. Such Federal contractors may, however, elect to verify all new hires, and/or all existing employees hired after November 6, 1986. The provisions of Article II.D, paragraphs 1.a and 1.b of this MOU providing timeframes for initiating employment verification of employees assigned to a contract apply to such institutions of higher education, State, local and tribal governments, and sureties.

d. Verification of all employees: Upon enrollment, Employers who are Federal contractors may elect to verify employment eligibility of all existing employees working in the United States who were hired after November 6, 1986, instead of verifying only those employees assigned to a covered Federal contract. After enrollment, Employers must elect to do so only in the manner designated by DHS and initiate E-Verify verification of all existing employees within 180 days after the election.

e. Form I-9 procedures for Federal contractors: The Employer may use a previously completed Form I-9 as the basis for initiating E-Verify verification of an employee assigned to a contract as long as that Form I-9 is complete (including the SSN), complies with Article II.C.5, the employee's work authorization has not expired, and the Employer has reviewed the information reflected in the Form I-9 either in person or in communications with the employee to ensure that the employee's stated basis in section 1 of the Form I-9 for work authorization has not changed (including, but not limited to, a lawful permanent resident alien having become a naturalized U.S. citizen). If the Employer is unable to determine that the Form I-9 complies with Article II.C.5, if the employee's basis for work authorization as attested in section 1 has expired or changed, or if the Form I-9 contains no SSN or is otherwise incomplete, the Employer shall complete a new I-9 consistent with Article II.C.5, or update the previous I-9 to provide the necessary information. If section 1 of the Form I-9 is otherwise valid and up-to-date and the form otherwise complies with Article II.C.5, but reflects documentation (such as a U.S. passport or Form I-551) that expired subsequent to completion of the Form I-9, the Employer shall not require the production of additional documentation, or use the photo screening tool described in Article II.C.5, subject to any additional or superseding instructions that may be provided on this subject in the E-Verify User Manual. Nothing in this section shall be construed to require a second verification using E-Verify of any assigned employee who has previously been verified as a newly hired employee under this MOU, or to authorize verification of any existing employee by any Employer that is not a Federal contractor.

2. The Employer understands that if it is a Federal contractor, its compliance with this MOU is a performance requirement under the terms of the Federal contract or subcontract, and the Employer consents to the release of information relating to compliance with its verification responsibilities under this MOU to contracting officers or other officials authorized to review the Employer's compliance with Federal contracting requirements.

## ARTICLE III

### REFERRAL OF INDIVIDUALS TO SSA AND DHS

#### A. REFERRAL TO SSA

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.
3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a system-generated referral letter and instruct the employee to visit an SSA office within 8 Federal Government work days. SSA will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.
4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

#### B. REFERRAL TO DHS

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. If the Employer finds a photo non-match for an employee who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding.
3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible

Company ID Number: 188329

after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact DHS through its toll-free hotline (as found on the referral letter) within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (furnished and paid for by DHS).

7. The Employer understands that if it cannot determine whether there is a photo match/non-match, the Employer is required to forward the employee's documentation to DHS by scanning and uploading, or by sending the document as described in the preceding paragraph, and resolving the case as specified by the Immigration Services Verifier at DHS who will determine the photo match or non-match.

## ARTICLE IV

### SERVICE PROVISIONS

SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access the E-Verify System, an Employer will need a personal computer with Internet access.

## ARTICLE V

### PARTIES

A. This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify User Manual. Even without changes to E-Verify, DHS reserves the right to require employers to take

Company ID Number: 188329

mandatory refresher tutorials. An Employer that is a Federal contractor may terminate this MOU when the Federal contract that requires its participation in E-Verify is terminated or completed. In such a circumstance, the Federal contractor must provide written notice to DHS. If an Employer that is a Federal contractor fails to provide such notice, that Employer will remain a participant in the E-Verify program, will remain bound by the terms of this MOU that apply to non-Federal contractor participants, and will be required to use the E-Verify procedures to verify the employment eligibility of all newly hired employees.

B. Notwithstanding Article V, part A of this MOU, DHS may terminate this MOU if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. The Employer understands that if it is a Federal contractor, termination of this MOU by any party for any reason may negatively affect its performance of its contractual responsibilities.

C. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine necessary. By separate agreement with DHS, SSA has agreed to perform its responsibilities as described in this MOU.

D. Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

E. Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

F. The Employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, determinations of compliance with Federal contractual requirements, and responses to inquiries under the Freedom of Information Act (FOIA).

G. The foregoing constitutes the full agreement on this subject between DHS and the Employer.

H. The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.



E-VERIFY IS A SERVICE OF DHS

Company ID Number: 188329

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 888-464-4218.

Employer **CMCA Central Office**

**Julie A Kratzer**

Name (Please Type or Print)

Title

**Electronically Signed**

Signature

**02/06/2009**

Date

**Department of Homeland Security – Verification Division**

**USCIS Verification Division**

Name (Please Type or Print)

Title

**Electronically Signed**

Signature

**02/06/2009**

Date



Company ID Number: 188329

**Information Required for the E-Verify Program**

Information relating to your Company:

Company Name: CMCA Central Office

Company Facility Address: 807B North Providence Road

Columbia, MO 65203

Company Alternate  
Address:

County or Parish: BOONE

Employer Identification

Number: 430835026

North American Industry  
Classification Systems

Code: 813

Parent Company: Central MO Community Action

Number of Employees: 20 to 99

Number of Sites Verified

for: 1

Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State:

- MISSOURI 1 site(s)

# E-Verify



Company ID Number: 188329

**Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:**

<b>Name:</b>	<b>Rita Falls</b>	<b>Fax Number:</b>	<b>(573) 875 - 2689</b>
<b>Telephone Number:</b>	<b>(573) 443 - 8706 ext. 283</b>		
<b>E-mail Address:</b>	<b>rita-falls@showmeaction.org</b>		

**CENTRAL MISSOURI COMMUNITY ACTION**

**2014 BOARD OFFICERS**

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**Vice-President** Jewel Holt  
**Secretary** John Flanders  
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Roger Young 41255 Audrain Rd 532 Vandalia, MO 63382	Tondelaya Carter 708 N Fourth St. Columbia, MO 65203	Jewel Holt 1105 Parkridge Fulton, MO 65251	Audrey Kauffman 105 W High Street Jefferson City, MO 65101	Lucy Betteridge 303 Main St. Boonville, MO 65233	Susan Keyton 111 Clark St. Fayette, MO 65248		Amanda Grellner 2066 Hwy 89S Linn, MO 65051
	Karen Miller 801 E Walnut Room 333 Columbia, MO 65201	Randy Kleindienst 3621 County Rd 121 Fulton, MO 65251	Jetawn Smith 1529 Ridgewood Drive Jefferson City, MO 65109	Kevin Wadeen 1517 Radio Hill Rd. Boonville, MO 65233	Connie Bowman 1307 State Rd FF Fayette, MO 65248		

Jean Ispa – Board Advisor 314 Gentry Hall, MU Columbia, MO 65203
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## Attachment H: Activity Budget

CMCA - The BRIDGE

	Notes	BCCSF	CMCA Match	CPS Match
<b>Personnel</b>				
<b>Parent Partners</b>	2FTE at \$35,000	\$70,000		
<b>Mental Health Manager</b>	.05FTE	\$1,850		
<b>Research and Assessment Mngr</b>	.05FTE	\$2,000		
<b>Project Manager</b>	.5FTE	\$25,000		
<b>Supervisor</b>	.05FTE	\$3,947		
<b>Fringe</b>		\$30,839		
<b>Indirect</b>	15% of salaries	\$15,420		
<b>Travel</b>	Mileage reimbursement	\$7,000		
<b>Office Space</b>	Office for manager		\$1,000	
	CPS office for parent partners			\$2,500
<b>Equipment</b>				
<b>Computers</b>			\$2,000	
<b>Laptops</b>	2 @ \$1000	\$2,000		
<b>Docking station &amp; monitor</b>	2 @ \$500	\$1,000		
<b>Cell Phones and service</b>	\$50 x 2 x 12	\$1,200		
<b>Supplies</b>		\$500		
<b>Printing &amp; Copies</b>		\$3,200		
<b>Contractual</b>	CCK for Community Events 2@\$15,000	\$30,000		
	Language Intervention	\$5,000		
	Research/evaluation	\$15,000		
	ChildPlus license for data \$15/student	\$4,500		
<b>Training</b>				
<b>DESSA training</b>	2@\$1,500	\$3,000		
<b>FDC</b>	For parent partners \$1,250 X 2	\$2,500		
<b>Other Training</b>	Strengthening families (\$555 X2), HCI (\$1,200 X 2), Emotional Children (\$750 X 2), mandated reporter		\$5,500	
<b>Bridges Out of Poverty cert</b>	2 x \$1000 travel + 2 x \$1,299 certification	\$4,598		
<b>Home Works</b>	For teachers			\$10,000
<b>Bridges, Poverty Simulation</b>	For teachers		\$2,000	
<b>Premier Parent Events</b>	10 events with an average of 50 attendees			
<b>Meals</b>	\$10 X 50 X 10	\$5,000		
<b>Barriers to participation</b>	\$10 X 30 X 10 events	\$3,000		
<b>Speaker Honorarium</b>	Certified trainers \$200 X 5	\$1,000		
<b>Remove Barriers and Incentive to participation</b>				
<b>Teachers</b>	\$750 / student participant	\$22,500		
<b>Parent Passport</b>	Initial \$10 X 30	\$300		
	Next 10 (benchmark), \$15 X 30	\$450		
	Hit 20 (benchmark), \$20 X 30	\$600		
	Hit 90% (benchmark), \$30 X 30	\$900		
		\$1,500		
	Hit 100% (complete Passport), \$50 X 30			
<b>Drawings</b>		\$3,000	\$2,000	
<b>Books</b>			\$2,000	
<b>Total</b>		\$266,804	\$14,500	\$12,500

# Devereux Adult Resilience Survey (DARS)

by **Mary Mackrain**

Take time to reflect and complete each item on the survey below. There are no right answers. Once you have finished, reflect on your strengths and then start small and plan for one or two things that you feel are important to improve. For fun and practical ideas on how to strengthen your protective factors, use the chapters in this book. For a free copy of the DARS visit [www.centerforresilientchildren.org](http://www.centerforresilientchildren.org).

Items	Yes	Sometimes	Not Yet
<b>Relationships</b>			
1. I have good friends who support me.			
2. I have a mentor or someone who shows me the way.			
3. I provide support to others.			
4. I am empathetic to others.			
5. I trust my close friends.			
<b>Internal Beliefs</b>			
1. My role as a caregiver is important.			
2. I have personal strengths.			
3. I am creative.			
4. I have strong beliefs.			
5. I am hopeful about the future.			
6. I am lovable.			
<b>Initiative</b>			
1. I communicate effectively with those around me.			
2. I try many different ways to solve a problem.			
3. I have a hobby that I engage in.			
4. I seek out new knowledge.			
5. I am open to new ideas.			
6. I laugh often.			
7. I am able to say no.			
8. I can ask for help.			
<b>Self-Control</b>			
1. I express my emotions.			
2. I set limits for myself.			
3. I am flexible.			
4. I can calm myself down.			

# DASS

Name:


Date:

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you *over the past week*. There are no right or wrong answers. Do not spend too much time on any statement.

*The rating scale is as follows:*

- 0 Did not apply to me at all
- 1 Applied to me to some degree, or some of the time
- 2 Applied to me to a considerable degree, or a good part of time
- 3 Applied to me very much, or most of the time

1	I found myself getting upset by quite trivial things	0	1	2	3
2	I was aware of dryness of my mouth	0	1	2	3
3	I couldn't seem to experience any positive feeling at all	0	1	2	3
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5	I just couldn't seem to get going	0	1	2	3
6	I tended to over-react to situations	0	1	2	3
7	I had a feeling of shakiness (eg, legs going to give way)	0	1	2	3
8	I found it difficult to relax	0	1	2	3
9	I found myself in situations that made me so anxious I was most relieved when they ended	0	1	2	3
10	I felt that I had nothing to look forward to	0	1	2	3
11	I found myself getting upset rather easily	0	1	2	3
12	I felt that I was using a lot of nervous energy	0	1	2	3
13	I felt sad and depressed	0	1	2	3
14	I found myself getting impatient when I was delayed in any way (eg, lifts, traffic lights, being kept waiting)	0	1	2	3
15	I had a feeling of faintness	0	1	2	3
16	I felt that I had lost interest in just about everything	0	1	2	3
17	I felt I wasn't worth much as a person	0	1	2	3
18	I felt that I was rather touchy	0	1	2	3
19	I perspired noticeably (eg, hands sweaty) in the absence of high temperatures or physical exertion	0	1	2	3
20	I felt scared without any good reason	0	1	2	3
21	I felt that life wasn't worthwhile	0	1	2	3

Please turn the page 



DEVEREUX STUDENT  
STRENGTHS ASSESSMENT  
K-3 GRADES

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

School/Organization: \_\_\_\_\_ Classroom/Program: \_\_\_\_\_

Person Completing this Form: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**Item #** *During the past 4 weeks, how often did the child...*

Never Rarely Occasionally Frequently Frequently <sup>Very</sup>

- 1 remember important information?
- 2 carry herself/himself with confidence?
- 3 keep trying when unsuccessful?
- 4 handle his/her belongings with care?
- 5 say good things about herself/himself?
- 6 serve an important role at home or school?
- 7 speak about positive things?
- 8 cope well with insults and mean comments?
- 9 take steps to achieve goals?
- 10 look forward to classes or activities at school?
- 11 get along with different types of people?
- 12 try to do her/his best?
- 13 seek out additional knowledge or information?
- 14 take an active role in learning?
- 15 do things independently?
- 16 say good things about his/her classmates?
- 17 act respectfully in a game or competition?
- 18 ask to take on additional work or responsibilities?
- 19 respect another person's opinion?
- 20 encourage positive behavior in others?
- 21 prepare for school, activities, or upcoming events?
- 22 contribute to group efforts?
- 23 do routine tasks or chores without being reminded?
- 24 act as a leader in a peer group?
- 25 resolve a disagreement?
- 26 show creativity in completing a task?
- 27 share with others?
- 28 get things done in a timely fashion?
- 29 seek out challenging tasks?
- 30 say good things about the future?
- 31 cooperate with peers or siblings?
- 32 show care when doing a project or school work?
- 33 work hard on projects?
- 34 forgive somebody who hurt or upset her/him?
- 35 follow rules?
- 36 express high expectations for himself/herself?

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June 26, 2014

Dear Boone County Children's Services Funding Board,

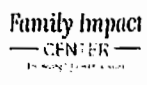
As a collective, the organizations representing the Columbia Cares for Kids Coalition, offer this letter of support for Central Missouri Community Action Agency who is seeking Boone County Children's Service Funding to initiate an innovative pilot, the BRIDGE. The Columbia Cares for Kids Coalition formed in 2010 under the leadership of CMCA, with a mission of "bringing parents, professionals and communities together to support emotionally healthy environments for children and families". Resulting from our work together over the course of several years, 4 different week-long public awareness campaigns and series of training workshops were delivered to parents, professionals and members of the larger community. Together, we engaged more than 2300 individuals in those workshops, which were led by nationally recognized experts on brain development and social-emotional development and learning. We consider CMCA's proposed initiative to be a great fit with the coalition's work and past successes, and recognize that, if funded, the BRIDGE will bring new momentum to us, enhancing the impact of the foundations previously built by the coalition.

As we understand, the BRIDGE will be a multi-faceted approach with the overarching objective being to enhance the social and emotional competencies of an "at-risk group of students who will transition from CMCA's Head Start program into the public school system, allowing for their social and academic success. Their proposed initiative will involve replicating several elements of the intensive Head Start service model to be offered to a targeted group of Head Start graduates over the course of their first three years of their public school experiences. The approach will involve the much needed components of evidence-based social-emotional learning practices, full family engagement, home visitation services, crisis management efforts, and individualize child and family goal planning, all to be provided through a collaborative approach involving teachers, Parent Partners (family support specialists), and parents.

We anticipate strong outcomes associated with the initiative resulting success for the students and families involved. Above and beyond the benefits experienced by the enrolled participants, we foresee a large-scale community impact being made as the project will bring high quality training opportunities to all Boone County families and professionals who are willing to participate. The Columbia Cares for Kids Coalition will promote participation in these events to fullest possible extent. Additionally, our coalition will serve in a guiding coalition, helping to ensure the success of the BRIDGE.

In closure, it should be reiterated that CMCA's proposed pilot is worthy of funding. Based on our experiences with the organization, we are confident that CMCA has the capacity to effectively facilitate the initiative through a quality and innovative approach.

*Jessie Remyton, Day's & Girls Club*  
*Phil Gerbary, Columbia*  
*Belinda Maslar, Parents as Teachers, Columbia Public Schools*  
*Haring, Bethaite, Ben Tillery*  
*David Schramm, University of Missouri*  
*Carol Merten, MU ParentLink*  
*K. Carol Scott, Child Care Aware of MO*  
*Sarah Hunsde, DBRC*  
*Jan Hook, Rainbow House*  
*Suzel M. Rife, Boone County Project LAUNCH*  
*Family Impact Center*





Dr. Peter Stiepleman  
Superintendent

1818 West Worley Street (573) 214-3400

Columbia, Missouri 65203

Fax: (573) 214-3401

July 1, 2014

Melinda Bobbitt  
Director of Purchasing  
Boone County Annex  
613 E. Ash, Rm. 110, Columbia MO 65201

Re: CMCA's application for pilot programs that provide innovative services

Dear Ms. Bobbitt and Members of the Children's Services Board:

Columbia Public Schools supports the Boone County Children's Services Board (BCCSB) funding goals and is pleased to be a partner with Central Missouri Community Action to implement a pilot program that will provide innovative services. Clearly the CPS mission fits with the BCCSB goal to address the identified needs. Specifically, the following needs will be addressed through this partnership:

- Home-based and community-based family intervention;
- Prevention programs that strengthen families;
- Crisis intervention services; and
- Mental health screenings

We know that a student's success is dependent on more than a high quality education experience. Students also need to be supported by their families and friends, and indeed, the entire community. With this in mind, we intend to collaborate with CMCA to build even stronger relationships between the schools, families, and the community with the specific target of increasing the social and emotional competence of students. Research clearly shows us that wraparound services to address the social and emotional competency of children and their parents supports academic success and quality of life. We are pleased to participate in this pilot project to also add the critical element of teacher engagement and strategies for social and emotional support that can be applied consistently in the home *and* the classroom.

The BRIDGE (Building Resiliency through Interdisciplinary, Developmentally Guided Engagement) approach has nine measurable outcomes that are all designed to support the primary outcome of increasing the social and emotional competence of Head Start children transitioning into Kindergarten, First, and Second grade. These children are most at risk for school failure and offer us the greatest opportunity to make a significant difference in their life trajectory.

Without social and emotional competence students lag further and further behind peers. Research provides a great deal of evidence about the correlation between parent involvement and *attendance* on academic performance and high school graduation rates. The BRIDGE strategy focuses on these issues by strengthening relationships with their child's teacher, providing ongoing support for academic and disciplinary approaches used in the school, providing ongoing support for stability, routine, and consistency within the home, establishing a community of learners among participating parents, and reaching out to the entire community so that all children are *expected* to succeed.

Columbia Public Schools has a history of collaborating with Central Missouri Community Action. Our partnership has evolved from shared space with Title I preschool and Head Start, to coordinated functions, to a blended and truly collaborative relationship that supports our youngest student's preparation for school. We operate together at the Park Avenue Head Start center (a property owned by the Columbia Housing Authority). Our staff work together daily, and the leadership of our organizations share a commitment to the success of all children.

Thank you for your consideration of our proposal.

Sincerely,

Ben Tilley  
Assistant Superintendent for  
Elementary Education

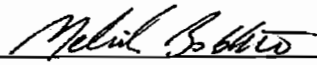
**References**

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2. Felitti, Incent J., MD, comp. Adverse Childhood Experiences Study. Health Presentations. Kaiser Permanente Medical Care Program and the Centers for Disease Control, n.d. Web. <[acestudy.org](http://www.acestudy.org)>.
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assembles collaborative action networks of public and private entities to improve those community outcomes. We would apply under the RFP for pilot projects as a collaborative effort that will make a meaningful impact on children by fostering revision of existing services that target and building the capacity of local providers to use data in their decision-making. To you more detail, the collaborative action networks will collect, share, and analyze data on local newborn, child, and youth outcomes in order to identify local root causes, promising leverage points for improving youth outcomes, and strategies that are especially effective locally. The networks will create action plans based on that data and will measure the impact of their plans on student success to determine whether those strategies should be expanded, refined or replaced.

Our question is whether the organization that convenes these networks, provides the data assistance needed for the networks to do data-based decision-making, and publishes annual community report cards is eligible for partial funding, assuming that the proposal is otherwise meritorious?

**Response: The offeror should thoroughly explain how the organization's proposed pilot program falls under a statutorily eligible service area in order for the BCCSB to make an informed decision.**

By:   
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing


OFFEROR has examined copy of Addendum #1 to Request for Proposal 28-24JUN14 – *Pilot Programs that Provide Innovative Service - Boone County Community Children's Services* receipt of which is hereby acknowledged:

Company Name: Central Missouri Community Action

Address: 801 B North Providence

Phone Number: 573 443 8706 Fax Number: 573 875 2689

E-mail: darin-preis@showmeaction.org

Authorized Representative Signature:  Date: 7/7/14

Authorized Representative Printed Name: Darin Preis



defined services, such as home-based and community-based family intervention programs and psychological evaluations and mental health screening? The pilot program will facilitate the formation of collaborative action networks and will then mentor the networks and the participating agencies in the use of local data, agency outcomes data, and national research to identify practices that are especially effective and, through their use, confer larger and more meaningful benefits to Boone County children, youth and families.

**Response: The offeror should thoroughly explain how the organization's proposed pilot program falls under a statutorily eligible service area in order for the BCCSB to make an informed decision. Please also see the "Examples of Types of Funding Classifications Envisioned" section of the Boone County Children's Services Board (BCCSB) Funding Policy which may be found at <http://www.showmeboonc.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>**

5. Should in-kind services supplied by a partner be included on Attachment C as revenue and expenses and, if so, would you like them to be identified as such?

**Response: No, do not include in-kind services on Attachment C. You should explain partner collaborations in the application narrative where appropriate.**

6. With respect to Measurement, could you further explain the difference between 2.d.iv. "Describe the approach that will be used to evaluate the pilot program" and 2.d.v. "Describe the approach that will be used to evaluate the effectiveness of the program"? Is iv about evaluating the process and v about evaluating the outcomes?

**Response: 2.d.iv. is seeking information regarding the pilot program itself in regard to the principles expressed in the BCCSB Funding Policy, please see "Examples of Types of Funding Classifications Envisioned" section. 2.d.v. is seeking information regarding how the outcomes proposed will be measured.**

By: Melinda Bobbitt  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #2 to Request for Proposal 28-24JUN14 - *Pilot Programs that Provide Innovative Service - Boone County Community Children's Services* receipt of which is hereby acknowledged:

Company Name: Central Missouri Community Action  
Address: 807 B North Providence, Columbia MO 65203

Phone Number: 573 443 8706 Fax Number: 573 875 2689

E-mail: darin-preis@showmeaction.org

Authorized Representative Signature: Darin Preis Date: 7/7/14

Authorized Representative Printed Name: Darin Preis

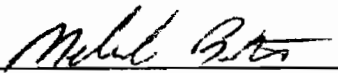
5. We carry Commercial Automobile Liability for \$1,000,000.00. To increase our coverage to \$2,000,000.00 would be an increase to our annual budget. Is this a non-negotiable requirement?

Response: **The Business Automobile Liability Insurance requirements have been reduced to \$1,000,000.00. Please replace the Insurance Requirements that were in the original RFP with the attached.**

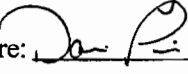
6. One of the required attachments is a Certificate of Good Standing from the Missouri Secretary of State's office. May we attach a screen shot of the MO SOS webpage that shows our organization's standing or are you requiring an official Certificate?

Response: **A Certificate of Good Standing is not a required attachment; please do not attach it to your proposal. Attachment D, 2014 Agency Assurance Sheet, states: "I, the undersigned, further certify I have and will make available, upon request, of the following documents...."**

By:

  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #3 to Request for Proposal *28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services* receipt of which is hereby acknowledged:

Company Name: Central Missouri Community Action  
Address: 807 B North Providence, Columbia MO 65203  
Phone Number: 573 443 8706 Fax Number: 573 875 2689  
E-mail: darin-preis@showmeaction.org  
Authorized Representative Signature:  Date: 7/7/14  
Authorized Representative Printed Name: Darin Preis

By: Melinda Bobbitt  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #4 to Request for Proposal 28-24JUN14 – *Pilot Programs that Provide Innovative Service - Boone County Community Children's Services* receipt of which is hereby acknowledged:

Company Name: Central Missouri Community Action  
Address: 807 B. North Providence, Columbia MO 65203

Phone Number: 573 443 8706 Fax Number: 573 875 2689

E-mail: darin-preis@showermeaction.org

Authorized Representative Signature: Darin Preis Date: 7/7/14

Authorized Representative Printed Name: Darin Preis



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children’s Services**

**ADDENDUM #4 - Issued June 24, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. The County has received the following questions and is providing a response:

1. Where it references "require annual background checks, including child abuse and neglect screenings on all employees and volunteers", we wondered if that pertained to all employees of our organization (Central Missouri Community Action) or only to those who work directly with children and families. Some of our staff, including those from our finance/IT departments, who don't interact directly with our clientele, are at this time not required to undergo annual child abuse/background screenings. In order to be eligible for funding associated with this RFP, are we required to conduct those screens on non-project related employees and volunteers?

**Response: Any position funded by the Children’s Services Fund in whole or in part, must complete an annual background check. Any volunteers associated with any programs funded by the Children’s Services Fund must also complete an annual background check.**

2. The question is in regards to measurement in both RFP’s. “Include copies of any evaluation tools you will be using”. Some of the materials we will be proposing have not been purchased, some are quite lengthy and several use multiple methods. How should we approach these issues? We can easily include why we are using these tools as opposed to others and if it would be satisfactory I would be happy to put together a description of any evaluation tool we have not purchased or is overwhelming in length. And just to verify these evaluation tools do NOT count towards are page limit, correct?

**Response: Copies of the evaluation tools do not count towards the page limit. If there are no examples of the evaluation tools, please provide a description of the evaluation tool and why it will be utilized.**

3. Regarding the Financial Information Attachment sheets. If our agency runs only one program, wouldn't the information be exactly the same for both sheets? If so, do we fill them both out?

Response: **If the agency and program budget are the same, please fill out only one worksheet and provide detailed information in the Budget Narrative.**

4. When looking at the timeline of implementation, what is the approximate date for funding? If we are looking to implement our pilot project in a school year, I am not sure if we should say our implementation would begin this fall (2014 - 15 school year) or the next school year?

Response: **The timeline will be determined during contract negotiations. For prudent planning, agencies could plan on the next school year (2015-2016) but there may be an opportunity to receive funding prior to the next school year.**

5. In both of the above referenced RFPs there is a statement "Revenues collected and deposited in the children's services fund **may not be expended** . . . or, for transportation services".

While we do not intend to propose a transportation service per se in serving youth in the County's bedroom communities there will be expenses incurred in staff reaching out to them and transporting participants to proposed services and activities. Are these costs in anyway allowable? Can expenses incurred while using existing vehicles for gas, insurance and maintenance be included in the unit cost? How about mileage reimbursement for proposed staff?

Response: **All expenses incurred by staff in providing services are allowed and should be included in the unit cost. However, the costs of transporting participants cannot be reimbursed through the Children's Services Fund.**

6. Am I correct in understanding staffing for the proposed project may not exceed 15 % of the total project request? For example, if the total project were \$1000, \$150 would be the maximum allowable for personnel.

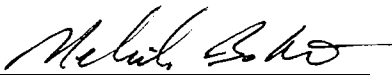
Response: **For the Pilot Programs for Innovative Services RFP, the 15% of salary expenses is referring strictly to indirect expenses. Salary expenses include wages, payroll taxes, unemployment, and worker's comp. Indirect expenses include general organizational expenses such as executive management time, finance, human resources or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc.**

7. Will the 15% administration percentage be based on the "Personnel Costs" line on the budget or strictly just the salary portion of that line?

Response: **The 15% administrative percentage or indirect expenses are based on the salary expenses (salary expenses does not include benefits) only.**

8. What is included in Personnel expenses? Wages, payroll taxes, health insurance, and retirement are included but how about unemployment, work comp, and staff training?

Response: **Personnel expenses should include wages, payroll taxes, health insurance, retirement, unemployment, worker's comp and staff training. Please provide a detailed explanation in the Budget Narrative.**

By:   
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #4 to Request for Proposal **28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children’s Services** receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services**

**ADDENDUM #3 - Issued June 16, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Last date to submit questions is June 27, 2014 at 12:00 p.m.
- II. The County has received the following questions and is providing a response:
  1. Under Section II Funding Goals, would you please define match funding opportunities?

**Response: Information regarding match funding may be found in the BCCSB's Funding Policy. The BCCSB's Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

2. Is an annual independent audit necessary for our small agency? We have received state grants for our afterschool program for nine years and have never been required to do this because our level of funding has never exceeded \$100,000.

**Response: If the agency is not required or is exempt from conducting an annual independent financial audit, please explain this in your Application Narrative.**

3. We currently have no paid employees under our organization. We are all volunteers. In the past, we have only had five part-time employees. Under our proposal we would request employment for 3 to 5 employees. Would we still be required to carry Worker's Comp. Insurance?

**Response: It would be acceptable to provide evidence of monopolistic state coverage and the County would provide a form for you to complete at time of contract execution.**

4. We carry Comprehensive General Liability Insurance for \$1,000,000. To increase our coverage to \$2,000,000.00, would be an increase in our annual budget. Is this a non-negotiable requirement?

**Response: The Commercial General Liability Insurance requirements have been reduced to \$1,000,000.00. Please replace the Insurance Requirements that were in the original RFP with the attached.**

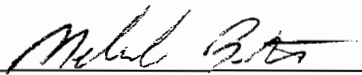
5. We carry Commercial Automobile Liability for \$1,000,000.00. To increase our coverage to \$2,000,000.00 would be an increase to our annual budget. Is this a non-negotiable requirement?

Response: **The Business Automobile Liability Insurance requirements have been reduced to \$1,000,000.00. Please replace the Insurance Requirements that were in the original RFP with the attached.**

6. One of the required attachments is a Certificate of Good Standing from the Missouri Secretary of State's office. May we attach a screen shot of the MO SOS webpage that shows our organization's standing or are you requiring an official Certificate?

Response: **A Certificate of Good Standing is not a required attachment; please do not attach it to your proposal. Attachment D, 2014 Agency Assurance Sheet, states: "I, the undersigned, further certify I have and will make available, upon request, of the following documents...."**

By:

  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #3 to Request for Proposal 28-24JUN14 – *Pilot Programs that Provide Innovative Service - Boone County Community Children's Services* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



**Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County, nor shall the Contractor allow any subcontractor to commence work on their subcontract until all similar insurance required of subcontractor has been so obtained and approved. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide. Insurance limits indicated below may be lowered at the discretion of the County.

**Employers Liability and Workers Compensation Insurance** - The Contractor shall take out and maintain during the life of this contract, **Employers Liability and Workers Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Workers Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor. Workers Compensation coverage shall meet Missouri statutory limits or provide evidence of monopolistic state coverage. Employers Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit. In case any class of employees engaged in hazardous work under this Contract at the site of the work is not protected under the Workers Compensation Statute, the Contractor shall provide and shall cause each subcontractor to provide Employers Liability Insurance for the protection of their employees not otherwise protected.

**Commercial General Liability Insurance** - The Contractor shall take out and maintain during the life of this contract, such commercial general liability insurance as shall protect them and any subcontractor performing work covered by this contract, from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or for any subcontractor or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 combined single limit for any one occurrence covering both bodily injury and property damage, including accidental death. If the Contract involves any underground/digging operations, the general liability certificate shall include X, C, and U (Explosion, Collapse, and Underground) coverage. If providing Commercial General Liability Insurance, then the Proof of Coverage of Insurance shall also be included.

Contractor may satisfy the minimum liability limits required for Commercial General Liability or Business Auto Liability under an Umbrella or Excess Liability policy. There is no minimum per occurrence limit of liability under the umbrella or Excess Liability; however, the Annual Aggregate limit shall not be less than the highest "Each Occurrence" limit for either Commercial General Liability or Business Auto Liability. Contractor agrees to endorse the County as an Additional Insured on the umbrella or Excess Liability, unless the Certificate of Insurance state the Umbrella or Excess Liability provides coverage on a "Follow-Form" basis.

**Business Automobile Liability** – The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; non-owned and both on and off the site of work.

**Subcontractors:** Contractor shall cause each Subcontractor to purchase and maintain insurance of the types and amounts specified herein. Limits of such coverage may be reduced only upon written agreement of Owner. Contractor shall provide to Owner copies of certificates evidencing coverage for each Subcontractor. Subcontractors' commercial general liability and business automobile liability insurance shall name Owner as Additional Insured and have the Waiver of Subrogation endorsements added.

**Proof of Carriage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name the County as additional insured in an amount as required in this contract, contain

a description of the project or work to be performed and provided for Commercial General Liability, Business Auto Liability, and Umbrella or Excess Liability (not on Workers Compensation). The Certificate of Insurance shall provide that there will be no cancellation or reduction of coverage without 30 days prior written notice to the Owner. In addition, such insurance shall be on occurrence basis and shall remain in effect until such time as the County has made final acceptance of the facility contracted.

**INDEMNITY AGREEMENT:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, officers, agents, and employees from and against all claims, damages, losses and expenses (including but not limited to attorney's fees) arising by reason of any act or failure to act, negligent or otherwise, of Contractor, of any subcontractor (meaning anyone, including but not limited to consultants having a contract with contractor or a subcontract for part of the services), of anyone directly or indirectly employed by contractor or by any subcontractor, or of anyone for whose acts the contractor or its subcontractor may be liable, in connection with providing these services. This provision does not, however, require contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

Failure to maintain the required insurance in force may be cause for contract termination. In the event the Agency/Service fails to maintain and keep in force the required insurance or to obtain coverage from its subcontractors, the County shall have the right to cancel and terminate the contract without notice.



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children’s Services**

**ADDENDUM #2 - Issued May 28, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Change Bid Due Date and Opening Date to the following:

**Response Submission Deadline: July 10, 2014, 1:15 p.m. Central Time**  
**Proposal Opening: July 10, 2014, 1:30 p.m. Central Time**

- II. Attached for informational purpose are the pre-proposal conference sign-in sheets from the conferences that were held on May 23, 2014.
- III. Provided for informational purpose is the evaluation weighted criteria that will be used by the Children’s Services Board to evaluate the proposal responses received.

<b>Agency and Service Information</b>	<b>15%</b>
<b>Evaluation</b>	<b>50%</b>
<b>Budget</b>	<b>35%</b>

- IV. The County has received the following questions and is providing a response:

1. Can the “Board of Directors” be submitted as an attachment to our RFP response?

Response: **Yes. Any time you see the word “attached,” you may submit that requirement as an attachment.**

2. If our agency does not have a Board of Directors, is an advisory board acceptable?

Response: **Yes, please explain your agency’s organizational structure in your application narrative.**

3. The Thompson Center is affiliated with the University of Missouri. The Federal 990 is hundreds of pages. Can we submit a URL where that can be viewed rather than attach those pages?

Response: **The 990 should not be attached, it is, however, required to be available upon request.**

4. Will the Board consider proposals for programs that will not work directly with Boone County children, youth, and families, but instead will work with agencies that directly provide statutorily

defined services, such as home-based and community-based family intervention programs and psychological evaluations and mental health screening? The pilot program will facilitate the formation of collaborative action networks and will then mentor the networks and the participating agencies in the use of local data, agency outcomes data, and national research to identify practices that are especially effective and, through their use, confer larger and more meaningful benefits to Boone County children, youth and families.

Response: **The offeror should thoroughly explain how the organization's proposed pilot program falls under a statutorily eligible service area in order for the BCCSB to make an informed decision. Please also see the "Examples of Types of Funding Classifications Envisioned" section of the Boone County Children's Services Board (BCCSB) Funding Policy which may be found at <http://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>**

5. Should in-kind services supplied by a partner be included on Attachment C as revenue and expenses and, if so, would you like them to be identified as such?

Response: **No, do not include in-kind services on Attachment C. You should explain partner collaborations in the application narrative where appropriate.**

6. With respect to Measurement, could you further explain the difference between 2.d.iv. "Describe the approach that will be used to evaluate the pilot program" and 2.d.v. "Describe the approach that will be used to evaluate the effectiveness of the program"? Is iv about evaluating the process and v about evaluating the outcomes?

Response: **2.d.iv. is seeking information regarding the pilot program itself in regard to the principles expressed in the BCCSB Funding Policy, please see "Examples of Types of Funding Classifications Envisioned" section. 2.d.v. is seeking information regarding how the outcomes proposed will be measured.**

By: Melinda Bobbitt  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #2 to Request for Proposal **28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services** receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

27-10JUN14 – Service Contracts for Boone County Children’s Services  
 May 23, 2014, 10:00 a.m. central time

28-24JUN14 – Pilot Programs that Provide Innovative Service Friday  
 May 23, 2014, 11:00 a.m. central time

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	Kelly Wallis	Children’s Services Board	886-7218	
3.	Joanne Nelson	Children’s Services Board	886-4298	
4.	Erika Waller	MU Psychological Services Clinic	882-2686	882-9583
5.	J. Arment	BBH	777-8397	
6.	Rachel Jones	BBH	777-8330	777-8300
7.	Julia Adani	GC	843-8331	-
8.	Carole Schatz	MUPC	424-2287	
9.	Cynthia Tube	MU		
10.	Vicki Dault	T		
11.	Isabel Rife	Project LAUNCH		
12.	Jessica Wilkoy	J		
13.	Jack Jensen	First Chance for Children		
14.	Harper Zislak	Great Circle		
15.	Paula Borquon	Preferred Family Health		
16.	Wes Toine	"		
17.	Sara Mault	"		

Kelly Treter "

18.	Jan Stock	Rainbow House	474-6600	474-5992
19.	Philip Petrus	Cradle to Caree	882-8274	
20.	Ryan Worley	Tenth Community Coalition	449-1993	269 0848
21.	Mawlen House	Burrell	777 8336	
22.	Craig Valone	" "	777 8451	
23.	Brian Martin	Patross Community Health	317-9100	
24.	Holly Staley	SSM Health Care	314-979-8462	314-406-5925
25.	Bryan White	Central Mo Community Actn	443 8706	
26.	Ric Douber	See	356 6397	
27.	Anna Drake	Agent of Missouri CARA	(573)442-4670	NA
28.	Marissa Emrich	Assessment + Consultation Clinic	573-884-3101	573-884-3377
29.	Steve Hollie	City/County HHS	874-7722	
30.	Parent Meetings	All Parents Involved	573-268-7746	
31.	Heather Swift	Big Bone PMS	573-874-3627 x.221	
32.	GRANT BRACKEN	UPSTANDER INITIATIVE	573-999-9166	
33.	Bondi Woods	THE THOMPSON CENTER FOR AUTISM	573-489-7312	
34.	Chryck Bordin	U. Missouri	573-882-4578	
35.	Nellma Alford	CMT/CAH	573-353-0579	
36.				
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FAX

41.	Francis Talina	CMCA	443-8706	
42.	Pamela Beery	CMCA	443-8706	
43.	Randy Hill	Love (NC)	256-7662 ext. 29	256-7665
44.	Joe Ann Lauer Bros	CPS	214 3462	214-3402
45.	Megan Carney	MJ ACC	573-884-6856	573-884-3399
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

27-10JUN14 – Service Contracts for Boone County Children’s Services  
 May 23, 2014, 10:00 a.m. central time

28-24JUN14 – Pilot Programs that Provide Innovative Service Friday  
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	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	Kelly Wallis	Children’s Services Board	886-7218	
3.	Joanne Nelson	Children’s Services Board	886-4298	
4.	Paulette Foerster	Lutheran Family and children’s services	815-9955	449-4640
5.	Christae Conroy	"	"	"
6.	Paula Fleming	Great Circle	356-0022	442-8330
7.	Peppy Howard-Wilms	Great Circle	314-623-6589	314-968-8308
8.	Harper Zidolka	Great Circle	314-626-6242	
9.	Misty O’Keefe	Child Care Aware of Missouri	314-752-9716	314-754-0330
10.	Shelly Lock	Child Care Aware of MO	573-353-1930	314-754-0330
11.	Whitney Jones	Youth Empowerment Zone	(773) 677-2115	
12.	Chrissy Mayer	DCCCA / Tallgrass Family Services	(785) 841-4138 cmayer@dcca.org	785-841-5777
13.	Anita Kiestling-Cover	PCHAS	573-289-7590	
14.	Becky Markt	CHA Low Income Services	573-443-2556	
15.	Andrea Toppani	" HCV	" ext 1400	
16.				
17.				





**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative  
Service - Boone County Community Children's Services**

**ADDENDUM #1 - Issued May 23, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. If any Offeror is interested in obtaining a copy of the RFP in Word format and the Budget Worksheets in Excel, please e-mail request to [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org).
- II. The County has received the following questions and is providing a response:
  1. Can our organization apply as a lead organization with community collaborations as long as MOU's are in place?

Response: **Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies. The contracting agency must comply with terms for entering into subcontracts with other agencies.**

2. Is there a length of service established for both RFP's?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

3. Are there parameters around levels of funding? How much is available for each RFP? Funding ceiling or floor?

Response: **Parameters around levels of funding have not been established at this time.**

4. How are Innovative Pilot Services defined?

Response: **Further information regarding Pilot Programs may be found in the Boone County Community Service Board's (BCCSB) Funding Policy.**

- a. Would an evidence-based program already in place in another location, qualify for this RFP if we are adapting and implementing the program for the first time in Boone County?

**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy.**

5. Will evidence-based program training be funded under both of the RFP's?

**Response: Evidence-based program training may be considered for funding, provided the program training complies with the BCCSB's Funding Policy and the parameters established for funding by the Request For Proposal.**

- a. Are there any restrictions on the % of training costs?

**Response: No restrictions have been established at this time.**

- b. Are there any restrictions on the % of administration costs?

**Response: Administration costs/indirect expenses will be considered up to a maximum of 15% of salary expense only.**

7. Can funding be used for rent or the purchase of a physical building (i.e. a community center) in either RFP?

**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy. For Pilot Program proposals these expenses fall under indirect expenses. See above answer regarding allowance of indirect expenses.**

8. Can you explain the indirect cost 15% of salary expense that is allowable on pilot programs?

**Response: Agencies may be funded for indirect expenses up to 15% of the total salary expenses for direct staff positions for the project.**

9. Does the general liability insurance requirement and worker's compensation insurance requirement need to be in place before applying for the grant? Can this be an allowed expenditure in the budget of the request for funding proposal or is this at the expense of the organization? Do applicants need to provide an indemnity clause with their application, or only if selected for an award?

**Response: Insurance certificate does not have to be provided to submit a proposal response. It will be required at contract execution. The Offeror has discretion as to whether to itemize this expense or include it in their overall unit pricing. Indemnity clause may be provided with application or after selected for award.**

10. Can you clarify what specifically you are seeking in the anticipated outcomes, outcomes, indicators, and measurement sections (or how these differ)? Some of this information seems repetitive – is that okay?

Response: **There are excellent resources available on-line that provide detailed explanations of these terms. One resource to find this information is <http://www.cdc.gov/eval/resources/index.htm>.**

11. May we submit letters of support with our proposals?

Response: **Letters of support are not required. Letters of support will be considered as part of the Application Narrative. Consideration should be given to page limitations outlined in the Request for Proposals.**

12. Are the awarded contracts going to be fee for services (we get reimbursed for the services we provide) or cost-based? If they are fee for service, how are the rates determined?

Response: **For pilot program proposals, funding terms will be established during contract negotiation.**

13. Attachment B - Our fiscal year runs from July to June. With that in mind, here is how I feel the years should run: Prior Year- July 2012- June 2013, Current Year July 2013-June 2014, and Proposed Year July 2014-June 2015. Is this correct? If so, our July 2013- June 2014 information will be incomplete (missing May and June numbers), should we project those numbers to show 12 months? Our agency wide budget is not completed for the upcoming year (July 2014-June 2015). Should we provide a preliminary budget?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

14. Attachment C - Where do we include the funding we are requesting from the Children's Service Funds?

Response: **The amount requested from the Children's Services Fund should not be included on Attachment C.**

15. Attachment C - In the bottom box, what is the difference between "Actual" and "Current"?

Response: **The bottom box should read from left to right, "Prior Actual Year", "Current Year", and "Proposed Year". An amended Attachment C is attached.**

16. What is the maximum amount of funds that can be requested for each RFP? Is there a range of funding for each project/RFP that the evaluation/reviewers desire?

Response: **There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

17. Can funding be used to support services, or supportive services/wrap-around services to children and youth who are currently enrolled in a residential chemical dependency program?

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy.**

18. Should all proposals be for a twelve month period? I see that there is the option for negotiation to renew funded proposals, but in our original design for programming, should we limit programming to twelve months?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. Agencies should define proposed program terms in the application and budget narratives.**

19. How many times can organizations re-apply? Is it on an Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

20. When is the start date and end date of the funding?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

21. If a new non-profit organization has applied for their 501(3)(c) designation but it is still pending by the deadline date of the grant, will some consideration be given to the non-profits as long as they can document their application for 501(3)(c)?

Response: **Consideration may be given to a non-profit organization that has not yet obtained a 501(c)(3) designations; however, an organization must have obtained the 501(c)(3) designations prior to entering into a contract.**

22. Can an organization submit more than one pilot program?

Response: **Yes**

23. Can an organization apply for the pilot program and the purchase for services contracts?

Response: **Organizations may apply for both the pilot program and purchase of services contracts.**

24. What is the funding cap request per proposal for the pilot program? Is it a set amount or is it variable?

Response: **There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

25. Is there a list of “allowable expenditures” of what can be requested for the proposal? Or a list of things that are “not allowable”? That would be helpful to have if it is available.

Response: **There is not currently a list of “allowable” or “not allowable” expenditures.**

26. For the pilot program, can participants/subjects in the research pilot be paid for their participation for completing surveys, classes, etc. as part of the funding? For example, “each participant who completes the pre- and post surveys and the classes on advocacy will have their name entered into a drawing to win a \$100.00 gift card to \_\_\_\_\_.”

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB’s’s Funding Policy.**

27. If a new non-profit has just been certified the state and Jason Kander’s office sent a letter stating that their independent audit is not due to the state until August of 2015, is this letter allowable to present in lieu of doing an independent audit prior to submission as required by the grant?

Response: **Yes.**

28. Section I - Overview:

Must offerors submit proposals providing services throughout Boone County, or may proposals focus on certain geographic areas such as the City of Columbia?

Response: **Please reference the “Beneficiaries and Outcomes” section of the BCCSB’s Funding Policy.**

29. Attachment C Program Budget Worksheet

- a. Because Section VII - Term; Termination of Contract Agreement indicates that the initial term of contract will be negotiated, should the offeror assume that the Program Budget Worksheet is to be filled out on a calendar year basis?

Response: **As the contract term has not yet been established, agencies may use the agency’s fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

- b. The Worksheet requires Program Revenue and Expenses for Prior (2013), Current (2014), and Proposed Year (2015). Because revenue from certain sources (such as United Way) are contractually committed on calendar year basis, some revenue shown for Current year may not be available for Proposed Year. How should offerors treat this type of revenue on Exhibit C?

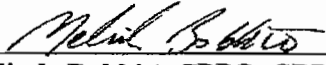
Response: **See above.**

30. My question is about the kinds of services that are eligible for funding. We would like to know whether funds could be awarded to a program that identifies key community-level student outcomes (such as kindergarten readiness and psycho-social well-being at the transition out of middle school), identifies local data with which to measure progress on those outcomes, and

assembles collaborative action networks of public and private entities to improve those community outcomes. We would apply under the RFP for pilot projects as a collaborative effort that will make a meaningful impact on children by fostering revision of existing services that target and building the capacity of local providers to use data in their decision-making. To you more detail, the collaborative action networks will collect, share, and analyze data on local newborn, child, and youth outcomes in order to identify local root causes, promising leverage points for improving youth outcomes, and strategies that are especially effective locally. The networks will create action plans based on that data and will measure the impact of their plans on student success to determine whether those strategies should be expanded, refined or replaced.

Our question is whether the organization that convenes these networks, provides the data assistance needed for the networks to do data-based decision-making, and publishes annual community report cards is eligible for partial funding, assuming that the proposal is otherwise meritorious?

**Response: The offeror should thoroughly explain how the organization's proposed pilot program falls under a statutorily eligible service area in order for the BCCSB to make an informed decision.**

By:   
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #1 to Request for Proposal *28-24JUN14 - Pilot Programs that Provide Innovative Service - Boone County Community Children's Services* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



# COUNTY OF BOONE - MISSOURI

**REQUEST FOR PROPOSAL (RFP) #: 28-24JUN14**  
**Pilot Programs that Provide Innovative Services**  
**Boone County Children's Services Fund**  
**2014 Application**

**BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:**

*To improve the lives of children, youth and families in Boone County  
by strategically investing in the creation and maintenance of integrated systems  
that deliver effective and quality services for children and families in need.*

**RFP TIMELINE:**

<b>Important Events</b>	<b>Location</b>	<b>Dates</b>
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	<b>May 9, 2014</b>
Written Questions Due By	<a href="mailto:mbobbitt@boonecountymo.org">mbobbitt@boonecountymo.org</a>	<b>May 21, 2014</b> <b>12:00 p.m. Central Time</b>
Pre-Proposal Conference - Information Session	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	<b>May 23, 2014</b> <b>11:00 a.m. Central Time</b>
Response Submission Deadline	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	<b>June 24, 2014</b> <b>9:15 a.m. Central Time</b>
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	<b>June 24, 2014</b> <b>9:30 a.m. Central Time</b>

**CONTACT INFORMATION:**

Boone County Purchasing  
Boone County Annex  
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
Phone: (573) 886-4391 Fax: (573) 886-4390  
Email: [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

## I. Overview

On November 6, 2012, the citizens of Boone County passed County of Boone Proposition 1, which created a Children's Services Fund for children and youth nineteen years of age or less in Boone County. The Boone County Children's Services Board (BCCSB) has been appointed by the County Commission and entrusted to oversee this Fund. The Fund is created pursuant to RSMo §67.1775, RSMo §210.861, and the ballot language presented to the voters on November 6, 2012. RSMo §210.861 specifies the types of services that may be funded by the BCCSB. By statute, funds may be invested to address the following needs:

- up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
- respite care services
- unmarried parent services
- outpatient chemical dependency and psychiatric treatment programs
- counseling and related services as a part of transitional living programs
- home-based and community-based family intervention programs
- prevention programs which promote healthy lifestyles among children and youth and strengthen families
- crisis intervention services, inclusive of telephone hotlines
- individual, group, or family professional counseling and therapy services
- psychological evaluations
- mental health screenings.

Revenues collected and deposited in the community children's services fund **may not** be expended for inpatient medical, psychiatric, and chemical dependency services, or for transportation services.

## II. Funding Goals

The Board believes that it should invest in meaningful services to children, youth and families in a way that utilizes multiple effective strategies. To that end, the Board intends to invest its funding *appropriated for services* in the following general categories:

- Pilot programs that provide innovative services
- Purchase of service programs
- Match funding opportunities
- Strategic opportunities
- Contingency reserve to support other programs with circumstances requiring immediate attention



This RFP seeks applications for pilot programs that provide innovative services. Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth and families in need in Boone County. Preference will also be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.

### **III. Minimum Eligibility Criteria**

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit agency or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services
- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri

### **IV. Funding Available**

Applications for funding will be accepted to fund pilot programs that provide innovative services to children and youth nineteen years of age or less and their families in all service areas fundable pursuant to statute.

The proposed pilot programs may involve the creation of definitions for a class of children, youth and families, the creation of definitions for evidence-based services, and the creation of techniques to evaluate effectiveness. This may be a collaborative effort with other stakeholders to provide services that can make a meaningful impact on children that are not currently being provided. These programs could include funding to build capacity among appropriate service providers to provide these new, evidence-based practices.

For pilot programs the Board will consider **indirect expenses** up to a maximum of 15% of salary expense only (salary expense does not include benefits). Indirect expenses include general organizational expenses such as executive management time, finance, human resources or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc.

## V. Application

The Application Narrative cannot exceed 20 double-spaced pages, on standard white paper, with at least 12-point font and one-inch margins, excluding required attachments.

Please submit two original copies to:

Boone County Purchasing Department  
Attn: Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
Boone County Annex  
613 E. Ash, Rm. 110  
Columbia, MO 65201

Paper copies must be sealed in an envelope with RFP # and name of Offeror on the outside of the envelope. Proposals **MUST** be delivered no later than 9:15 a.m. central time, June 24, 2014. Proposals will not be accepted after this date and time and the County will return such late proposals to the Offeror.

Please submit an electronic copy after 9:30 a.m. central time June 24, 2014 and before 11:30 p.m. June 24 in Microsoft Word or PDF format to: [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org). Please do not submit the electronic copy prior to 9:30 a.m. central time, June 24, 2014.

## VI. Contracting Agency Requirements

**Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

- **Compensation Insurance:** The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all of their employees employed at the site of work. and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.
- Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$1,000,000.00 each employee, \$1,000,000.00 each accident, and \$1,000,000.00 policy limit.
- **Comprehensive General Liability Insurance:** The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether

such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$2,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

- The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$2,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.
- The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$2,000,000.00 and naming Boone County as additional insured.
- **Commercial Automobile Liability:** The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$2,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

**Indemnity Agreement:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

**Subcontracts :** The Contractor may enter into subcontracts for components of the consulting service as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.

In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

## **VII. Instructions and General Conditions**

**Delivery of Proposals:** Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received at the Boone County Purchasing office until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- If you have obtained this proposal document from our Web Page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addenda if we do not have you on our Vendor list for this proposal.
- The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- No negotiations, decisions, or actions shall be initiated by any agency as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

### **Ambiguity, Conflict, or Other Errors in the RFP:**

- If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the Request for Proposal, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the Request for Proposals prior to submitting the proposal or it shall be waived.
- Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

**Rejection of Proposals:** The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply

information in connection with respect to responsibility may be grounds for a determination of non-responsibility.

**Acceptance of Proposals:** The County will accept for evaluation all proposals that are submitted properly. However, the County reserves the right to request clarifications or corrections to proposals.

**Requests for Clarification of Proposals:** Requests by the Purchasing Department for clarification of proposals shall be in writing.

**Validity of Proposals:** Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

**Receipt and Opening of Advertised, Sealed Proposals:** The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful firm's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, Tuesday, June 24, 2014 at 9:30 a.m. Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at [www.showmeboone.com](http://www.showmeboone.com). Select "Purchasing", then "2014 Bid Tabulations".
- Proposal responses are due by Tuesday, June 24, 2014 at 9:15 p.m. No late proposals will be accepted.

**Withdrawal of Proposals:** Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

**Guidelines for Written Questions:** All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than 12:00 p.m., May 21, 2014. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, and Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet.

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
613 E. Ash Street, Room 110  
Columbia, Missouri 65201  
Phone: (573) 886-4391 Fax: (573) 886-4390  
E-mail: [mbobbitt@boonecountymmo.org](mailto:mbobbitt@boonecountymmo.org)

**Pre-Proposal Conference:** To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for May 23, 2014 at 11:00 a.m. Central Time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri 65201.

- All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.

**Term; Termination of Contract Agreement:**

- The initial term of the resulting contract agreement from this Pilot Programs that Provide Innovative Services Request for Proposal will be negotiated. The negotiated contract may have an option for renewal.
- The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 60 days prior written notice to the Contractor.

**Competitive Negotiation of Proposals:** The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or

to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

- Negotiations may be conducted in person, in writing, or by telephone.
- Negotiations will only be conducted with potentially acceptable proposals. The County reserves the right to limit negotiations to those proposals, which received the highest rankings during the initial evaluation phase.
- Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.
- The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- The County reserves the right to contact any and all references to obtain without limitation, information regarding the Offeror's performance on previous projects. A uniform sample of references may be checked for each short-listed Offeror.

**BOONE COUNTY CHILDREN'S SERVICES FUND  
2014 APPLICATION NARRATIVE FOR FUNDING:  
PILOT PROGRAMS THAT PROVIDE INNOVATIVE SERVICES**

**Agency Name:**

**Agency Address:**

**Agency Phone Number:**

**Primary Agency Contact (include title):**

**Email Address:**

**Contact Phone Number:**

**Amount Requested:**

**Federal Tax ID (or Social Security #):**

**Signature:**

**Date:**

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**1. AGENCY AND PROGRAM INFORMATION**

**a. Background Information:**

- i. Provide a summary of your agency, including your agency's mission statement.
- ii. Attach a list of your agency's Board of Directors.
- iii. Describe why your agency is interested in implementing a pilot program to provide innovative services to children, youth and families in Boone County.

**b. Target Population:**

- i. Describe the pilot program's target population.
- ii. Discuss the rationale for selection of this target population for a pilot program.
- iii. Please state the statutorily eligible service area (see page 2) the target population falls within.

**c. Innovative Service Idea:**

- i. Discuss the issue or problem the pilot program seeks to address.
- ii. Provide a detailed description of the idea for innovative services to be developed or that has been developed into a pilot program.



- iii. Discuss what other agencies you have collaborated with in the development of the idea for the innovative service(s).

**d. Implementation:**

- i. Describe how and with what agencies you will collaborate with to implement the pilot program.
- ii. Discuss the plan for the implementation of the pilot program including how the requested funds will be used for the program in the implementation process.
- iii. Outline the timeline for key steps in the implementation process.

**2. EVALUATION**

**a. Performance Information:**

- i. Attach a Program Performance Measures Worksheet (see Attachment A).

**b. Outcomes:**

- i. Describe the outcomes of the pilot program (outcomes need to be measurable and time specific).

**c. Indicators:**

- i. Identify and describe the indicators which will measure the pilot program outcomes.
- ii. Identify your agency's performance target of these indicators.

**d. Measurement:**

- i. Discuss who will be responsible for the accomplishment of each of the outcome goals.
- ii. Discuss how the data will be collected.
- iii. Identify your agency's timeline for each outcome.
- iv. Describe the approach that will be used to evaluate the pilot program.
- v. Describe the approach that will be used to evaluate the effectiveness of the program.
- vi. Include copies of any evaluation tools you will be using and provide a description of why you are using these tools compared to other tools.

**e. Input**

**i. Clinical Expertise:**

- 1. Discuss the capacity of your agency to execute the proposed program.
- 2. Provide a list of key staff responsible for implementing the program.

**ii. Program Activity:**

- 1. Describe the innovative interventions and/or activities that will be implemented through the pilot program.
- 2. Identify and discuss the evidence-based practices that will be used and relevant research supporting the efficacy of the proposed interventions and/or activities.

3. If there is no research to support the efficacy of the proposed interventions and/or activities, please explain the rationale for utilizing the interventions and/or activities.

**f. Output:**

- i. Service to be provided.
- ii. Unit measurement, if applicable.
- iii. Unit cost, if applicable.
- iv. Amount requested.
- v. Number of individuals to be served.

**3. BUDGET**

**a. Budget Worksheets to be Attached:**

- i. Agency Financial Worksheet (see Attachment B).
- ii. Program Budget Worksheet (see Attachment C).

**b. Budget Narrative**

- i. Please explain each line of the budget worksheets from Attachments B and C.

**c. Staff Positions:**

- i. Provide a list of staff positions for the project, including direct and indirect.
- ii. State the role of each position and their qualifications.
- iii. State the proposed salary for each position.

**4. AGENCY ASSURANCE, CERTIFICATION, AND WORK AUTHORIZATION SHEETS**

Please review, sign, and return the Agency Assurance Sheet (see Attachment D), the Certification Sheet (See Attachment E), and the Work Authorization Sheet (see Attachment F) with the proposal. The sheets outline the expectations and requirements for any agencies requesting and/or receiving funds through the Boone County Children's Services Fund.

## ATTACHMENT A

### Program Performance Measures Information Worksheet

The following synonyms, definitions, and examples may help you completing the required program performance measures information:

	<b>Activity</b>	<b>Output</b>	<b>Outcome</b>	<b>Indicator</b>	<b>Method of Measurement</b>
<b>Synonyms</b>	<i>Activity = Service</i>	<i>Output = Product</i>	<i>Outcome = Change</i>	<i>Indicator = Measure</i>	<i>Method of Measurement = Information gathering instrument or technique</i>
<b>Definitions</b>	An <i>Activity</i> is the program service or sub service being provided	An <i>Output</i> is expressed as the NUMBER of things produced by an activity and the number people for whom it is provided	An <i>Outcome</i> describes a beneficial CHANGE in people	An <i>Indicator</i> is the specific item of information by which a program's LEVEL OF SUCCESS is measured	A <i>Method Of Measurement</i> is the instrument or technique used to gather the information needed to measure the program's success.
<b>Example</b>	Activity= Before/after school youth enrichment programming  Sub-Activity=Tutoring	150 hours of tutoring sessions for 30 children	Child's academic performance improves	Number and percent of participants who receive better grades following participation in program as compared to period prior to participation	Utilize school report card data pre and post participation in the program.

Activity	Output(s)	Outcome(s)	Indicator(s)	Method of Measurement

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**ATTACHMENT B**  
**AGENCY FINANCIAL INFORMATION**

**AGENCY NAME:**

<b>AGENCY REVENUE</b>	<b>PRIOR YEAR ACTUAL</b>	<b>CURRENT YEAR</b>	<b>PROPOSED YEAR</b>	<b>% OF PROPOSED TOTAL</b>	<b>% CHANGE CURRENT TO PROPOSED</b>
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way					
B. Other United Ways					
C. Capital Campaigns					
D. Grants (non-governmental)					
E. Fund Raising & Other Direct Support					
<b>TOTAL DIRECT SUPPORT (sub-totals)</b>					
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding					
B. Boone County - Other					
C. Other Counties					
D. City of Columbia - Social Service Funding					
E. City of Columbia - Other					
F. Other Cities					
G. Federal (Medicaid, Title III, etc.)					
H. State (Purchase of Services, Grants, etc.)					
I. Other (Schools, Courts, etc.)					
<b>TOTAL GOV'T CONTRACTS/SUPPORT (sub-totals)</b>					
3. Program Service Fees					
4. Investment Income (realized & unrealized)					
5. Other Revenue Items					
<b>TOTAL AGENCY REVENUE</b>					
<b>AGENCY EXPENSES</b>	<b>PRIOR YEAR ACTUAL</b>	<b>CURRENT YEAR</b>	<b>PROPOSED YEAR</b>	<b>% OF PROPOSED TOTAL</b>	<b>% CHANGE CURRENT TO PROPOSED</b>
Expenses for Program Services					
Expenses for Management and General					
Expenses for Fundraising					
<b>TOTAL AGENCY EXPENSES</b>					
% of Management and Fundraising Expenses					
<b>NET ASSETS</b>	<b>PRIOR YEAR ACTUAL</b>	<b>CURRENT YEAR</b>	<b>PROPOSED YEAR</b>	<b>% CHANGE CURRENT TO PROPOSED</b>	
Net Assets, End of Year					
<b>CASH FLOWS</b>	<b>PRIOR YEAR ACTUAL</b>	<b>CURRENT YEAR</b>	<b>PROPOSED YEAR</b>	<b>% CHANGE CURRENT TO PROPOSED</b>	
Cash, End of Year					

## ATTACHMENT C

### PROGRAM BUDGET WORKSHEET

**PROGRAM NAME:**

TOTAL PROGRAM REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way					
B. Other United Ways					
C. Capital Campaigns					
D. Grants (non-governmental)					
E. Fund Raising & Other Direct Support					
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding					
B. Boone County - Other					
C. Other Counties					
D. City of Columbia - Social Service Funding					
E. City of Columbia - Other					
F. Other Cities					
G. Federal (Medicaid, Title III, etc.)					
H. State (Purchase of Services, Grants, etc.)					
I. Other (Schools, Courts, etc.)					
3. Program Service Fees					
4. Investment Income (realized & unrealized)					
5. Other Revenue Items					
<b>TOTAL PROGRAM REVENUE</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		

PROGRAM EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
1. Personnel					
2. Non-Personnel					
<b>TOTAL PROGRAM EXPENSES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		

NUMBER OF DIRECT PROGRAM STAFF (FTE)	ACTUAL	CURRENT	PROPOSED
<i>FTE = number of direct program service hours worked by employee per year/2080 (e.g. 1040/2080= .5 FTE)</i>			

**ATTACHMENT D**

**2014 AGENCY ASSURANCE SHEET**  
**(Please complete and return with Proposal Response)**

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children’s Services Board (BCCSB) and any of the Boone County Children’s Services Fund’s conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Proof of 501(c)(3)
- Certificate of Corporate Good Standing
- Most Recent 990 Federal Form
- Agency Strategic Plan
- Copies of Agency Accreditations
- Most Recent Agency Independent Audit
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality
- Memorandums of Understanding (not currently needed for Contingency Funds Request)

\_\_\_\_\_  
Printed Name - Agency Executive Director/President/CEO \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Agency Executive Director/President/CEO \_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name - Agency Board Chair \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Agency Board Chair \_\_\_\_\_  
Date

## ATTACHMENT E

**(Please complete and return with Proposal Response)**

Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR  
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, 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.
  
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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Name and Title of Authorized Representative

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Signature

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Date







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/24/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Rollins-Vandiver-Digges, Inc. 200 East Southampton Drive Columbia, MO 65203 Charles W. Digges, Jr., CIC	<b>CONTACT NAME:</b> _____	
	<b>PHONE (A/C, No, Ext):</b> _____	<b>FAX (A/C, No):</b> _____
<b>E-MAIL ADDRESS:</b> _____		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> Central Missouri Community Action 807 B N. Providence Road Columbia, MO 65203	<b>INSURER A : Philadelphia Insurance Co.</b>	
	<b>INSURER B :</b> _____	
	<b>INSURER C :</b> _____	
	<b>INSURER D :</b> _____	
	<b>INSURER E :</b> _____	
	<b>INSURER F :</b> _____	

**COVERAGES**                              **CERTIFICATE NUMBER:**                              **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			PHPK1134355	02/15/2014	02/15/2015	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 3,000,000
							PRODUCTS - COMP/OP AGG \$ 3,000,000
							Emp Ben. \$ 1,000,000
							COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			PHPK1134355	02/15/2014	02/15/2015	BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (PER ACCIDENT) \$
							\$
A	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB449856	02/15/2014	02/15/2015	EACH OCCURRENCE \$ 1,000,000
							AGGREGATE \$ 1,000,000
							\$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below							
A	<b>Directors/Officers</b>			PHSD970364	08/25/2014	08/25/2015	D&O 1,000,000
A	<b>Employment Practice</b>			PHSD970364	08/25/2014	08/25/2015	EPLI 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**CERTIFICATE HOLDER**    **CANCELLATION**

<p style="text-align: center;"><b>COUNT-5</b></p> <p>County Of Boone          613 E Ash St., Room 110          Columbia, MO 65201</p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE  </p>
---	--



**AGREEMENT FOR PILOT PROGRAMS**  
**Mental Health Screening for Children and Youth and Evidence Based Practice**  
**(EBP) Training for Providers**

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**THIS AGREEMENT** dated the 11<sup>th</sup> day of December, 2014 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "BCCSB" and **The Curators of the University of Missouri (on behalf of Debora Bell, Ph.D. and the Psychological Services Clinic)**, a tax-exempt, not organized for profit agency or governmental entity, hereinafter referred to as "**PSC**".

**WHEREAS**, the BCCSB, under the provisions of 67.1775 and 210.861 of the Revised Statutes of Missouri, has the right to expend monies from the Children's Services Fund (CSF) for the purposes of funding services to children and youth 19 years of age and younger, and their families residing in Boone County; and

**WHEREAS**, the PSC has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided along with the expected cost to PSC thereof; and

**WHEREAS**, the BCCSB has approved the Request for Funding Proposal in whole or in part as hereinafter set forth,

**IN CONSIDERATION** of the parties performance of the respective obligations contained herein, the parties agree as follows:

**FUNDING ALLOCATION FOR SERVICES RENDERED BY PSC**

PSC is expected to the greatest extent possible to maximize funding from all other sources. PSC shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. PSC shall only request reimbursement for services not reimbursable by any other source. PSC shall provide documentation and assurance to the BCCSB that requests for reimbursement from the CSF is not a duplication of reimbursement from any other source of funding.

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract. PSC will perform the services and carry out the activities as set forth in the Request

for Funding Proposal Application. PSC agrees to, and understands that services performed under this agreement are limited to the Request for Funding Proposal Application.

2. **Contract Documents.** This agreement shall consist of the Request for Proposal #28-24JUN14 (Pilot Programs that Provide Innovative Services) and PSC's response to the County of Boone's Request for Proposal, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over the PSC's Proposal, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The BCCSB agrees to purchase from the PSC and the PSC agrees to furnish **Mental Health Screening for Children and Youth and Evidence Based Practice (EBP) Training for Providers** who offer services for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in the PSC's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$201,927** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of contract execution and extend through **December 31, 2015** subject to the provisions for termination specified below. This contract may at the sole discretion of the BCCSB and with the agreement of PSC be renewed for an **additional two (2) one-year periods**. PSC agrees and understands that the BCCSB may require supplemental information to be submitted by PSC prior to any renewal of this agreement.

5. **Billing and Payment.** For the Pilot Programs that Provide Innovative Services (PILOT) Contract, the payments for **mental health screening and referral services to youth and families that will match youth in need with evidence-based mental health services and to provide training in EBP for community providers and trainees across the mental health disciplines in order to increase the availability of providers trained in EBP**, will be made in three (3) installments, 34% of the contracted amount, within 30 days of the execution of the contract, 33% of the contracted amount within 30 days of the completion and approval of the 2015 mid-year report, and 33% of the contracted amount within 30 days of the completion and approval of the 2015 year-end report. An accounting of prior funding received from the CSF shall be required before receiving subsequent contractual installment payments. Installment payments may vary based on the adjusted totals provided to BCCSB. In the event of a billing dispute, the BCCSB reserves the right to withhold payment on the disputed amount; in the event the billing

dispute is resolved in favor of the PSC, the BCCSB agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

6. **Availability of Funds.** Payments under this contract are dependent upon the availability of funds or as otherwise determined by the BCCSB. This contract can be terminated if funding becomes unavailable in whole or in part for cause shown, and the BCCSB shall have no obligation to continue payment.

### **REPORTING, MONITORING, AND MODIFICATION**

7. **Reporting.** The BCCSB shall utilize the Request for Funding Proposal Application and the Responses to Requests for Additional Information, as submitted by PSC to monitor service delivery and program expenditures. PSC agrees to submit to the BCCSB a mid-year service report by July 30, 2015 for the period beginning with the date of contract execution to June 30, 2015 and an annual service report by January 29, 2016, for the period of July 1, 2015 to December 31, 2015. Variations on this date may be requested by PSC and, if so stipulated, are noted on this contract document. Payments may be withheld from PSC if reports designated here are not submitted on time, until such time as the reports are filed. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. PSC agrees to submit its reports through an on-line reporting system if requested.

8. **Audits.** PSC also agrees to make available to the BCCSB a copy of its annual audit within nine months after the close of PSC's fiscal year. The audit must be performed by an independent individual or firm licensed by the Missouri State Board of Accountancy. The audit is to include a complete accounting for funds covered by this agreement in accordance with generally accepted accounting principles. In addition, the BCCSB requires that the management report of any audit as it relates to BCCSB program activities be made available to BCCSB as part of the required audit. Payment may be withheld from PSC, if reports designated here are not made available upon request.

9. **Monitoring.** PSC agrees to permit the BCCSB, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the BCCSB to monitor, survey and inspect PSC's services, activities, programs and client records, to determine compliance and performance with this contract, except as prohibited by laws protecting client confidentiality. In addition, PSC hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the BCCSB or its designee(s) all records, facilities and personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

10. **Modification or Amendment.** In the event PSC requests to make any change, modification, or an amendment to funded services, one-time items, activities and/or programs covered by this contract, a request of the proposed modification or amendment must be submitted in writing to the Director of Community Services to share with the BCCSB for approval. A board resolution from PSC must be included with the request. Requests to the BCCSB must be submitted in writing at least two weeks prior to the BCCSB meeting.

#### **OTHER TERMS OF THIS CONTRACT**

11. **Violation of Client Rights.** Any alleged case of a violation of a client's rights in a program funded by the Commission/BCCSB shall be investigated in accordance with PSC's policies and procedures and in accordance with any local/state/federal regulations. PSC agrees to notify the BCCSB through the Director of Community Services of any such incidents that have been reported to the appropriate governmental body and must also authorize the governmental body to notify the BCCSB of any substantiated allegations. PSC must comply with Missouri law regarding confidentiality of client records.

12. **Discrimination.** PSC will refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with applicable provisions of federal and state laws, county or municipal statutes or ordinances, which prohibit discrimination in employment and the delivery of services.

13. **CSF to be used for Services Provided.** PSC agrees that the CSF funds shall be used exclusively for the services provided to children and youth 19 years of age or less and their families and for administrative costs directly related to PSC's provision of such services.

14. **Accreditation/Licensure/Certifications.** All agencies must comply with all state/federal certification and licensing requirements and all applicable federal, state, and local laws and must remain in "good standing".

15. **Conflict of Interest.** PSC agrees that any conflicts of interest between its Board of Curators and/or employees and PSC shall be appropriately identified and managed.

16. **Subcontracts.** PSC may enter into subcontracts for components of the contracted service as PSC deems necessary within the terms of the contract. All such subcontracts require the written approval of the BCCSB or their designated representative. In performing all services under the resulting contract agreement, the PSC shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

17. **Employment of Unauthorized Aliens Prohibited.** PSC agrees to comply with Missouri State Statute section 285.530 in that they shall not knowingly employ, hire for

employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. PSC shall require each subcontractor to affirmatively state in its Agreement with the PSC that the subcontractor shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri.

18. **Litigation.** PSC agrees that there is no litigation, claim, consent order, settlement agreement, investigation, challenge or other proceeding pending or threatened against PSC or any individual acting on the PSC's behalf, including subcontractors, which seek to enjoin or prohibit PSC from entering into this contract agreement of performing its obligations under this agreement.

19. **Board Ownership.** If PSC ceases to be funded by the BCCSB or ceases to provide programs and services for Boone County children, youth and their families, all capital equipment, materials, and buildings purchased with CSF funds shall be returned to Boone County unless so otherwise approved by a majority vote of the BCCSB. In addition, if PSC no longer used capital equipment, materials, and building purchased with CSF funds for its original intent, PSC will need BCCSB approval to re-direct.

20. **Failure to Perform/Default.** In the event PSC, at anytime, fails or refuses to perform according to the terms of this contract, as determined by the BCCSB, such failure or refusal shall constitute a default hereunder, and the BCCSB will be relieved of any further obligation to make payments to PSC as set out herein. This contract will be terminated at the option of the BCCSB.

21. **Termination.** This agreement may be terminated, with or without cause, by either party upon 30 days written notice to the other party. In addition, BCCSB may terminate this agreement upon 15 days advance written notice for any of the following reasons or under any of the following circumstances:

a. BCCSB may terminate this agreement due to material breach of any term or condition of this agreement, or

b. BCCSB may terminate this agreement if key personnel providing services are changed such that in the opinion of the BCCSB delivery of services are or will be delayed or impaired, or if services are otherwise not in conformity with proposal specification, or if services are deficient in quality in the sole judgment of BCCSB, or

c. BCCSB may terminate this agreement with 15 days of prior written notice should the PSC fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

d. If appropriations are not made available and budgeted for any calendar year to fund this agreement.

Upon receipt of notice of termination, the PSC shall make every effort to reduce or cancel outstanding commitments and shall incur no additional expenses. BCCSB shall reimburse the PSC for outstanding expenses incurred up to the date of termination, including uncancellable obligations and reasonable termination costs, but in no event will such costs exceed the total funds presently allocated to this agreement.

22. **Indemnification.** To the extent permitted under Missouri law, PSC agrees to hold harmless, defend and indemnify the BCCSB, the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of **The Curators of the University of Missouri (on behalf of Debora Bell, Ph.D. and the Psychological Services Clinic)**, (meaning anyone, including but not limited to consultants having a contract with the PSC or subcontractor for part of the services), or anyone directly or indirectly employed by PSC, or of anyone for whose acts PSC may be liable in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its negligence.

23. **Publicity by the Agency.** PSC shall notify the BCCSB of contact with the media regarding CSF funded programs or profiles of participants in CSF funded programs. PSC will acknowledge the BCCSB as a funding source whenever publicizing CSF funded programs. PSC will collaborate with the BCCSB to inform the community about the ways its tax dollars are being invested in services and supports. PSC agrees to acknowledge the Children's Services Fund as a funding source on all written and electronic publications including brochures, letterhead, annual reports and newsletters.

24. **Independence.** This contract does not create a partnership, joint venture or any other form of joint relationship between the BCCSB and PSC. The BCCSB does not recognize any of the PSC's employees, agents or volunteers as those of the BCCSB.

25. **Binding Effect.** This agreement shall be binding upon the parties hereto and their successors and assigns for so long as this agreement remains in full force and effect.

26. **Entire Agreement.** This agreement constitutes the entire agreement between the parties and supersedes any prior negotiations, written or verbal, and other proposal or contractual agreement. This agreement may only be amended by a signed writing executed with the same formality as this agreement.

27. **Record Retention Clause.** PSC shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of the this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.



28. **Notice.** Any written notice or communication to the BCCSB shall be mailed or delivered to:

Boone County Community Services  
605 E. Walnut, Ste. A  
Columbia, MO 65201

Any written notice or communication to the PSC shall be mailed or delivered to:

University of Missouri – Columbia  
Karen Geren, Authorized Signer, Grants and Contracts  
310 Jesse Hall  
Columbia, MO 65211

**IN WITNESS WHEREOF** the parties through their duly authorize representatives have executed this agreement on the day and year first above written.

**The Curators of the University of Missouri  
(on behalf of Debora Bell, Ph.D. and  
the Psychological Services Clinic)**

**Boone County, Missouri**

By: Karen M. Geren  
Signature 12-4-2014

By: Boone County Commission  
Daniel K. Atwill  
Daniel K. Atwill, Presiding Commissioner

By: Karen M. Geren, Authorized Signer  
Printed Name/ Title  
MV Project # 00047441

By: Boone County Children's Services Board  
Les Wagner  
Les Wagner, Board Chair

APPROVED AS TO FORM:

J. H. [Signature]  
County Counselor

ATTEST:

Wendy S. Noren  
Wendy S. Noren, County Clerk

AUDITOR CERTIFICATION: In accordance with RSMo. §50.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note: Certification of this contract is not required if the terms of this contract do not create a measurable county obligation at this time.)

Jane Pitchford by [Signature]  
Signature Date 12/08/2014

2161/71106/\$201,927

Appropriation Account



RE: University of Missouri Self-Funded Auto/General Liability/Self-Insured Workers' Compensation

To Whom It May Concern:

The Curators of the University of Missouri has a Self-funded Retention Program for its auto and general liability losses. The Self-funded Retention Program is used to provide payment for exposures and claims arising from the negligence of the University, its officers, agents and employees and for which the University, its officers, agents and employees are found to be liable.

The self-funded auto/general liability retention program has a limit of \$1,000,000 per occurrence and \$3,000,000 annual aggregate. Reserves for the program are determined annually and set aside by the University for the Self-funded Retention Program.

The Curators of the University of Missouri is an approved Missouri self-insurer for Workers' Compensation coverage. All employees, including some student employees, part-time employees and some volunteers are covered by Worker's Compensation. A specific fund is maintained, based on actuarial determination, to cover obligations arising from the Workers' Compensation Exposure.

Should you require additional information, please advise.

Sincerely,

*Ed Knollmeyer*

Ed Knollmeyer  
Director, Risk & Insurance Management

EK

**REQUEST FOR ADDITIONAL INFORMATION FORM #1**

**PROPOSAL: 28-24JUN14 - Pilot Programs that Provide Innovative Service - Boone County  
Community Children's Services**

This Request for Additional Information #1 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted on or before 9:00 a.m. Tuesday, October 14, 2014.

Company Name: The Curators of the University of Missouri on behalf of Debora Bell, Ph.D.  
and the Psychological Services Clinic

Address: Office of Sponsored Programs, 310 Jesse Hall, Columbia, MO 65211

Telephone: 573-882-7560

Federal Tax ID (or Social Security#): 43-6003859

Print Name: Karen M. Geren. Authorized Signer, Grants and Contracts (MU Project# 00047441)

Signature: Karen M. Geren Date: 10-9-2014  
E-mail: grantsdc@missouri.edu

**██████████ (Screening, referral and provider training)**

a. Please explain why providers will not be asked to financially contribute to receive training.

At this stage of the our pilot development of the *Coordinating Center for Evidence-Based Mental Health Practices* and with the identified need for providers trained in evidence-based mental health in Boone County, we want to reach the largest number of providers possible. If we charge for training, we significantly reduce the pool of potential providers. In survey research we have completed with Missouri MH providers, we found that clinicians were motivated to receive training if it was (a) relevant to their caseload, (b) offered CE credits and (c) went beyond the "basics" to provide advanced skill, such as in particular evidence-based approaches and manuals. However, the cost of training was a significant barrier – few clinicians were willing to spend the amount of money required by the currently available training programs in evidence-based practices (e.g., Trauma-Focused CBT, Parent Child Interaction Therapy, Incredible Years, Multisystemic Therapy). Time away from home and from work were also provider concerns – most of these same programs are offered only out-of-state and thus further reduce the likelihood that Missouri providers take advantage of them. The resource crunch was even more striking for clinicians who serve predominantly poor and low income families (see Powell, McMillen, Hawley & Proctor, 2013 attached). As such, we feel that if we are to reach a critical mass of providers in Boone County, particularly those who serve low-income and low-resource clients, and hope to train them in effective research-supported practices, we need to minimize barriers, including cost. The BCCS grant would offer an excellent opportunity to do this by providing the financial support to enable us to develop and deliver

this training. Without such support, we limit our outreach to those clinicians, and by extension those families, with the greatest resources.

b. What data can and will be made available to the BCCSB from the therapy tracker?

We anticipate being able to work with BCCSB to provide whatever data would be most helpful to them. Various levels of data will likely have different uses and different pros and cons. For example:

1. At a minimum, we would expect to provide de-identified and aggregated summary data that reflect client attendance/retention in therapy, provider/client use of Therapy Tracker, provider adherence to the evidence-based treatment, provider use of the Feedback Report, and youth MH symptoms and goal attainment (provider, child, and parent report). These data summaries will provide information regarding utilization and outcomes of evidence-based practices. We anticipate providing this information with our regular reports to BCCSB.
2. We are open to considering sharing de-identified data in raw form if BCCSB would find that useful.
3. If BCCSB is interested in some sort of identifiable data, we would need to convey this to participating providers and clients and, depending on what information BCCSB desires, this could influence participation. However, if BCCSB wants to keep track of which Boone County providers have completed which trainings (we will collect these data, although outside of the Therapy Tracker system), this will likely be acceptable to most clinicians, and may even operate as an incentive to complete the training.
4. Finally, as we prepare data for dissemination (e.g., at professional conferences or in scientific publications), we will both acknowledge BCCSB in all disseminations and share these products with BCCSB.

c. Will all of the training provided be approved for continuing education units.

The training will be provided under the sponsorship of the University of Missouri Psychological Services Clinic. As a regionally accredited institution of higher education, MU qualifies as a recognized provider of continuing education programming for psychologists, social workers, and professional counselors in Missouri. We will document attendance, evaluate the training, and issue certificates of completion with the information required by state licensing bodies.

# Mental Health Clinicians' Motivation to Invest in Training: Results From a Practice-Based Research Network Survey

Byron J. Powell, A.M.  
J. Curtis McMillen, Ph.D.  
Kristin M. Hawley, Ph.D.  
Enola K. Proctor, Ph.D.

**Objectives:** Little is known about why clinicians seek training or about their willingness to invest in it. **Methods:** Results from a Web-based survey of 318 clinicians in a practice-based research network were used to examine factors that motivate clinicians to seek training or forgo training (“deal breakers”) and their willingness to invest time and money in training. **Results:** Clinicians desired training that teaches advanced versus basic clinical skills, that covers an area they see as central to the needs of their clients, and that provides continuing education credit. Training that requires clinical supervision or the use of a manualized intervention was not a deal breaker for most clinicians. However, the amount of time and money most clinicians reported being willing to invest in training fell far short of the requirements for learning most evidence-based treatments. **Conclusions:** Training strategies that combine high intensity with lower cost may be needed. (*Psychiatric Services* 64:

816–818, 2013; doi: 10.1176/appi.ps.003602012)

Evidence-based treatments hold promise for meeting the mental health needs of children and youths, but only if clinicians implement them. A growing body of literature focuses on training professionals to deliver evidence-based treatments (1–3). The most consistent finding is that passive approaches to training, such as one-shot workshops or distribution of manuals, may increase provider knowledge and predispose clinicians toward the uptake of a treatment, but they do not consistently produce provider behavior change (1–5).

Effective training approaches seem to involve multicomponent packages of elements, such as a treatment manual, multiple days of intensive workshop training, expert consultation, live or taped review of client sessions, supervisor training sessions, booster training sessions, and completion of one or more training cases (2). Others assert that training should be dynamic, active, and targeted to meet the needs of individuals with different learning styles (5); utilize behavioral rehearsal (1); and include ongoing supervision, consultation, and feedback (1,2,4).

These multicomponent approaches require substantial investments of time and money. Although previous studies have noted that investments of time and money are a potential barrier to the receipt of training (6), a better

understanding of the clinician-level factors that influence the receipt of training is needed (2,3,7). The purpose of this study was to examine what motivates and deters clinicians from participating in training and how much time and money they are willing to spend to learn new treatments. To address these questions, we utilized the Missouri Therapy Network (MTN), a practice-based research network of mental health clinicians who provide psychological assessment or psychotherapy services for children and who are reimbursed through Missouri Medicaid.

## Methods

In fall 2009, MTN members (N=816) were contacted via e-mail and mail and invited to complete a Web-based survey related to clinical training. Of the 816 clinicians who were sent the survey, 364 (45%) responded. For this study, we used the responses of 318 clinicians (39%) who had also completed an earlier survey detailing their demographic characteristics, caseloads, and income.

Because of the paucity of studies on this topic, we developed a novel survey that was informed by emerging models of implementation research (8,9) and was reviewed for relevance by members of the MTN’s clinician advisory board. The survey consisted of 18 items regarding the factors that motivate a clinician to seek training, 22 items about potential “deal breakers,” and two questions about the amount of time and money a clinician

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would be willing to invest to learn a new therapy.

The items covering potential motivators were scored on a 4-point Likert scale that ranged from 1, very unlike me, to 4, very much like me. Identification of deal breakers was based on a dichotomous choice of yes or no.

All survey data were downloaded in Excel spreadsheets and converted to SAS, version 9.2. Demographic data were summarized by using frequencies and percentages, and differences between respondents and nonrespondents were calculated by using chi square and t tests. Simple descriptive statistics were used to report data for both motivators and deal breakers. Ordinary least-squares (OLS) regression was used to determine whether any of the demographic variables were predictive of the amount of time or money that clinicians would spend learning a new therapy.

### Results

The 318 respondents had a mean  $\pm$  SD age of 48.35  $\pm$  11.13 and 14.14  $\pm$  8.82 years of practice experience. A total of 238 (75%) were female, 285 (90%) were Caucasian, and 27 (8%) were African American. They were primarily master's- (N=226, 71%) and doctoral-level (N=81, 25%) clinicians holding licensure in counseling (N=124, 39%), social work (N=119, 37%), psychology (N=68, 21%), and nursing (N=7, 2%). They worked primarily in urban areas in agency (N=122, 38%), private (N=135, 42%), and both agency and private (N=61, 19%) settings. Approximately 41% (N=129) of the clinicians earned over \$50,000 per year from their therapy practice, and 52%  $\pm$  33% of their clients were enrolled in Medicaid.

Respondents were older than nonrespondents (48.35 versus 45.42 years,  $t=-3.50$ ,  $df=783$ ,  $p<.001$ ), had more years of professional experience (14.14 versus 11.91,  $t=-3.49$ ,  $df=767$ ,  $p<.001$ ), and practiced in counties with a lower percentage of the population living in urban areas (10) (79% versus 85%,  $t=3.07$ ,  $df=725$ ,  $p<.01$ ). There were no other significant differences between respondents and nonrespondents with respect to gender, income, race-ethnicity, discipline,

**Table 1**

Association between characteristics of 318 clinicians and willingness to spend time and money on training, by ordinary least-squares regression

Characteristic	Time (model 1) <sup>a</sup>			Money (model 2) <sup>b</sup>		
	b	SE (b)	$\beta$	b	SE (b)	$\beta$
Age	-.41	.29	-.10	-1.79	2.15	-.06
Years of experience	-.06	.37	-.01	2.51	2.76	.06
Medicaid-enrolled clients	-.15	.08	.11	-1.86	.59	-.18**
Urban practice	6.73	9.16	.04	-101.45	68.55	-.08
Gender	-1.59	6.27	-.02	-1.97	46.91	.00
Income >\$50,000	3.58	5.93	.04	117.11	44.41	.17**
Nonwhite	17.74	8.36	.12*	-17.37	62.52	-.02
Psychologist	-5.08	7.43	-.05	18.02	55.63	.02
Counselor	9.96	5.95	.11	37.58	44.51	.05
Nurse	-6.65	17.60	-.02	-61.28	131.70	-.03
Agency only	-7.15	5.73	-.08	-47.98	42.86	-.07
Agency and private	-16.24	6.95	-.14*	-117.35	51.98	-.13*

<sup>a</sup>R<sup>2</sup> = .07, adjusted R<sup>2</sup> = .04

<sup>b</sup>R<sup>2</sup> = .10, adjusted R<sup>2</sup> = .07

\* $p<.05$ , \*\* $p<.01$

percentage of clients enrolled in Medicaid, or type of practice setting.

Three of the most highly endorsed motivators related to whether clinicians thought the training would be a good fit for the kinds of clients that they see. In addition, the clinicians frequently endorsed the availability of continuing education credit as a motivator. Participants were not motivated to attend training aimed at beginning clinicians, nor were they motivated by the opportunity to charge more money for their services following training. [Descriptive statistics for the motivators and deal breakers are available online in a data supplement to this report.]

Approximately 25% of respondents indicated providing training (N=82) and supervision (N=77) solely over the Internet was a deal breaker. Twenty percent to 23% of clinicians indicated that their deal breakers included potential impingements upon their autonomy, such as incongruities between their theoretical orientation and the intervention covered by the training (N=63) and having to follow a session-by-session treatment manual (N=74). Clinicians were willing to invest a wide range of time to be trained (range 0 to 6,400 hours; median=24). The number of hours clinicians were willing to invest (58.69  $\pm$  369.08) was highly influenced by three outliers. Recoding the three highest values (720, 1,440,

and 6,400 hours) to the next highest value (320 hours) reduced the mean to 34.79  $\pm$  45.20. We ran the OLS regression with these values transformed. Controlling for other variables, the regression showed that nonwhite clinicians were willing to spend 17.74 more hours in training than white clinicians. Further, clinicians working in both agency and private practice settings were willing to spend 16.24 fewer hours in training than clinicians working only in private practice (Table 1).

The amount of money clinicians would spend for training (\$386.17  $\pm$  \$503.53) was highly influenced by a small number of outliers. Recoding the four highest spenders to the next highest spender (\$1,500, which four clinicians would pay) reduced the amount to \$359.44  $\pm$  \$343.76. The OLS model used the four transformed values (Table 1). For every 1% increase in the percentage of clients in a clinician's caseload who were Medicaid recipients, there was a \$1.86 reduction in the amount that they would pay for training. Conversely, moving from an annual salary of less than \$50,000 to greater than \$50,000 was associated with a willingness to pay \$117.11 more for training. Finally, clinicians who worked in agency and private practice were willing to spend \$117.35 less on training than clinicians who worked in private practice exclusively.

## Discussion

Clinicians were willing to participate in training with only a few caveats, namely that it be relevant to their clients, that it offer continuing education credits, and that it not be aimed at beginning clinicians. The latter finding is consistent with research showing that psychologists are not interested in "basic" trainings (6) and comports with the age and experience of the respondents. Manualized treatments and required supervision were deal breakers for only a small number of clinicians.

The clinicians, however, were not willing to invest the time and money that many evidence-based treatments require. This was particularly true for clinicians who served a higher percentage of Medicaid recipients, had lower incomes, or who worked in both agency and private settings, perhaps due to financial necessity. Our results highlight the need for more thought about how to cover the costs of training. It may be unrealistic for clinicians to bear the full cost of training; the costs may need to be paid by employers or subsidized by governments and private foundations.

Our results also suggest a need to develop less expensive training initiatives that sacrifice little in terms of intensity. One option is to deliver training over the Internet (4,6). Didactic approaches could be supplemented with expert supervision and consultation, perhaps using a group format to enhance cost-effectiveness and efficiency. Our findings are consistent with other studies that suggest Web-based trainings are acceptable to a majority of clinicians (2).

Several limitations of this study should be considered. We obtained a modest response rate, and it is possible that response was related to the variables of interest. For instance, the respondents may have been more

motivated than nonrespondents to invest in training, making the identified barriers to training all the more salient. The survey was conducted in a Midwestern state with no policy mandate or support for evidence-based treatments and may not be generalizable to other states with different policies. We were also unable to rely upon an established measurement protocol. It is possible that specifying a specific treatment or diagnosis would have influenced clinicians' willingness to invest in training. Finally, there are limits associated with self-report, given that the extent to which attitudes predict practice behavior is not well established and that self-report has been shown to be discordant with observer ratings (11).

## Conclusions

Further research should examine the amount of time and money that clinicians actually spend on training and use qualitative methods to examine factors that may enhance clinicians' motivation to attend training. Ultimately, the successful implementation of evidence-based treatments will necessitate innovative approaches to financing and providing intensive training.

## Acknowledgments and disclosures

This work was supported in part by a Doris Duke Fellowship for the Promotion of Child Well-Being, by the Washington University Institute of Clinical and Translational Sciences grants UL1 RR024992 and TL1 RR024995 from the National Center for Research Resources, and by the National Institute of Mental Health (P30 MH068579, T32 MH019960, and F31 MH098478).

The authors report no competing interests.

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# Boone County Purchasing

Melinda Bobbitt, CPPO, CPPB  
Director



613 E. Ash St. Room 110  
Columbia, MO 65201  
Phone: (573) 886-4391  
Fax: (573) 886-4390  
[mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

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October 7, 2014

Dr. Debora Bell, Ph.D. and Ms. Hannah Clampitt  
University of MO – Psychological Services Clinic  
E-mail: [belldeb@missouri.edu](mailto:belldeb@missouri.edu) and [clampitth@missouri.edu](mailto:clampitth@missouri.edu)

RE: Request for Additional Information #1 – Pilot Programs that Provide Innovative  
Service - Boone County Community Children's Services

Dear Dr. Bell and Ms. Clampitt:

Attached is a *Request for Additional Information #1*. Please complete the attached form, sign and submit with the requested information by 9:00 a.m., Tuesday, October 14, 2014 by email to [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org).

If you have any questions regarding this request, please call (573) 886-4391 or e-mail [Mbobbitt@boonecountymo.org](mailto:Mbobbitt@boonecountymo.org). I sincerely appreciate your efforts in working with Boone County, MO to ensure a thorough evaluation of your proposal.

Sincerely,



Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

cc: Proposal File

Attachment: Request for Additional Information



**REQUEST FOR ADDITIONAL INFORMATION FORM #1**

**PROPOSAL: 28-24JUN14 - Pilot Programs that Provide Innovative Service - Boone County Community Children's Services**

This Request for Additional Information #1 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted on or before **9:00 a.m. Tuesday, October 14, 2014.**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Tax ID (or Social Security #): \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

**██████████ (Screening, referral and provider training)**

- a. Please explain why providers will not be asked to financially contribute to receive training.
- b. What data can and will be made available to the BCCSB from the therapy tracker?
- c. Will all of the training provided be approved for continuing education units?

# UNIVERSITY of MISSOURI

8-29-2014  
Screening, Referral  
Provider Training

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July 9, 2014

Melinda Bobbitt  
Director of Purchasing  
Boone County Purchasing Department  
Boone County Annex  
613 E. Ash, Rm 110  
Columbia, MO 65201

RE: University of Missouri-Columbia Project No. 00047441

Enclosed please find the above-referenced proposal which is being submitted on behalf of The Curators of the University of Missouri. The project director is Debora Bell, Ph.D. at the University of Missouri-Columbia.

*belldeb@missouri.edu*

If our proposal is favorably received, we respectfully request the opportunity to negotiate the terms and conditions of any agreement forthcoming. In anticipation, we have reviewed the RFP's proposed terms and conditions. Our concerns include, but are not limited to, the following (proposed additions are underlined):

### ***Boone County Insurance Requirements***

*The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide, or Contractor may provide evidence of a self-funded program of coverage.*

**Reasoning:** It is not possible to add an additional insured to the self-insurance plan and the University is not willing to obtain separate insurance for any specific project. The University is partially immune from tort liability since it is an instrumentality of the State of Missouri and the University carries insurance (commercial and/or self insurance) as permitted by State statute 537.610 RSMo., 1994. The University is qualified as a self-insurer under the Workers Compensation law of the State of Missouri. In addition, the University is also self-insured for general liability and for automobile liability insurance. These University self-insurance programs shall be used to cover any applicable claims concerning this project.

### ***Indemnity Agreement***

*To the fullest extent permitted by law and without waiving sovereign immunity, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not,*



# UNIVERSITY *of* MISSOURI

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*however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.*

**Reasoning:** The University is a governmental entity of the State of Missouri. As such, it has sovereign immunity from most tort actions and cannot agree to indemnify and hold harmless others in situations in which the legislature has provided such sovereign immunity (Article VI, Section 26a, Missouri Constitution Sect. 172.250, RSMo., 1994)

## ***Attachment D—2014 Agency Assurance Sheet***

- *Proof of 501(c)(3)*
- *Certificate of Corporate Good Standing*

**Reasoning:** We will be unable to provide proof of 501(c)(3) or a Certificate of Corporate Good Standing. RPR Section III Minimum Eligibility Criteria states “any tax-exempt, not organized for profit agency or governmental entity” should be eligible. We are a public corporation per the statute below:

172.020. Pursuant to sections 9(a) and 9(b) of article IX of the Missouri Constitution, the state university is hereby incorporated and created as a body politic and shall be known by the name of "The Curators of the University of Missouri", and by that name shall have perpetual succession, power to sue and be sued, complain and defend in all courts; to make and use a common seal, and to alter the same at pleasure; to take, purchase and to sell, convey and otherwise dispose of lands and chattels, except that the curators shall not have the power to subdivide, sell or convey title to any land contained within a university campus or to subdivide, sell or convey title to any portion of any parcel of land containing in excess of twenty-five hundred contiguous acres unless such transaction is approved by the general assembly by passage of a concurrent resolution signed by the governor. The curators shall not sell, trade or otherwise convey or permit the severance of timber, minerals or other natural resources, unless the curators comply with bidding procedures established by rule that mandate notice of the transaction be provided in a manner reasonably calculated to apprise prospective purchasers. Such rule or rules must at a minimum require at least one notice of the transaction be published in a newspaper of general circulation where the resources are located. The curators may act as trustee in all cases in which there be a gift of property or property left by will to the university or for its benefit or for the benefit of students of the university; to condemn an appropriate real estate or other property, or any interest therein, for any public purpose within the scope of its organization, in the same manner and with like effect as is provided in chapter 523 relating to the appropriation and valuation of lands taken for telegraph, telephone, gravel and plank or railroad purposes; provided, that if the curators so elect, no assessment of damages or compensation under this law shall be payable and no execution shall issue before the expiration of sixty days after the adjournment of the next regular session of the legislature held after such assessment is made, but the same shall bear interest at the rate of six percent per annum from its date until paid; and provided further, that the curators may, at any time, elect to abandon the proposed appropriation of property by an instrument of writing to that effect, to be filed with the



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clerk of the court and entered on the minutes of the court, and as to so much as is thus abandoned, the assessment of damages or compensation shall be void.

Please contact Hannah Clampitt at 573-884-7757 or [clampitth@missouri.edu](mailto:clampitth@missouri.edu) for any administrative questions and/or negotiations. You may contact the PI directly for technical questions.

We appreciate your consideration of this proposal.

Sincerely,



Karen M. Geren

Authorized Signer and Pre-Award Lead

Office of Sponsored Programs Administration

University of Missouri | 310 Jesse Hall | Columbia, MO 65211

Phone: 573.882.4451 | Fax: 573.884.4078 | [gerenk@missouri.edu](mailto:gerenk@missouri.edu)



**BOONE COUNTY CHILDREN'S SERVICES FUND**  
**2014 APPLICATION NARRATIVE FOR FUNDING:**  
**PILOT PROGRAMS THAT PROVIDE INNOVATIVE SERVICES**

**Pilot Proposal Title: Coordinating Center for Evidence-Based Mental Health Practices**

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**Agency Name: The Curators of the University of Missouri on behalf of Debora Bell, Ph.D.**

**and the Psychological Services Clinic**

**Agency Address: Office of Sponsored Programs, 310 Jesse Hall, Columbia, MO 65211**

**Agency Phone Number: 573-882-7560**

**Primary Agency Contact (include title): Karen M. Geren, Authorized Signer, Grants and  
Contracts**

**Email Address: grantsdc@missouri.edu**

**Contact Phone Number: 573-882-7650**

**Amount Requested: \$618,167**

**Proposed Term of Contract: January 1, 2015-December 31, 2017**

**Federal Tax ID: 43-6003859**

**Signature:** *Karen M. Geren*  
*02-10-14*

**Date: 7-9-14**

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**MU Project# 00047411**

## APPLICATION NARRATIVE

### 1. AGENCY AND PROGRAM INFORMATION

#### a. Background Information

**i. The Psychological Services Clinic (PSC)** provides evidence-based assessment (EBA) and treatment (EBT) services to children, youth and families from Columbia, Boone County, and surrounding communities. We are the primary training clinic for MU's clinical psychology doctoral program, accredited by both the American Psychological Association and the Psychological Clinical Science Accreditation System. We are well known for the quality of our training and consistently rank in the top 25 clinical Ph.D. programs in the country. Consistent with the broader mission of the University of Missouri, as a Carnegie Research 1 institution (and member of American Association of Universities) and a historic land-grant institution, the PSC is focused on world-class clinical training, research, and service to benefit all citizens. We are driven by a commitment to public service — the obligation to produce and disseminate knowledge that will improve the quality of life in the state, the nation and the world. **The PSC Mission Statement (Attachment G)** reflects this commitment to (1) provide high-quality, affordable EBA and EBT services to youth, adults, couples, families, and groups in Columbia, MO and the surrounding community, (2) provide high-quality training for University of Missouri doctoral trainees in clinical psychology and related disciplines in planning, administering, and evaluating empirically-supported assessment and treatment services, and (3) support research that advances understanding and effective promotion of psychological health.

**ii. The PSC Board of Directors (Attachment H)** is comprised of the PSC's Clinic Executive Committee. Headed by the Associate Chair for Clinical Science in the University of Missouri Department of Psychological Sciences, the board works closely with the Department of

Psychological Sciences' clinical training committee (Debra Bell, PhD; Charles Borduin, PhD; Shawn Christ, PhD; Ian Gizer, PhD; Kristin Hawley, PhD; John Kerns, PhD; Denis McCarthy, PhD; Tom Piasecki, PhD; Kenneth Sher, PhD; Wendy Slutske, PhD; Timothy Trull, PhD).

**iii. Why is the PSC interested in implementing a pilot program to provide innovative services to children, youth and families in Boone County?** Current estimates are that 50-75% of youth in need never receive mental health services (e.g., Achenbach et al., 2003; Burns et al., 1995, 1999; IOM, 1989; NAMHC, 2001; Ringel & Sturm, 2001; Sturm et al., 2000). Lack of access to mental health (MH) assessment and treatment is one issue, with a critical dearth of affordable services. The Children's Services Fund has potential to significantly increase the number of services available to children and families in Boone County. Efforts to improve access to and receipt of services are important and necessary. If we are to achieve a genuine public health impact, it is not enough to simply improve the availability of services – we must also improve the quality of care provided (e.g., Bickman et al., 1996, 1999, 2000; Hawley, 2005, 2008; Weisz et al., 2002, 2005, 2006, 2013). Without accompanying workforce development, focused specifically on helping providers become trained and competent in effective, evidence-based practices (EBPs), the public health impact is limited.

An oft-cited finding is that there is a 17-year lag from research to practice (Balas & Boren, 2000; Westfall et al., 2007). Although the EBP movement in physical and behavioral health has been underway for more than two decades, we still see very few providers adequately trained in EBP (e.g., Cook & Hawley, 2007, 2008; Jensen-Doss & Hawley, 2010, 2011; Taylor et al., 2013). This may be especially true for providers who serve low income and minority children and families (e.g., Jensen-Doss et al., 2009; Kearns et al., 2009). Despite their dedication to quality care, child and family providers have limited ability to access the kind of training and

supervision needed to support efforts to provide evidence-based care (Hawley, 2011; Powell et al., 2013), despite their dedication to quality client care.. As such, the roadblock seems to be lack of access to the training and supervision needed, not lack of interest from providers. There is a clear need for high quality, ongoing provider training in EBP. Thus, consistent with the goals of the BCCSB, the overarching goal of the proposed pilot program is to *“build capacity among appropriate service providers to provide these new, evidence-based practices”* and to help families get connected with providers best able to meet their needs. **Specifically, this pilot project proposes two interrelated activities: (1) to provide MH screening and referral services to youth and families that will match youth in need with evidence-based MH services and (2) to provide training in EBP for community providers and trainees across MH disciplines (e.g., psychology, counseling, social work) in order to increase the availability of providers trained in EBP.**

The PSC is uniquely positioned to serve as the Coordinating Center and provide the necessary MH screening and referral, along with the sorely needed training in EBP. We have expertise in EBP, including assessment and treatment, and are able to provide high quality, nationally recognized training in EBP. We also have existing collaborative relationships with many child MH providers through the Missouri Therapy Network (co-director Kristin Hawley; see [motherapynetwork.missouri.edu](http://motherapynetwork.missouri.edu) and [motherapynetwork.wustl.edu](http://motherapynetwork.wustl.edu)), and with internationally recognized experts in child assessment and treatment and in implementation of EBP into ongoing MH services. We are excited for the opportunity to seek funds to support dissemination of EBP training at the local level, to increase the availability of EBP in Boone County. The proposed pilot can also serve as a demonstration project that, if successful, could become a model for other counties and states in their efforts to improve health and quality of life. As a small, science-based



training clinic, we aim to provide high quality care and high quality training. Although the PSC is also submitting a POS application to support a modest expansion of our EBP services, we do not seek to become the majority provider of child and youth MH services in the area. Rather, in addition to providing EBP services ourselves, the clinical faculty and PSC clinicians aim to serve one important mission of the land grant university by working with MH providers to improve the health and quality of life for Missouri children and families. We feel this is most efficiently done by (1) facilitating appropriate child/family referrals to well-trained MH providers and (b) helping the MH workforce receive the training that they need in order to provide high quality treatment.

**b. Target Population, Rationale, Statutorily Eligible Service Area**

**i. Our target populations include both (1) children aged 2 to 19 years, and their caregivers, who reside within Boone County, Missouri, and who are seeking mental or behavioral health care (e.g., for disruptive behavior problems, depression, trauma, anxiety and related disorders such as OCD, tics, trichotillomania and excoriation) and (2) licensed MH providers and trainees who serve Boone County children aged 2-19 years.**

**ii. Our rationale for selecting these target populations is that there is currently a shortage of providers trained in proven assessment and treatment methods.** As a relatively small training clinic, we are limited in the number of clients that we can reach directly with our own faculty and graduate trainees. If we can expand the reach of our EBP training efforts to community-based MH providers and to trainees from a range of MH disciplines, then we could *“build capacity among appropriate service providers to provide these new, evidence-based practices.”* As we help to increase the ranks of competent EBP providers in the community, we will also be able to help families get connected with those providers best able to meet their MH needs. We feel the PSC is uniquely positioned to serve as the Coordinating Center for three

primary reasons: (1) we have the necessary expertise in EBP and training, (2) with our small size and the large need for MH services in Boone County, we have limited conflict of interest in helping providers improve their care and increase their referrals, and (3) we have a successful track record of securing public and private funds to further support our ongoing work.

**iii. The statutorily eligible service area covered by this application includes MH screenings** with referrals to appropriately matched MH providers. It also includes workforce development to directly help MH providers of **home- and community-based family intervention programs and individual, group, or family professional counseling and therapy services** ensure they are providing the most effective services possible.

**c. Innovative Service Idea**

**i. As noted by the Children’s Services Board and others, there is a dire need in our community for coordination and integration of youth MHMH services.** Many youth in need of MH care (1) are not accurately diagnosed prior to treatment and thus receive services that are inconsistent with or even contraindicated for their condition, (2) receive services that are not evidence-based or (3) do not receive services at all. We believe that without a program to address this significant problem, the Board will not be able to achieve its goals.

**ii. The proposed innovative service is a Coordinating Center for EBP to (1) provide MH screening and referral for EBA and EBT and to (2) increase the pool of providers trained in evidence-based MH practices.** Specifically, the program will entail **mental health screening** of Boone County youth seeking MH services, **recommendations and referrals** for more in-depth assessment or treatment, utilizing an up-to-date network of community providers specializing in evidence-based services for the target diagnosis(es) or presenting concern(s), and

**training and support of EBP** for licensed MH providers and trainees who serve Boone county youth and families to increase the network of EBP providers where needed.

**Evidence-based MH screening is an essential first step in EBP without which it is impossible to provide effective treatment (Mash & Hunsley, 2005).** We must accurately identify the problem before we can select the appropriate intervention. It is also imperative that co-morbid conditions be identified or considered as differential diagnoses. The proposed MH screening component of our pilot program will include a multi-faceted MH screening for Boone County youth looking to initiate MH treatment. The screening will consist of:

- Background interview and paperwork regarding developmental, medical, academic, and social history, presenting concerns, history of symptoms and prior treatment;
- Clinician behavioral observations and mental status examination;
- Youth/caregiver report of emotional and behavioral symptoms on the Child and Adolescent Symptom Inventory-5 (CASI-5) for DSM-5 disorders (Gadow & Sprafkin, 2013; see Attachment J); and
- Mini International Neuropsychiatric Interview for Children and Adolescents (MINI-Kid; Sheehan et al., 2010; see Attachment J) – a widely-used and psychometrically valid and reliable structured diagnostic interview that covers all major DSM-5 child/adolescent diagnoses and an entire module on suicidality risk

The evidence-based MH screening will result in a report consisting of: 1) integration of background information and assessment results, 2) DSM-5 diagnostic conclusions, 3) specific recommendations for additional assessment or treatment (e.g., Comprehensive Autism Evaluation, TF-CBT) and (4) appropriate referrals for evidence-based treatment or assessment (e.g., ACC; Thompson Center; Burrell). The report will be presented to the youth/caregiver(s)

during an in-person feedback session with the assessor to facilitate client understanding and encourage follow-through on recommendations.

**The specific recommendations and referrals** for more in-depth assessment or treatment will be facilitated by a proposed network of community providers who have received specialized training (from us or elsewhere) in evidence-based services. We have drafted an initial questionnaire form for clinicians to complete if they are interested in being listed on our web-based referral network and/or interested in being considered for professional referrals from the MH screening (Attachment J; we will not charge therapists or families for this). We will maintain this referral list in order to facilitate appropriate community referrals following the MH screenings. This referral list will also be posted on our website in order to assist families who may not come to us for screening but may otherwise be looking for referrals. It will also serve as a source of advertisement and referrals for clinicians who pursue EBP training and support.

**The high quality, no-cost training and support of EBP** proposed will allow interested MH providers to access the ongoing training and support that is critical for providing effective care. Continuing education, certification, licensure activities, and occasional supervision or peer consultation comprise the usual ongoing training for MH providers. Unfortunately, there is much evidence that these activities do little to change clinical practice. Studies have repeatedly found that merely providing information, through practice guidelines or continuing education workshops, has little impact on practice (Beidas & Kendall, 2010; Davis et al., 1995). However, comprehensive training programs that include active clinician participation, case discussion, rehearsing the new behavior with feedback on performance, printed materials and post-training reminders or reinforcement for continuing the new practice behavior significantly increase the likelihood of changes in practice (Beidas & Kendall, 2010; Davis et al., 1995). Such

comprehensive training programs reflect the training we currently provide to our clinical PhD trainees with a combination of didactics, observation, and role-play, followed by close supervision with continued monitoring of adherence throughout treatment . Notably, two of our faculty (Charles Borduin, Kristin Hawley) also have specific expertise in training not just trainees, but also practicing clinicians as a part of clinical trials of Multisystemic Therapy (MST) and Cognitive Behavioral Therapy (CBT), respectively. With funding from the BCCSF, we propose to expand these training opportunities to all interested MH providers serving youth in Boone County, and to trainees from allied disciplines (e.g., Clinical Social Work; Professional Counseling, School Counseling; School Psychology; Counseling Psychology).

In addition to findings regarding the need for more interactive and ongoing training, there are also compelling findings that providing clinicians with feedback on their clients' progress can improve outcomes (e.g., Bickman, 2008, 2011). As such, we are testing an on-line Therapy Tracker wherein clinicians and trainees, along with the clients, report on session activities (via the CBT Adherence Measure -- CBTAM; Hawley, 2013) and youth symptoms (via the Brief Problem Checklist-- BPC; Chorpita et al., 2010). As part of a NIMH-funded R21 grant (Hawley, NIH R21 MH090460), we currently use this Tracker with clinician members of the Missouri Therapy Network and with our departmental trainees. If the proposed pilot is funded, we can also make this available to all Boone County clinicians free of charge.

Specifically, the workforce training component will include ongoing training and consultation service for clinicians and trainees who serve Boone County residents. We will advertise the Therapy Tracker, along with the no-cost training opportunities, to county clinicians and trainees on the web, in emails, and in mailed advertisement. As part of MU's accredited

clinical PhD program, our courses and workshops are able to provide CEU credits to most allied professionals (psychology, social work, professional counseling). We propose to offer:

- A semester-long MU course in EBP (including evidence-based assessment and treatment of children and adolescents);
- 4 full day workshops in specific youth EBPs (e.g., CBT for anxiety; CBT for depression; BPT for behavior problems; TF-CBT for trauma; CBIT for Tics; ERP for OCD);
- Weekly consultation between EBP expert and MH provider to support the implementation of EBP in provider's ongoing practice see Attachment J for EBP outlines);
- Web-based session-by-session tracking of EBP implementation and client progress (see Attachment J for CBTAM and BPC/IGAS);
- Session-by-session clinician feedback reports on EBP implementation and client progress (see Attachment J example feedback report).

**iii. PSC has collaborated most closely** with the Missouri Therapy Network co-director and clinical area faculty member, Kristin Hawley, PhD, in designing this proposal.

**d. Implementation, Collaboration, Use of Funds, Timeline**

**i. We are proposing to serve as a Coordinating Center for EBP throughout Boone County.** As such, we aim to work with all county providers and agencies committed to providing high quality, evidence-based care to children and families. We feel our clinic is uniquely positioned to serve in the coordinator role proposed for this pilot program as we have the necessary expertise in EBP training and implementation, limited conflict of interest in seeing other clinicians and agencies succeed, and a track record of relevant successful collaborations. We enjoy a positive reputation among both the university and Boone County communities for

our provision of state-of-the-art, evidence-based services to youth who would not otherwise have access to services. As the training clinic for MU clinical psychology PhD program, we have the expertise of the full psychology faculty to inform decisions about current research/best practices for specific disorders as well as indicators that providers are actually adhering to the treatments as intended. The PSC and our faculty have ongoing relationships and provide instruction and supervision to trainees from relevant training programs, including MU School of Social Work; Educational, School and Counseling Psychology; School of Health Professions. The PSC also already refers to many other providers and organizations, including MUPC, the Thompson Center for Autism and Neurodevelopmental Disorders, the Assessment and Consultation Center, Burrell, Rainbow House, and several private practice professionals in the community.

**ii. Our plan for the implementation of the pilot program, including how the requested funds will be used, is as follows:** First, note that several key components of the proposed pilot are already funded and ongoing. All new PSC youth clients already receive standard intake paperwork and interview. We have the assessment measures needed for the MH screenings. In January 2014, the Department of Psychological Sciences funded training of PSC supervisors and clinicians, as well as our colleagues in the MU Assessment and Consultation Clinic, in administration of the MINI-Kid diagnostic interview by one of the measure's authors (with a professionally-prepared DVD of this training to facilitate training future PSC clinicians). We are currently piloting the MINI-Kid with new clients. We also have the most widely acclaimed evidence-based treatment manuals; as new ones are published, we purchase those with other operating funds and internal campus grants. We are also already working with therapists statewide as part of an NIH funded study to develop and test the Therapy Tracker and Feedback system with the four most common youth MH problems: anxiety, depression, disruptive

behavior, and trauma. Finally, we already provide extensive training in EBP to our students – the pilot program would expand this to other interested providers and trainees.

Over the first year of requested funding, we anticipate using the first quarter of the initial contract year for development of the evaluation system for the MH screenings, including development of a new measure – the Mental Health Screening Outcome Survey (MHSOS). We also anticipate full integration of the structured diagnostic interviews into our standard youth intake practices during this time. We anticipate working with the Children’s Services Board and successful applicants for POS funding to generate an effective referral system for additional Boone County youth in need of MH screenings. See Attachment K for Timeline of Activities.

The requested funds will provide for release time for the two primary faculty members who will directly supervise the MH screenings (Waller) and the EBP training support (Hawley), and for the PSC Executive Director who will provide oversight of program administration, management and report preparation (Bell). The requested funds will also provide for two half-time graduate student assistants, one per program component, to provide the MH screenings and to assist Drs. Hawley, Waller, & Bell with website management, mailings, program evaluation, and data collection/analyses for reports to the board and other professional outlets. A half-time Office Support Staff position will provide administrative support for the program, including scheduling, billing, and assisting with assessment distribution and collection, records management, and report preparation. Please note that some of this work is already funded by the Department of Psychological Sciences – we are only requesting funds to cover aspects of this program that we have not, thus far, been able to fund through other means. Finally, we are requesting a modest amount to cover supplies and monetary incentives for youth caregivers for completion of program evaluation measures (e.g., MHSOS).



## 2. EVALUATION

**a. Performance Information:** See Attachment A: Performance Measures Worksheet.

**b. Outcomes:** Several measurable and time specific outcomes are anticipated.

Youth/caregivers will (1) receive evidence-based diagnoses, recommendations and referrals; (2) follow-up on referrals; (3) actually initiate recommended EBA or EBT, and (4) for youth who do receive EBT, youth symptoms will improve. Youth MH providers and trainees will (5) participate in EBP training and consultation, (6) use the Therapy Tracker and Feedback in their practice, and (7) increase their use of EBP with accompanying decreases in youth symptoms.

**b. Indicators:**

**i. Indicators that will measure each outcome for the pilot program** are: (1) number and percent of youth MH screening reports, (2) number and percent of youth/caregivers who pursue recommended referrals, (3) number and percent of youth/caregivers who initiate recommended assessment or treatment, (4) number and percent of youth (treated by trained providers) who show a significant decrease in MH symptoms, (5) number of clinicians/trainees who participate in EBP training and/or consultation, (6) number of clinicians/trainees who actually use the Therapy Tracker and Feedback Reports, and (7) number of clinicians/trainees who show adherence to EBP standards.

**ii. Performance target of these indicators.** Our performance targets are as follows: (1) 100% of screenings will result in reports, (2) 75% of youth/caregivers will pursue referrals made in recommendations, (3) 50% of youth/caregivers will successfully initiate recommended assessment or treatment, (4) 75% of youth who received EBT will show a significant decrease in symptoms, (5) 25 clinicians/trainees will participate in EBP training and/or consultation, (6) 20

clinicians/trainees will actually use the Therapy Tracker and Feedback Reports, and (7) 15 clinicians/trainees will achieve adherence to EBP for at least one youth problem/diagnosis.

**c. Measurement (See Attachment J for copies of evaluation tools):**

**i. Responsibility for the accomplishing outcome goals.** MH screenings, report writing, and evaluation of screening outcomes will be conducted by graduate student clinicians/research assistants under the supervision of Dr. Erika Waller. Caregivers will be responsible for pursuing treatment referrals and initiating treatment, but they will be supported in this by graduate clinicians and Dr. Waller through the provision of referral contact information for referred providers and follow-up with the on-line MHSOS. Provider training, consultation and evaluation will be conducted by Dr. Kristin Hawley with the assistance of graduate clinicians and clinical faculty members with expertise in a given training area. Youth MH clinicians/trainees will be responsible for completing training, consultation, session-by-session tracking forms and for adhering to EBP, but they will be supported in this by Dr. Hawley and staff.

**ii. How the data will be collected.** MH screening report data will be collected from chart records. Data regarding caregiver follow-up on referrals and initiation of assessment/treatment will be collected through an on-line survey emailed to participants (phone or mail for those who do not respond to the online survey). Data regarding training courses/workshops attendance will be collected in person at the trainings. Participation in weekly consultation will be tracked by Dr. Hawley. The on-line session-by-session tracker (see Attachment J) will allow us to evaluate EBP adherence, use of Feedback reports, and youth MH symptoms. Graduate assistants will complete data analysis under direct supervision and guidance of Drs. Bell, Hawley and Waller.

**iii. Timeline for each outcome.** We expect to see increased rates of youth MH screenings and increased rates of trained providers by the end of the first year, although achievement of

EBP adherence and the resultant expected decreases in youth client symptoms may lag behind training by approximately 6 months. See Attachment K for the proposed timeline.

**iv. Approach to evaluate the pilot program.** The pilot program will be evaluated on an ongoing basis according to through statistical analysis of the data related to each key outcome.

**v. The effectiveness of the pilot program will be evaluated** based upon attainment of the above-stated target performance for each indicator. Statistical analyses will be primarily descriptive, including count data (e.g., number of clinicians), percentages (e.g., number of families who complete one component divided by total number of families), and statistical significance tests of pre-post change (e.g., decrease in youth symptoms).

**vi. Evaluation tools.** Tools used to evaluate the MH screening component include the screening report conclusions and recommendations sections and the MH Screening Outcome Survey (MHSOS). Tools used to evaluate the provider training component include Cognitive Behavioral Therapy Adherence Measure (CBTAM), Brief Problem Checklist (BPC) and Individualized Goal Attainment Scale (IGAS; i.e., youth, caregiver and therapist provide, in their own words, the main problems for which they are seeking help; those problems are then tracked session-by-session using a likert rating scale). These evaluation tools were chosen over other tools based on their: a) established or emerging acceptance/use in the treatment research and clinical communities, b) reliability in youth samples, c) validity for use with treatment-seeking youth, and d) sensitivity to change in clinical trials.

**d. Input, including Clinical Expertise and Program Activity:**

**i. Clinical Expertise. The PSC has the capacity to execute the proposed program.**

Regarding the MH screenings, we have the physical space, assessment measures, support staff, and trained doctoral students in place to provide these services. Existing doctoral students have

been trained in the structured diagnostic interview we will be using and we have created/purchased the training DVD to train additional students as needed in the future. The screenings and reports will be supervised by Dr. Erika Waller, a licensed clinical psychologist and MU clinical assistant professor with specialty training in child/adolescent Evidence-Based Assessment who has been supervising the existing structured diagnostic interviews for PSC clients ages 18 and over. Regarding the provider training component, Dr. Kristin Hawley is a licensed clinical psychologist and health service provider as well as MU associate professor with research and clinical expertise in dissemination and training in delivery of youth EBT. The PSC Executive Director, Dr. Debora Bell, is also a licensed clinical psychologist with specialty training in youth EBP and program administration. Additionally, as the training clinic for the MU doctoral program in clinical psychology, the PSC has access to the full Department of Psychological Sciences faculty, with current expertise in a wide range of diagnoses. We have 6 child/adolescent doctoral students currently available to provide MH screenings and assist with provider training and pilot program evaluation and the ability to supplement this with students from allied disciplines (e.g., counseling psychology, school psychology, social work) as needed.

**Key staff responsible for implementing the program include** Drs. Kristin Hawley and Erika Waller (clinical supervision, provider training, general program tasks); Dr. Debora Bell (oversight of program administration), 2 half-time doctoral student graduate assistants (MH screening, assistance with program advertisement and management), and one half-time office support staff (administrative assistance).

**ii. Program Activity. The innovative activity proposed is a Coordinating Center for EBP** to provide evidence-based MH screening and referral for evidence-based follow-up care for Boone County youth/families seeking MH services, as well as necessary training of MH

providers in EBP. This innovation will allow the Children's Services Fund to have a true synergistic impact on youth MH in our community by encouraging meaningful collaboration between the best that Boone County science and practice have to offer our youth.

**We propose to meet the unmet needs of Boone County youth by providing evidence-based MH screening and referral services to youth and training in EBP at no cost to local providers.** We will utilize well-validated assessment measures and methods to screen youth (Mash & Hunsley, 2005) and provide recommendations supported by the child intervention research literature (Society for Clinical Child and Adolescent Psychology, 2014). Much literature indicates that therapists' adherence to EBP is directly related to clinical outcomes with youth. Therefore, we also will provide MH clinicians and trainees with training and consultation in the delivery of EBP. Provider training in year 1 will focus on the following EBTs for the most common youth MH problems seen in MH settings:

- Depression: CBT (e.g. Primary and Secondary Control Enhancement Training; Weisz et al., 1997) and Interpersonal Therapy for Adolescent Depression (Mufson et al., 2004)
- Anxiety including Specific Phobia, Separation Anxiety, Social Anxiety and Generalized Anxiety Disorders: CBT (e.g., Coping Cat and C.A.T. Project; Kendall et al., 2002, 2006)
- Disruptive Behavior Problems including ADHD, ODD and mild CD: Behavioral Parent Training (e.g., Defiant Children and Defiant Teens; Barkley, 2013, 2014) and youth-focused CBT (Chorpita & Weisz, 2009)
- History of Abuse or Trauma: TF-CBT (Cohen et al., 2006)

**e. Output:**

**i. Services to be provided are MH screening, referral and provider training in EBP.**

**ii. Due to the diversity of activities and required startup period for the pilot project, there are multiple units of measurement.** For MH Screening, startup unit is Quarter 1; MH screening measurement unit is each completed MH screening evaluation (anticipate 3.5 client contact hours and 2.5 hours supervision/report preparation per MH Screen). For Provider Training, startup unit is Quarter 1; Training measurement unit it is each provider trained (although we will also collect data on each client reached by trained providers).

**iii. Unit cost for MH Screening:** startup = \$21,027, screening = \$701/eval; at 6 hrs per eval, \$117/hr . **Unit cost for Provider Training:** startup = \$29,455, training = \$4651/provider trained; at 60 hrs of training, \$77.52/hr.

**iv. Amount requested.** Total: \$618,167 over 3 years. Year 1: \$201,927 (\$185,386 in budgeted expenses, plus 15% allowable indirect rate on salary, minus \$3,150 estimated income from client personal/insurance payments,); Yr 2: \$206,028, Yr 3: \$210,212 (to reflect 2% budget increase per year, with same client income and indirect rate).

**v. Approximately 120 individuals will receive MH screenings annually** (90 in Year 1 given startup period), and **25 providers will receive training annually** (19 in Year 1 given startup period).

### **3. BUDGET**

**a. Budget Worksheets are detailed in Attachments B and C.**

**b. Budget Narrative for each line of budget worksheets.** Attachment B includes PSC financial information. Almost half of our revenue comes from academic department support (Other Direct Support), including supervisor payment for 6-8 practicum teams/yr, and salary/benefits for our office manager and one clinic faculty member. The other half of revenue comes from client fees. Most expenses are related to providing clinical services (personnel

expenses for faculty clinicians and supervisors and a graduate Assistant Director, campus “tax” on income), with approximately 20% of expenses related to general clinic functioning and management (e.g., office staff, general expenses). The proposed year includes anticipated budget increase of 2% across most expense categories (with an additional \$40,000 earmarked for scheduled maintenance of PSC physical space), stable rates of revenue, and revenue/expenses associated with the additional services proposed in this application (discussed below).

Attachment C presents data relevant to our youth services program, which includes both evidence-based assessment and treatment services. Approximately 25% of current PSC services are provided to youth, thus income and expenses are estimated as 25% of the overall PSC budget, with the exception that actual costs of our youth services supervision (i.e., child case supervisors) are included. Revenue includes Other Direct Support from our academic department (four semesters of child practicum supervision, one biannual course in child evidence-based treatment, office manager) and client income. The proposed year includes anticipated budget increase of 2% across most expense categories (plus 25% of scheduled maintenance funds), stable rates of revenue, and revenue/expenses associated with the MH screening and provider training services proposed in this application.

Additional revenue anticipated in the proposed year (aside from the amount requested here, which according to instructions is not included in the budget worksheets) comes from self/insurance payments for the MH screenings. We expect to bill 90 clients receiving MH screenings in Year 1 (after startup period; expect to bill 120/yr in Years 2 and 3). Due to nature of our clientele, many of whom are under or uninsured and on limited incomes, we estimate client/insurance income to average \$35 per evaluation for a total income of \$3150 in Year 1.

Additional costs of providing the proposed pilot program in Year 1 are: Personnel expenses of \$180,386 include 2 half-time graduate student clinicians at \$66,686 (\$22,332 for 12-month stipend, \$3,157 health insurance, \$7,854 tuition per clinician); release time for MH Screening Supervisor (Waller) and Provider Trainer (Hawley) for fall, spring, and summer semesters at \$89,638 (salary & benefits); a half-time Office Support Staff position at \$12,225 (hourly wage & benefits); and administrative time for PI at \$11,837 (Bell, salary & benefits). The graduate assistant for the MH Screening component is expected to complete approximately 120 youth MH screenings per year and provide support for program administration and evaluation. The Provider Trainer (Hawley) is expected to provide training for approximately 30 clinicians per year; the graduate assistant for this component will provide support for all aspects of this component. The Office Support Staff position will provide administrative support for the program, including scheduling, billing, assisting with assessment distribution and collection, records management, and report preparation, and the PI will oversee all aspects of program administration. Non-personnel expenses of \$5,000 include reproduction, postage, supply/equipment costs (e.g., copies of assessment answer forms, training materials, postage for mailing program evaluation reminders; \$2,500) and caregiver and provider incentives for completion of program evaluation measures; \$2,500). Years 2 and 3 are expected to see small budget increases in expenses (estimated at 2%/yr). We do not anticipate significant start-up costs for the proposed pilot project, as most necessary resources are in place and we have used university grant funding and department contributions for recent assessment training, assessment tools and treatment protocols.

**c. Staff Positions include Dr. Kristin Hawley**, licensed clinical psychologist and health service provider, MU associate professor in Psychological Sciences with expertise in



dissemination, implementation and training in youth EBT (proposed salary = \$44,436; .44 FTE, salary and benefits); **Dr. Erika Waller**, licensed clinical psychologist and MU clinical assistant professor in Psychological Sciences with specialty training in child/adolescent EBA who has been supervising the diagnostic interviews for PSC clients ages 18 and over (proposed salary = \$29,650; 1 course per semester, ~.25 FTE, salary and benefits); **Dr. Debora Bell**, PSC Executive Director and MU Associate Chair for Clinical Science in Psychological Sciences, licensed clinical psychologist and health service provider with specialty training in youth EBP and extensive experience in program administration (proposed salary = \$10,914; .10 FTE, salary and benefits); **Graduate Assistants** in MU Psychological Sciences are heavily screened prior to admission and receive intensive training and supervision in EBA, EBT, ethics and professional behavior, research design, implementation, and evaluation. Graduate Assistants will be selected based on skills in EBP and program development and evaluation (proposed salary = \$33,343 each, .50 FTE, stipend and benefits); and **Office Support Staff** will be hired based on skills relevant to clinic front office duties, program development and organizational management (client contact, scheduling, billing, records management, general organizational skills (proposed salary = \$11,440; .50 FTE, hourly wage).

### **LIST OF ATTACHMENTS**

Attachment A:	Pilot Program Performance Measures Information Worksheet
Attachment B:	Psychological Services Clinic Financial Information Worksheet
Attachment C:	PSC Coordinating Center for Evidence-Based MH Practice Pilot Program Budget Worksheet
Attachment D:	2014 Agency Assurance Sheet
Attachment E:	Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions
Attachment F:	Work Authorization Certification
Attachment G:	Psychological Services Clinic Mission Statement
Attachment H:	Psychological Services Clinic Board of Directors
Attachment I:	Psychological Services Clinic Memorandum of Understanding between PSC, MU Assessment and Consultation Clinic, and Thompson Center for Autism and Neurodevelopmental Disorders
Attachment J:	PSC Pilot Program Evaluation Tools
Attachment K:	Proposed Timeline of Activities for Year 1
Attachment L:	References

**ATTACHMENT A**

**Program Performance Measures Information Worksheet**

Activity	Output(s)	Outcome(s)	Indicator(s)	Method of Measurement
Mental health screenings: Psychiatric diagnostic evaluations	Each year, 120 youth will receive mental health screenings (90 in Year 1 after startup)	Youth receive evidence-based diagnostic conclusions and treatment recommendations & referrals	Number and percent of youth mental health screening reports generated for screenings conducted	PSC data will be used to track provision of mental health screening report conclusion and recommendation sections for each completed screening
Mental health screenings: Psychiatric diagnostic evaluations	Each year, 120 youth will receive mental health screenings (90 in Year 1 after startup)	Youth/caregivers follow-up on treatment referrals	Number and percent of youth/caregivers who pursue treatment referrals made in recommendations	Caregivers will complete on-line Mental Health Screening Outcome Survey (MHSOS) items regarding follow-up on treatment recommendations/referrals
Mental health screenings: Psychiatric diagnostic evaluations	Each year, 120 youth will receive mental health screenings (90 in Year 1 after startup)	Youth/caregiver initiate recommended treatment	Number and percent of youth/caregivers who initiate treatment based upon referrals made	Caregivers will complete on-line Mental Health Screening Outcome Survey (MHSOS) items regarding initiation of treatment services

<p>Training in EBA/EBT</p>	<p>60 Hours of training for an estimated 25 county clinicians or trainees (19 in Year 1 following startup)</p>	<p>Clinician use of EBP increases Child symptoms improve</p>	<p>Number and percent of clinicians who show adoption of EBP Number and percent of youths who show improved symptoms</p>	<p>CBTAM and BPC and Individualized Goal Attainment Scaling</p>
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**ATTACHMENT B**

**AGENCY FINANCIAL INFORMATION**

AGENCY NAME: MU Psychological Services Clinic

AGENCY REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way				0.00%	#DIV/0!
B. Other United Ways				0.00%	#DIV/0!
C. Capital Campaigns				0.00%	#DIV/0!
D. Grants (non-governmental)				0.00%	#DIV/0!
E. Fund Raising & Other Direct Support	260,646	299,699	321,702	47.25%	7.34%
<b>TOTAL DIRECT SUPPORT (sub-totals)</b>	<b>260,646</b>	<b>299,699</b>	<b>321,702</b>	<b>0.472452671</b>	
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding				0.00%	#DIV/0!
B. Boone County - Other				0.00%	#DIV/0!
C. Other Counties				0.00%	#DIV/0!
D. City of Columbia - Social Service Funding				0.00%	#DIV/0!
E. City of Columbia - Other				0.00%	#DIV/0!
F. Other Cities				0.00%	#DIV/0!
G. Federal (Medicaid, Title III, etc.)				0.00%	#DIV/0!
H. State (Purchase of Services, Grants, etc.)				0.00%	#DIV/0!
I. Other (Schools, Courts, etc.)				0.00%	#DIV/0!
<b>TOTAL GOV'T CONTRACTS/SUPPORT (sub-totals)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>\$0</b>	
3. Program Service Fees	359,921	323,697	359,217	52.75%	10.97%
4. Investment Income (realized & unrealized)				0.00%	#DIV/0!
5. Other Revenue Items				0.00%	#DIV/0!
<b>TOTAL AGENCY REVENUE</b>	<b>\$620,567</b>	<b>\$623,396</b>	<b>\$680,919</b>		<b>9.23%</b>

AGENCY EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
Expenses for Program Services	\$480,622.00	\$474,156.00	\$639,963.00	80.73%	34.97%
Expenses for Management and General	\$105,861.00	\$111,489.00	\$152,781.00	19.27%	37.04%
Expenses for Fundraising				0.00%	#DIV/0!
<b>TOTAL AGENCY EXPENSES</b>	<b>\$586,483.00</b>	<b>\$585,645.00</b>	<b>\$792,744.00</b>		<b>35.36%</b>
% of Management and Fundraising Expenses	18.05%	19.04%	19.27%		#DIV/0!

NET ASSETS	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% CHANGE CURRENT TO PROPOSED
Net Assets, End of Year	\$0	\$0	\$0	#DIV/0!

CASH FLOWS	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% CHANGE CURRENT TO PROPOSED
Cash, End of Year	\$76,561	\$114,311	\$117,461	2.76%

**ATTACHMENT C**

**PROGRAM BUDGET WORKSHEET**

**PROGRAM NAME: MU PSC Coordinating Center for Evidence-Based MH Practice**

TOTAL PROGRAM REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way				0.00%	#DIV/0!
B. Other United Ways				0.00%	#DIV/0!
C. Capital Campaigns				0.00%	#DIV/0!
D. Grants (non-governmental)				0.00%	#DIV/0!
E. Fund Raising & Other Direct Support	76,130	80,928	82,522	47.24%	1.97%
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding				0.00%	#DIV/0!
B. Boone County - Other				0.00%	#DIV/0!
C. Other Counties				0.00%	#DIV/0!
D. City of Columbia - Social Service Funding				0.00%	#DIV/0!
E. City of Columbia - Other				0.00%	#DIV/0!
F. Other Cities				0.00%	#DIV/0!
G. Federal (Medicaid, Title III, etc.)				0.00%	#DIV/0!
H. State (Purchase of Services, Grants, etc.)				0.00%	#DIV/0!
I. Other (Schools, Courts, etc.)				0.00%	#DIV/0!
3. Program Service Fees	89,980	80,924	92,167	52.76%	13.89%
4. Investment Income (realized & unrealized)				0.00%	#DIV/0!
5. Other Revenue Items				0.00%	#DIV/0!
<b>TOTAL PROGRAM REVENUE</b>	<b>\$166,110</b>	<b>\$161,852</b>	<b>\$174,689</b>		

PROGRAM EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
1. Personnel	131,124	124,542	307,419	87.62%	146.84%
2. Non-Personnel	26,465	27,872	43,429	12.38%	55.82%
<b>TOTAL PROGRAM EXPENSES</b>	<b>\$157,589</b>	<b>\$152,414</b>	<b>\$350,848</b>		

NUMBER OF DIRECT PROGRAM STAFF (FTE)	ACTUAL	CURRENT	PROPOSED
<i>FTE = number of direct program service hours worked by employee per year/2080 (e.g. 1040/2080= .5 FTE)</i>	1.225	1.225	2.9

**ATTACHMENT D**

**2014 AGENCY ASSURANCE SHEET**

**(Please complete and return with Proposal Response)**

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Proof of 501(c)(3) \*NA, The Curators of the University of Missouri is a governmental entity of the State of Missouri.
- Certificate of Corporate Good Standing \*NA, The Curators of the University of Missouri is a governmental
- Most Recent 990 Federal Form entity of the State of Missouri.
- Agency Strategic Plan
- Copies of Agency Accreditations
- Most Recent Agency Independent Audit
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality
- Memorandums of Understanding (not currently needed for Contingency Funds Request)

Karen M. Geren, Authorized Official/Pre-Award Lead, Office of Sponsored Programs Administration \_\_\_\_\_  
Printed Name - Agency Executive Director/President/CEO Date

Karen M. Geren \_\_\_\_\_ Date 07-10-14  
Signature - Agency Executive Director/President/CEO

NA \_\_\_\_\_  
Printed Name - Agency Board Chair Date

NA \_\_\_\_\_  
Signature - Agency Board Chair Date

**ATTACHMENT E**

**(Please complete and return with Proposal Response)**

Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR  
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, 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.
  
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Karen M. Geren, Pre-Award Lead, OSPA

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Name and Title of Authorized Representative

*Karen M. Geren*  
Signature

07-10-14  
Date



**ATTACHMENT F**

**WORK AUTHORIZATION CERTIFICATION  
PURSUANT TO 285.530 RSMo  
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

County of Boone )  
 )ss  
State of Missouri )

My name is Karen M. Geren. I am an authorized agent of The Curators of the University of Missouri (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

Karen M. Geren                      07-10-14  
Affiant                                      Date

Karen M. Geren, Authorized Signer/Pre-Award Lead, OSPA  
Printed Name

Subscribed and sworn to before me this 10<sup>th</sup> day of July, 2014.



LOIS K. WILSON  
My Commission Expires  
May 2, 2016  
Boone County  
Commission #12335514

Lois K. Wilson  
Notary Public

**Attach to this form the *E-Verify Memorandum of Understanding* that you completed when enrolling.**

Company ID Number: 62231

## **ARTICLE I**

### **PURPOSE AND AUTHORITY**

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Social Security Administration (SSA), the Department of Homeland Security (DHS) and **The Curators of the University of Missouri** (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). E-Verify is a program in which the employment eligibility of all newly hired employees will be confirmed after the Employment Eligibility Verification Form (Form I-9) has been completed.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note).

## **ARTICLE II**

### **FUNCTIONS TO BE PERFORMED**

#### **A. RESPONSIBILITIES OF THE SSA**

1. Upon completion of the Form I-9 by the employee and the Employer, and provided the Employer complies with the requirements of this MOU, SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all newly hired employees and the employment authorization of U.S. citizens.
2. The SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. The SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. The SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by the SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).
4. SSA agrees to establish a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 3 Federal Government work days of the initial inquiry.

Company ID Number: 62231

5. SSA agrees to establish a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

## **B. RESPONSIBILITIES OF THE DEPARTMENT OF HOMELAND SECURITY**

1. Upon completion of the Form I-9 by the employee and the Employer and after SSA verifies the accuracy of SSA records for aliens through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct:

- Automated verification checks on newly hired alien employees by electronic means, and
- Photo verification checks (when available) on newly hired alien employees.

2. DHS agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.

3. DHS agrees to provide to the Employer a manual (the E-Verify Manual) containing instructions on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify. DHS agrees to provide training materials on E-Verify.

4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, and U.S. Department of Justice.

5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by alien employees with DHS's database.

6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of alien employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and Nationality Act and federal criminal laws, and to ensure accurate wage reports to the SSA.

7. DHS agrees to establish a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.

Company ID Number: 62231

8. DHS agrees to establish a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

**C. RESPONSIBILITIES OF THE EMPLOYER**

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees.
2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.
3. The Employer agrees to become familiar with and comply with the E-Verify Manual.
4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.
  - A. The employer agrees that all employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify.
  - B. Failure to complete a refresher tutorial will prevent the employer from continued use of the program.
5. The Employer agrees to comply with established Form I-9 procedures, with two exceptions:
  - If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2 (b) (1) (B)) can be presented during the Form I-9 process to establish identity).
  - If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The employer will use the photocopy to verify the photo and to assist the Department with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.
6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a

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rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in compliance with the terms and conditions of E-Verify ; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$500 and \$1,000 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ any employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any action taken in good faith on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures within 3 Employer business days after each employee has been hired (but after both sections 1 and 2 of the Form I-9 have been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify Manual. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. In all cases, the Employer must use the SSA verification procedures first, and use DHS verification procedures and photo screening tool only after the the SSA verification response has been given.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, support for any unlawful employment practice, or any other use not authorized by this MOU. The Employer must use E-Verify for all new employees and will not verify only certain employees selectively. The Employer agrees not to use E-Verify procedures for re-verification, or for employees hired before the date this MOU is in effect. The Employer understands that if the Employer uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and the immediate termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III.B. below) regarding tentative nonconfirmations, including notifying employees of the finding, providing written referral instructions to employees, allowing employees to contest the finding, and not taking adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1 (1)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification to verify work authorization, a tentative nonconfirmation, or the finding of

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a photo non-match, does not mean, and should not be interpreted as, an indication that the employee is not work authorized. In any of the cases listed above, the employee must be provided the opportunity to contest the finding, and if he or she does so, may not be terminated or suffer any adverse employment consequences until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match, then the Employer can find the employee is not work authorized and take the appropriate action.

11. The Employer agrees to comply with section 274B of the INA by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify, discharging or refusing to hire eligible employees because they appear or sound "foreign", and premature termination of employees based upon tentative nonconfirmations, and that any violation of the unfair immigration-related employment practices provisions of the INA could subject the Employer to civil penalties pursuant to section 274B of the INA and the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-7688 or 1-800-237-2515 (TDD).

12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

13. The Employer agrees that it will use the information it receives from the SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of newly-hired employees after completion of the Form I-9. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a (i) (1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to allow DHS and SSA, or their authorized agents or designees, to make periodic visits to the Employer for the purpose of reviewing E-Verify -related records, i.e., Forms I-9, SSA Transaction Records, and DHS verification records, which were created during the Employer's participation in the E-Verify Program. In addition, for the purpose of evaluating E-Verify, the Employer agrees to allow DHS and SSA or their authorized agents or designees, to interview it regarding its experience with E-Verify, to interview employees hired during E-Verify use concerning their experience with the pilot, and to make employment and E-Verify related records available to DHS and the SSA, or their designated agents or designees. Failure to comply with the terms of this paragraph may lead DHS to terminate the Employer's access to E-Verify.

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### **ARTICLE III**

#### **REFERRAL OF INDIVIDUALS TO THE SSA AND THE DEPARTMENT OF HOMELAND SECURITY**

##### **A. REFERRAL TO THE SSA**

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.

2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a referral letter and instruct the employee to visit an SSA office to resolve the discrepancy within 8 Federal Government work days. The Employer will make a second inquiry to the SSA database using E-Verify procedures on the date that is 10 Federal Government work days after the date of the referral in order to obtain confirmation, or final nonconfirmation, unless otherwise instructed by SSA or unless SSA determines that more than 10 days is necessary to resolve the tentative nonconfirmation..

4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

##### **B. REFERRAL TO THE DEPARTMENT OF HOMELAND SECURITY**

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.

2. If the Employer finds a photo non-match for an alien who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding.

3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when

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the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact the Department through its toll-free hotline within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (furnished and paid for by DHS).

7. The Employer understands that if it cannot determine whether there is a photo match/non-match, the Employer is required to forward the employee's documentation to DHS by scanning and uploading, or by sending the document as described in the preceding paragraph, and resolving the case as specified by the Immigration Services Verifier at DHS who will determine the photo match or non-match.

#### **ARTICLE IV**

##### **SERVICE PROVISIONS**

The SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access the E-Verify System, an Employer will need a personal computer with Internet access.

#### **ARTICLE V**

##### **PARTIES**

This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify manual. Even



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without changes to E-Verify, the Department reserves the right to require employers to take mandatory refresher tutorials.

Termination by any party shall terminate the MOU as to all parties. The SSA or DHS may terminate this MOU without prior notice if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine.

Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

The employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, and responses to inquiries under the Freedom of Information Act (FOIA).

The foregoing constitutes the full agreement on this subject between the SSA, DHS, and the Employer.

The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.

**To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify Operations at 888-464-4218.**

**Employer The Curators of the University of Missouri**

**Dona R McKinney**

\_\_\_\_\_  
Name (Please type or print)

\_\_\_\_\_  
Title

***Electronically Signed***

**10/17/2007**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Department of Homeland Security – Verification Division**

Company ID Number: 62231

**USCIS Verification Division**

Name (Please type or print)

Title

*Electronically Signed*

**10/17/2007**

Signature

Date

Company ID Number: 62231

**INFORMATION REQUIRED  
FOR THE E-VERIFY PROGRAM**

Information relating to your Company:

Company Name: The Curators of the University of Missouri

Company Facility Address: Office of Sponsored Program Administration  
310 Jesse Hall, UMC  
Columbia, MO 65211-1230

Company Alternate Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

County or Parish: BOONE

Employer Identification Number: 436003859

North American Industry Classification Systems Code: 611

Parent Company: \_\_\_\_\_

Number of Employees: 1,000 to  
2,499 Number of Sites Verified for: 1

Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State.

- MISSOURI 1 site(s)

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name: **Dona R McKinney**  
Telephone Number: **(573) 882 - 7560** Fax Number: **(573) 884 - 4078**  
E-mail Address: **grantsdc@missouri.edu**

**ATTACHMENT G**

**PSYCHOLOGICAL SERVICES CLINIC MISSION STATEMENT**

The Psychological Services Clinic's mission is to:

1. Provide high-quality, affordable evidence-based assessment and treatment services to youth, adults, couples, families, and groups in Columbia, MO and the surrounding community,
2. Provide high-quality training for University of Missouri doctoral trainees in clinical psychology and related disciplines in planning, administering, and evaluating empirically-supported assessment and treatment services, and
3. Support research that advances understanding and effective promotion of psychological health.

**ATTACHMENT H**

**PSYCHOLOGICAL SERVICES CLINIC BOARD OF DIRECTORS**

The PSC is headed by the Associate Chair for Clinical Science in the University of Missouri Department of Psychological Sciences, who serves as Executive Director of the PSC. The PSC's Clinic Executive Committee serves as the board of directors and works closely with the Department of Psychological Sciences' clinical training committee.

Board of Directors

Debora Bell, Ph.D., Executive Director

Meg Klein-Trull, Ph.D.

Susan O'Neill, Ph.D.

Nan Presser, Ph.D.

Jeremy Skinner, Ph.D.

Erika Waller, Ph.D.

**ATTACHMENT I**

**PSYCHOLOGICAL SERVICES CLINIC MEMORANDUM OF UNDERSTANDING**

- Between PSC, MU Assessment and Consultation Clinic, and Thompson Center for Autism and Neurodevelopmental Disorders (note that Dr. Kanne was out of country when MOU was finalized and so his signature is pending. Email verifying agreement is attached to MOU).

MEMORANDUM of UNDERSTANDING BETWEEN the

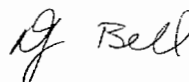
MU ASSESSMENT & CONSULTATION CLINIC (ACC), the  
MU PSYCHOLOGICAL SERVICES CLINIC (PSC) and the THOMPSON CENTER FOR  
AUTISM AND NEURODEVELOPMENTAL DISORDERS(TC)

The purpose of this memorandum is to identify a mutual client referral agreement between the ACC, the PSC and TC for the duration of Service Contracts awarded to either or both entities through the Boone County Children’s Services Board for RFP 27-10JUN14.

The ACC and PSC intend to submit proposals to conduct mental health screenings that utilize similar assessment measures and techniques. In order to minimize the wait time for a client to obtain screening appointments, the ACC, the PSC and the TC agree to inform potential screening clients the other centers are also performing mental health screenings and provide the contact numbers. The client can contact either clinic in order to see if they can be scheduled sooner and may choose to schedule with either clinic.

The ACC, the PSC and TC agree to consider the other two entities preferred client referral recipients when clinical case information indicates a screening client would benefit from clinical specialty services offered by the TC (e.g., evaluation and intervention services), the PSC (e.g., individual and family therapy, Cognitive Behavioral Therapy interventions, substance use disorders and client symptoms related to Obsessive-Compulsive disorder, Tourette’s disorder and Tic disorders), or the ACC (e.g., comprehensive psychological evaluations requiring differential diagnoses, and client symptoms related to attention disorders, cognitive disorders and learning disorders).

The MOU among the ACC and TC and the PC will remain in place for the duration of the Service Contract(s). This agreement does not involve payment or exchange of funds from one entity to another and does not imply any financial obligation or agreement between the entities. The agreement will become effective on the date Service Contract(s) are awarded.



\_\_\_\_\_  
Andrew J. Knoop, PhD  
Director  
Assessment & Consultation Clinic

\_\_\_\_\_  
Debora Bell, PhD  
Director of Clinical Training  
Psychological Services Clinic

\_\_\_\_\_  
June 10, 2014  
(Date)

\_\_\_\_\_  
June 10, 2014  
(Date)

\_\_\_\_\_  
(Kanne sig pending; see attached email)  
Stephen Kanne, PhD  
Director of Thompson Center for Autism  
and Neurodevelopmental Disorders

\_\_\_\_\_  
June 10, 2014  
(Date)

## Re: MOU for Boone County Children's Fund grant?

Kanne, Stephen M.

**Sent:** Tuesday, June 10, 2014 3:14 PM

**To:** Knoop, Andrew

**Cc:** Bell, Debora (Psychological Sciences)

**Attachments:** image001.png (15 KB )

I am out of the country...Abby, can you look this over please and work out the sig line?

Sent from my iPad

> On Jun 10, 2014, at 1:22 PM, "Knoop, Andrew" <knoopa@missouri.edu> wrote: >  
> Steve and Debi, > > Attached is a draft of an MOU for client referrals  
among our three entities for the children's fund grant. I believe I captured  
the intent of the document and included accurate statements related to the  
PSC and TC, but please let me know ASAP if changes are required. If there are  
no further edits required, perhaps Debi can attach a signature to this  
version and return it to me, then I'll send that document to Steve for his  
signature. Thank you for your patience and willingness to participate. > >  
Best wishes, > > Andy Knoop, PhD >  
[cid:image001.png@01CF80A4.D0AC2C10]<<http://education.missouri.edu/orgs/muacc>



**ATTACHMENT J**

**PSC PILOT PROGRAM EVALUATION TOOLS**

- Child and Adolescent Symptom Inventory-5 for DSM-5 disorders (CASI-5)
- Mini International Neuropsychiatric Interview for Children and Adolescents (MINI-Kid)
- Clinician Referral Questionnaire
- Overview of EBP Components for Most Common Youth MH Problems
- CBT Adherence Measure (CBTAM)
- Brief Problem Checklist and Individualized Goal Attainment Scaling (BPC/IGAS)
- Example Clinician Feedback Report

Child & Adolescent Symptom Inventory – 5 (CASI-5)



**CHILD & ADOLESCENT SYMPTOM INVENTORY - 5 (CASI-5)**  
**Parent Checklist**

Youth's Name	Age/Birthdate	Male	Female
Name of person completing this form	Relation to this youth	Date	

**DIRECTIONS: Circle which rating best describes this youth's overall behavior.**  
**Answer each question to the best of your ability.**

Category A	Never	Some-times	Often	Very often
A1. Does not pay close attention to details or makes careless mistakes	0	1	2	3
A2. Has difficulty paying attention to tasks or activities	0	1	2	3
A3. Does not seem to listen when spoken to directly	0	1	2	3
A4. Has difficulty following through on instructions and fails to finish things	0	1	2	3
A5. Has difficulty organizing work and activities	0	1	2	3
A6. Avoids doing tasks that require a lot of mental effort (schoolwork, homework, etc.)	0	1	2	3
A7. Loses things necessary for activities	0	1	2	3
A8. Is easily distracted by other things going on	0	1	2	3
A9. Is forgetful in daily activities	0	1	2	3
A10. Fidgets with hands or feet or squirms in seat	0	1	2	3
A11. Has difficulty remaining seated when asked to do so	0	1	2	3
A12a. Runs about or climbs on things when asked not to do so	0	1	2	3
A12b. Seems restless or jittery	0	1	2	3
A13. Has difficulty playing or doing things quietly	0	1	2	3
A14. Is "on the go" or acts as if "driven by a motor"	0	1	2	3
A15. Talks excessively	0	1	2	3
A16. Blurts out answers to questions before they have been completed	0	1	2	3
A17. Has difficulty awaiting turn in group activities	0	1	2	3
A18. Interrupts or intrudes on other people's activities	0	1	2	3
<b>Ax. How often do the behaviors in Category A interfere with youth's ability to do schoolwork or get along with others?</b>	0	1	2	3

Category B	Never	Some-times	Often	Very often
B19. Loses temper	0	1	2	3
B20. Argues with adults	0	1	2	3
B21. Defies or refuses to do what you tell him/her to do	0	1	2	3
B22. Does things to deliberately annoy others	0	1	2	3
B23. Blames others for own misbehavior or mistakes	0	1	2	3
B24. Is touchy or easily annoyed by others	0	1	2	3
B25. Is angry and resentful	0	1	2	3
B26. Takes anger out on others or tries to get even	0	1	2	3
<b>Bx. How often do the behaviors in Category B interfere with youth's ability to do schoolwork or get along with others?</b>	0	1	2	3

Category C	Never	Some-times	Often	Very often
C27. Is truant from school	0	1	2	3
C28. Stays out at night when not supposed to	0	1	2	3
C29. Lies to get things or to avoid responsibility	0	1	2	3
C30. Bullies, threatens, or intimidates others	0	1	2	3
C31. Starts physical fights	0	1	2	3
C32. Has run away from home overnight	0	1	2	3
C33. Has stolen things when others were not looking (e.g., shoplifting)	0	1	2	3
C34. Has deliberately destroyed others' property	0	1	2	3
C35. Has deliberately started fires	0	1	2	3
C36. Has stolen things from others using physical force (e.g., purse snatching, mugging)	0	1	2	3
C37. Has broken into someone else's house, building, or car	0	1	2	3
C38. Has used a weapon when fighting (bat, bottle, knife, etc.)	0	1	2	3
C39. Has been physically cruel to animals	0	1	2	3
C40. Has been physically cruel to people	0	1	2	3
C41a. Has been preoccupied with or involved in sexual activity	0	1	2	3
C41b. Has forced someone into sexual activity	0	1	2	3
<b>Cx. How often do the above behaviors in Category C interfere with youth's ability to do schoolwork or get along with others?</b>	0	1	2	3

Category Cz	Never	Some-times	Often	Very often
Cz1. Does not appear to feel guilty after doing something wrong	0	1	2	3
Cz2. Does not seem to care about the pain and suffering he/she causes others	0	1	2	3
Cz3. Does not seem to care about doing a bad job	0	1	2	3
Cz4. Does not express feelings or show genuine emotions to others	0	1	2	3
<b>Czx. How often do the behaviors in Category Cz interfere with youth's ability to do schoolwork or get along with others?</b>	0	1	2	3

Category D	Never	Some-times	Often	Very often
D47. Is overconcerned about abilities in school, athletic, work, or social activities	0	1	2	3
D48. Has difficulty controlling worries	0	1	2	3
D49. Acts restless or edgy	0	1	2	3
D50. Is irritable for most of the day	0	1	2	3
D51. Is extremely tense or unable to relax	0	1	2	3
D52. Has difficulty falling asleep or staying asleep	0	1	2	3
<b>Dx. How often do the behaviors in Category D interfere with youth's ability to do schoolwork or get along with others?</b>	0	1	2	3

Category E	Never	Some-times	Often	Very often
E53. Is overly fearful or tries to avoid specific objects or situations (animals, heights, storms, insects, going places alone, being "trapped," etc.)	0	1	2	3
E54. Complains about heart pounding, shortness of breath, feeling dizzy, trembling, or fear of dying	0	1	2	3
E55. Cannot get distressing thoughts out of his/her mind (worries about germs or doing things perfectly, etc.)	0	1	2	3
E56. Feels compelled to perform unusual habits (hand washing, checking locks, repeating things a set number of times)	0	1	2	3
E57. Has experienced an extremely upsetting event and continues to be bothered by it	0	1	2	3
E58. Has distressing memories or dreams about an extremely upsetting event	0	1	2	3

Category E (Continued)	Never	Some-times	Often	Very often
E59. Makes twitching or jerking movements for no apparent reason (eye blinking, nose twitching, grimacing, lip licking, head jerking, etc.)	0	1	2	3
E60. Makes vocal sounds for no apparent reason (coughing, throat clearing, sniffing, grunting, etc.)	0	1	2	3
E61. Complains about physical problems (headaches, upset stomach, etc.) for which there is no apparent cause	0	1	2	3
E62. Worries about physical health	0	1	2	3
Ez1. Pulls out his/her hair, eyelashes, or eyebrows	0	1	2	3
Ez2. Picks his/her own skin	0	1	2	3
Ez3. Refuses to speak, other than to family members	0	1	2	3

Category F	Never	Some-times	Often	Very often
F63a. Tries to avoid contact with strangers; abnormally shy	0	1	2	3
F63b. Is more anxious in social situations than most other youths	0	1	2	3
F64. Is excessively shy with peers	0	1	2	3
F64a. When put in an uncomfortable social situation, child cries, freezes, or withdraws from interacting	0	1	2	3
<b>Fx. How often do the behaviors in Category F interfere with youth's ability to do schoolwork or get along with others?</b>	0	1	2	3

Category G	Never	Some-times	Often	Very often
G65. Gets very upset when he/she expects to be separated from home or parents	0	1	2	3
G66. Worries that parents will be hurt or leave home and not come back	0	1	2	3
G67. Worries that some disaster (getting lost, kidnapped, etc.) will separate him/her from parents	0	1	2	3
G68. Tries to avoid going to school in order to stay home with parent	0	1	2	3
G69. Worries about being left at home alone or with a sitter	0	1	2	3
G70. Afraid to go to sleep unless near parent	0	1	2	3
G71. Has nightmares about being separated from parent	0	1	2	3
G72. Complains about feeling sick when he/she expects to be separated from home or parents	0	1	2	3
<b>Gx. How often do the behaviors in Category G interfere with youth's ability to do schoolwork or get along with others?</b>	0	1	2	3

Category H	Never	Some-times	Often	Very often
H73. Prefers to be alone rather than with friends or family	0	1	2	3
H74. Shows little interest in having close relationships	0	1	2	3
H75. Is emotionally cold or indifferent toward people	0	1	2	3
<b>Hx. How often do the behaviors in Category H interfere with youth's ability to do schoolwork or get along with others?</b>	0	1	2	3

Category I	Never	Some-times	Often	Very often
I-76. Wets bed at night	0	1	2	3
I-77. Wets or soils underwear during daytime hours	0	1	2	3

Category J	Never	Some-times	Often	Very often
J78. Has strange ideas or beliefs that are not real (food is poisoned, people are trying to get him/her, etc.)	0	1	2	3
J79. Has auditory hallucinations (hears voices talking to or telling him/her to do things, etc.)	0	1	2	3
J80a. Has extremely strange and illogical thoughts or ideas	0	1	2	3
J80b. Has disorganized speech (ideas don't make sense, thoughts run together, loses train of thought, etc.)	0	1	2	3
J81a. Does extremely odd things (excessive preoccupation with fantasy friends, talks to self in a strange way, etc.)	0	1	2	3
J81b. Behaves in extremely strange ways (unpredictable outbursts, acts as if in slow motion, seems to forget how to take care of self, etc.)	0	1	2	3
J82. Laughs or cries at inappropriate times or shows no emotion in situations where most others of same age would react	0	1	2	3
J83. Seems to have lost interest in doing things or talking to people	0	1	2	3
<b>Jx. How often do the behaviors in Category J interfere with youth's ability to do schoolwork or get along with others?</b>	0	1	2	3

Category Rz	Never	Some-times	Often	Very often
Rz1. Has temper outbursts that are way out of proportion to the situation	0	1	2	3
Rz2. Is irritable or angry most of the day	0	1	2	3
<b>Rzx. How often do the behaviors in Category Rz interfere with youth's ability to do schoolwork or get along with others?</b>	0	1	2	3

Category K: Does this youth have periods lasting at least several days where he/she does the following:	Never	Some-times	Often	Very often
K84. Is depressed for most of the day	0	1	2	3
K85. Shows little interest in (or enjoyment of) pleasurable activities	0	1	2	3
K86. Talks about death or suicide	0	1	2	3
K87. Feels worthless or guilty	0	1	2	3
K88. Has low energy level or is tired for no apparent reason	0	1	2	3
K89. Has little confidence, feels inferior to others, or is very self-conscious	0	1	2	3
K90. Feels that things never work out right	0	1	2	3
<b>Kx. How often do the behaviors in Category K interfere with youth's ability to do schoolwork or get along with others?</b>	0	1	2	3

K91. Has experienced a big change in his/her normal appetite or weight (circle No or Yes)	No	Yes
K92. Has experienced a big change in his/her normal sleeping habits (trouble sleeping or sleeps too much)	No	Yes
K93. Has experienced a big change in his/her normal activity level (overactive or inactive)	No	Yes
K94. Has experienced a big change in his/her ability to concentrate or make decisions	No	Yes
K95. Has experienced a big drop in school grades or schoolwork	No	Yes
K96. Has become more sensitive or tearful than usual	No	Yes
K97. Has experienced a very stressful event such as parents divorce, death of a friend or relative, serious illness	No	Yes

Category L: Does this youth have periods lasting at least several days where he/she does the following:	Never	Some-times	Often	Very often
L98. Is much more cheerful than usual	0	1	2	3
L99. Is much more irritable or explosive than usual	0	1	2	3
L100. Becomes much more active or busy than usual	0	1	2	3
L101. Needs far less sleep than usual	0	1	2	3
L102. Is much more talkative than usual	0	1	2	3
L103. Is far more distractible than usual	0	1	2	3
L104. Does far more reckless or silly things than usual	0	1	2	3
L105. Switches rapidly from one topic to another	0	1	2	3
L106. Believes that he/she has special abilities or can do things that are obviously unrealistic	0	1	2	3
<b>Lx. How often do the behaviors in Category L interfere with youth's ability to do schoolwork or get along with others?</b>	0	1	2	3

Category M	Never	Some-times	Often	Very often
M107. Has a peculiar way of relating to others (avoids eye contact, odd facial expressions or gestures, etc.)	0	1	2	3
M108. Does not play or relate well with other children	0	1	2	3
M109. Not interested in making friends	0	1	2	3
M110. Is unaware or takes no interest in other people's feelings	0	1	2	3
M111. Has a significant problem with language	0	1	2	3
M112. Has difficulty making socially appropriate conversation	0	1	2	3
M113. Talks in a strange way (repeats what others say; confuses words like "you" and "I"; uses odd words or phrases, etc.)	0	1	2	3
M114. Is unable to "pretend" or "make believe" when playing	0	1	2	3
M115. Shows excessive preoccupation with one topic	0	1	2	3
M116. Gets very upset over small changes in routine or surroundings	0	1	2	3
M117. Makes strange repetitive movements (flapping arms, etc.)	0	1	2	3
M118. Has strange fascination for parts of objects	0	1	2	3
Mz1. Is overly sensitive to sounds, smells, or the way things feel	0	1	2	3
Mz2. Does not seem to feel pain or react to extreme heat or cold	0	1	2	3
Mz3. Seems unaware of how to communicate with people (talks like a professor, doesn't consider the interests of the listener, difficulty taking turns in conversations)	0	1	2	3
Mz4. Has difficulty understanding humor, words with double meanings, etc. when interacting with others	0	1	2	3
<b>Mx. How often do the behaviors in Category M interfere with youth's ability to do schoolwork or get along with others?</b>	0	1	2	3

Category N	Never	Some-times	Often	Very often
N119. Unusually thin or underweight	0	1	2	3
N120. Refuses to eat enough food to keep a healthy body weight	0	1	2	3
N121. Has excessive worries about getting fat or becoming overweight	0	1	2	3
N122. Thinks he/she is fat or overweight but really isn't	0	1	2	3
<b>Nx. How often do the behaviors in Category N interfere with youth's ability to do schoolwork or get along with others?</b>	0	1	2	3



Category O	Never	Some-times	Often	Very often
O123. Has eating binges (eats an excessive amount of food in a short period of time)	0	1	2	3
O124. Cannot stop eating or control how much he/she eats	0	1	2	3
O125. Uses very strict diets, vomiting, laxatives, or excessive exercise to control weight	0	1	2	3
O126. Seems overconcerned about his/her weight or figure	0	1	2	3
<b>Ox. How often do the behaviors in Category O interfere with youth's ability to do schoolwork or get along with others?</b>	0	1	2	3

Category P	Never	Some-times	Often	Very often
P127. Smokes tobacco cigarettes	0	1	2	3
P128. Drinks alcohol beverages (beer, wine, spirits, liquor)	0	1	2	3
P129. Gets into trouble because of alcohol use	0	1	2	3
P130. Smokes marijuana	0	1	2	3
P131. Uses other illegal drugs (cocaine, glue, speed, LSD, etc.)	0	1	2	3
P132. Gets into trouble because of illegal drug use	0	1	2	3
<b>Px. How often do the behaviors in Category P interfere with youth's ability to do schoolwork or get along with others?</b>	0	1	2	3

Category Q	Never	Some-times	Often	Very often
Q133. Grabs things from other youths	0	1	2	3
Q134. Throws things at other youths	0	1	2	3
Q135. Smashes or destroys things	0	1	2	3
Q136. Gives dirty looks or makes threatening gestures to other youths	0	1	2	3
Q137. Curses at or teases other youths to provoke conflict	0	1	2	3
Q138. Damages other youths' property	0	1	2	3
Q139. Hits, pushes, or trips other youths	0	1	2	3
Q140. Threatens to hurt other youths	0	1	2	3
Q141. Engages in physical fights with other youths	0	1	2	3
Q142. Annoys other youths to provoke them	0	1	2	3
<b>Qx. How often do the behaviors in Category Q interfere with youth's ability to do schoolwork or get along with others?</b>	0	1	2	3

☺ THANK YOU!

## Mental Health Screening Measures Description

### MINI-Kid

The M.I.N.I. International Neuropsychiatric Interview (Sheehan et al., 2010) is the most widely used psychiatric structured diagnostic interview instrument in the world, employed by mental health professionals and health organizations in more than 100 countries. It is the structured psychiatric interview of choice for psychiatric evaluation and outcome tracking in clinical psychopharmacology trials and epidemiological studies and is designed to be administered in a time efficient manner ([www.medical-outcomes.com](http://www.medical-outcomes.com)).

The M.I.N.I. International Neuropsychiatric Interview for Children and Adolescents (M.I.N.I.-Kid) is the youth version of this measure. It is administered by having a trained assessor/clinician asks the youth/caregiver a set series of questions that cover all of the symptoms and criteria for each of the major DSM and ICD youth diagnoses as well as a suicidality risk assessment module. For purposes of this application, we have included a description of the measure, rather than a full copy, due to the unwieldy length of the measure (nearly 50 pgs.) and the fact that our personal communications with the measure authors indicate that the final draft of the DSM-5 version of the youth measure is about to be released. We are happy to provide the board with a full copy of the current version if desired.

Clinician Referral Form to Join Referral Network

Dear Colleague,

The University of Missouri Coordinating Center for Evidence-Based Practices receives many requests for referrals for therapists serving Boone County. Our mission is to serve children, adolescents, and families with the best possible mental health care based on science. There are many lists of therapists, but we have not found one that includes evidence of training in evidence based practices, including empirically supported assessment and treatment. As such, we have decided to create our own service, and we want to start with you. If you would like to be listed on our website and considered for referrals, please reply to us with the information requested below.

Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

City/ State: \_\_\_\_\_

Office Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Highest Mental Health Related Degree Attained: \_\_\_\_\_

Licensure Status:

- a) If Licensed, provide type: \_\_\_\_\_
- b) If licensed, provide year of first licensure: \_\_\_\_\_
- c) Not Licensed

Board Certification Status:

- a) If Board Certified, provide type: \_\_\_\_\_
- b) If Board Certified, provide year of certification: \_\_\_\_\_
- c) Not Board Certified

University where Highest Degree was Attained: \_\_\_\_\_

Extent of Emphasis on Empirically Supported Assessments and Treatments at University where Highest Degree was Attained:

- a) Only empirically supported treatments were taught
- b) Treatments with and without a strong evidence base were taught
- c) Only treatments without a strong evidence-base were taught

Number of **Training Hours** in Empirically Supported Assessment or Treatments **Received** in the Past Year:

- a) None
- b) 1 to 10
- c) 11 to 20
- d) 21 to 30
- e) 31 to 40
- f) 41 to 50
- g) More than 50

Number of **Training Hours** in Empirically Supported Assessment or Treatments **Provided** in the Past Year:

- a) None
- b) 1 to 10
- c) 11 to 20
- d) 21 to 30
- e) 31 to 40
- f) 41 to 50
- g) More than 50

Number of **Supervision Hours** in Empirically Supported Assessment or Treatments **Received** in the Past Year:

- a) None
- b) 1 to 10
- c) 11 to 20
- d) 21 to 30
- e) 31 to 40
- f) 41 to 50
- g) More than 50

Number of **Supervision Hours** in Empirically Supported Assessment or Treatments **Provided** in the Past Year

- a) None
- b) 1 to 10
- c) 11 to 20
- d) 21 to 30
- e) 31 to 40
- f) 41 to 50
- g) More than 50

Specific Empirically Supported Assessments with which you are Proficient:

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Specific Empirically Supported Treatments in which you are Proficient:

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Primary Theoretical Orientation:

- a) Behavioral
- b) Cognitive
- c) Cognitive-Behavioral
- d) Dialectical-Behavioral
- e) Eclectic/ Integrative
- f) Family Systems
- g) Psychodynamic
- h) Other \_\_\_\_\_

Problems Treated (check all that apply):

- a) Internalizing Problems (e.g., anxiety or depression or withdrawal)
- b) Externalizing Problems (e.g., ADHD or oppositional behavior or conduct problems)
- c) Autism Spectrum Problems
- d) Learning Problems
- e) Substance Use Problems
- f) Eating or Sleeping Problems
- g) Other \_\_\_\_\_

Ages Served (check all that apply):

- a) 0 – 4 years old
- b) 5 – 9 years old
- c) 10 – 14 years old
- d) 15 – 19 years old

We look forward to hearing from you!

## BRIEF OVERVIEW of EVIDENCE BASED PRACTICE for YOUTHS AND FAMILIES

### *Core Components of EBP for Anxiety, Worries or Fears*

- Key Tasks for All Phases of Treatment
  - **Clear Session Agenda:** Discussing a session agenda at the beginning of every session
  - **Assessment:** Assessing the child's symptoms and functioning level throughout treatment (often by using some sort of standardized checklist or measure)
  - **Therapy Homework:** Assigning and reviewing out-of-session practice of new skills
  - **In-Session Practice:** Using role-plays, or otherwise practicing new skills together, during the appointment
  - **Reinforcement of Effort:** Praising or rewarding the child for working hard or trying new skills (and/or asking the parent to provide reinforcement)
- Key Tasks for the *Early, or Beginning, Phase* of Treatment
  - **Alliance:** Build a strong rapport or working alliance with the child and the parent(s)
  - **Treatment Goals:** Discuss treatment goals and reach an agreement with child and parent(s) on the goals (may need to revisit or change goals during treatment)
  - **Treatment Description and Rationale:** Provide child and parent(s) with treatment description (e.g., session format, what is expected of them, rationale for how therapy works)
  - **Psychoeducation:** Provide information about the nature of anxiety
- Key Tasks for the *Middle, or Working, Phase* of Treatment
  - **Feelings Identification:** Help the child recognize when they are feeling anxious (e.g., thoughts, feelings, physical signs) and rate their level of anxiety or fear (e.g., SUDS or feelings thermometer)
  - **Relaxation Training:** Teach the child relaxation or breathing strategies to cope with anxiety or fear (e.g., progressive muscle relaxation, pleasant imagery, focusing on the breath)
  - **Cognitive Coping:** Work with child to identify and challenge their anxiety provoking thoughts (e.g., cognitive restructuring, positive self-talk, distraction, thought stopping)
  - **Problem Solving Skills:** Teach the child or parent skills for solving problems (e.g., coming up with possible solutions, considering likely consequences of each solution, and choosing a solution to try)
  - **Graduated Exposure: Create a fear hierarchy (i.e., ranking of anxiety provoking situations from least to most feared or avoided) and conduct in vivo (live) exposures to situations on the hierarchy (from the least to the most feared or avoided)\*\*\***
- Key Task for the *Ending, or Termination, Phase* of Treatment
  - **Future Planning:** Planning and preparing for future stressors and possible setbacks

**\*\*\* EXPOSURE seems especially critical for the ultimate success of EBP for Anxiety, Worries or Fears**

Would you like to learn more about research-supported treatment? Please contact us and we would be happy to send you additional information and resources!

## BRIEF OVERVIEW of EVIDENCE BASED PRACTICE for YOUTHS AND FAMILIES

### *Core Components of EBP for Trauma*

- Key Tasks for All Phases of Treatment
  - **Clear Session Agenda:** Discussing a session agenda at the beginning of every session
  - **Assessment:** Assessing the child's symptoms and functioning level throughout treatment (often by using some sort of standardized checklist or measure)
  - **Therapy Homework:** Assigning and reviewing out-of-session practice of new skills
  - **In-Session Practice:** Using role-plays, or otherwise practicing new skills together, during the appointment
  - **Reinforcement of Effort:** Praising or rewarding the child for working hard or trying new skills (and/or asking the parent to provide reinforcement)
- Key Tasks for the Early, or Beginning, Phase of Treatment
  - **Alliance:** Build a strong rapport or working alliance with the child and the parent(s)
  - **Treatment Goals:** Discuss treatment goals and reach an agreement with child and parent(s) on the goals (may need to revisit or change goals during treatment)
  - **Treatment Description and Rationale:** Provide child and parent(s) with treatment description (e.g., session format, what is expected of them, rationale for how therapy works)
  - **Psychoeducation:** Provide information about trauma and its effects
- Key Tasks for the Middle, or Working, Phase of Treatment
  - **Feelings Identification:** Help the child recognize when they are feeling upset (e.g., thoughts, feelings, physical signs) and rate their level of distress or fear (e.g., SUDS or feelings thermometer)
  - **Relaxation Training:** Teach relaxation or breathing strategies to cope with distress (e.g., progressive muscle relaxation, pleasant imagery, focusing on the breath)
  - **Cognitive Coping:** Help the child and parent recognize and challenge any unhelpful thoughts about the trauma (e.g., excessive blame)
  - **Problem Solving Skills:** Teach steps for solving problems (e.g., coming up with possible solutions, considering likely consequences of each solution, and choosing a solution to try)
  - **Parent-Child Relationship:** Work with the parent and child to improve their communication and relationship (e.g., child directed play, special time, assertive communication training)
  - **Behavioral Parent Training:** Teach the parent to effectively manage any noncompliance and behavior problems with the use of behavior management skills (e.g., effective commands, natural or logical consequences, time out, positive reinforcement)
  - **Safety Plan:** Help the child and parent develop a safety plan to keep the child safe from additional trauma
  - **Graduated Exposure:** Conduct in vivo (live) exposures to trauma reminders (i.e., situations, places, or things that remind them of the trauma) from the least to the most feared or avoided
  - **Trauma Narrative: Help the child to write, or otherwise express, their trauma narrative until they can do so with minimal distress (i.e., imaginal exposure to the trauma memories)\*\*\***
- Key Task for the Ending, or Termination, Phase of Treatment
  - **Future Planning:** Planning and preparing for future stressors and possible setbacks

**\*\*\* IMAGINAL EXPOSURE (trauma narrative) seem especially critical for the ultimate success of EBP for Trauma**

Would you like to learn more about research-supported treatment? Please contact us and we would be happy to send you additional information and resources!

## BRIEF OVERVIEW of EVIDENCE BASED EBP for YOUTHS AND FAMILIES

### *Core Components of EBP for Depression*

- Key Tasks for All Phases of Treatment
  - **Clear Session Agenda:** Discussing a session agenda at the beginning of every session
  - **Assessment:** Assessing the child's symptoms and functioning level throughout treatment (often by using some sort of standardized checklist or measure)
  - **Therapy Homework:** Assigning and reviewing out-of-session practice of new skills
  - **In-Session Practice:** Using role-plays, or otherwise practicing new skills together, during the appointment
  - **Reinforcement of Effort:** Praising or rewarding the child for working hard or trying new skills (and/or asking the parent to provide reinforcement)
- Key Tasks for the *Early, or Beginning, Phase of Treatment*
  - **Alliance:** Build a strong rapport or working alliance with the child and the parent(s)
  - **Treatment Goals:** Discuss treatment goals and reach an agreement with child and parent(s) on the goals (may need to revisit or change goals during treatment)
  - **Treatment Description and Rationale:** Provide child and parent(s) with treatment description (e.g., session format, what is expected of them, rationale for how therapy works)
  - **Psychoeducation:** Provide information about the nature of depression
- Key Tasks for the *Middle, or Working, Phase of Treatment*
  - **Feelings Identification:** Help the child recognize when they are feeling down (e.g., thoughts, feelings, physical signs) and rate their feelings (e.g., SUDS or feelings thermometer)
  - **Relaxation Training:** Teach relaxation or breathing strategies to cope with distress (e.g., progressive muscle relaxation, pleasant imagery, focusing on the breath)
  - **Cognitive Coping:** Work with child to identify and challenge their depressive thoughts (e.g., cognitive restructuring, positive self-talk, thought stopping, distraction)
  - **Problem Solving Skills:** Teach steps for solving problems (e.g., coming up with possible solutions, considering likely consequences of each solution, and choosing a solution to try)
  - **Activity Scheduling: *Work on behavioral activation and increasing pleasant activities (e.g., social activities, volunteering, participating in clubs, groups or sports)***\*\*\*
- Key Task for the *Ending, or Termination, Phase of Treatment*
  - **Future Planning:** Planning and preparing for future stressors and possible setbacks

\*\*\* **ACTIVITY SCHEDULING** seems especially critical for the ultimate success of treatment for Depression

Would you like to learn more about research-supported treatment? Please contact us and we would be happy to send you additional information and resources!



## BRIEF OVERVIEW of EVIDENCE BASED PRACTICE for YOUTHS AND FAMILIES

### *Core Components of EBP for Disruptive Behavior or Conduct Problems*

- Key Tasks for All Phases of Treatment
  - **Clear Session Agenda:** Discussing a session agenda at the beginning of every session
  - **Assessment:** Assessing the child's symptoms and functioning level throughout treatment (often by using some sort of standardized checklist or measure)
  - **Therapy Homework:** Assigning and reviewing out-of-session practice of new skills
  - **In-Session Practice:** Using role-plays, or otherwise practicing new skills together, during the appointment
  - **Reinforcement of Effort:** Praising or rewarding the child for working hard or trying new skills (and/or asking the parent to provide reinforcement)
- Key Tasks for the *Early, or Beginning, Phase* of Treatment
  - **Alliance:** Build a strong rapport or working alliance with the child and the parent(s)
  - **Treatment Goals:** Discuss treatment goals and reach an agreement with child and parent(s) on the goals (may need to revisit or change goals during treatment)
  - **Treatment Description and Rationale:** Provide child and parent(s) with treatment description (e.g., session format, what is expected of them, rationale for how therapy works)
  - **Psychoeducation:** Provide information about conduct problems and how they are maintained
- Key Tasks for the *Middle, or Working, Phase* of Treatment
  - **Feelings Identification:** Help the child recognize when they are feeling angry or upset (e.g., thoughts, feelings, physical signs) and rate their level of anger (e.g., SUDS or feelings thermometer)
  - **Relaxation Training:** Teach relaxation or breathing strategies to cope with anger (e.g., progressive muscle relaxation, pleasant imagery, focusing on the breath)
  - **Cognitive Coping:** Work with child to identify and challenge their anger provoking thoughts (e.g., cognitive restructuring, positive self-talk, thought stopping, distraction)
  - **Problem Solving Skills:** Teach the child problem solving skills (e.g., coming up with possible solutions, considering likely consequences of each solution, and choosing a solution to try)
  - **Parent-Child Relationship:** Work with the parent and child to improve their communication and relationship (e.g., child directed play, special time, assertive communication training)
  - **Behavioral Parent Training: Teach the parent to effectively manage noncompliance and behavior problems with improved monitoring of their child's behavior and with the use of behavior management skills (e.g., labeled praise, active ignoring, effective commands, rewards, natural or logical consequences, time out)\*\*\***
- Key Task for the *Ending, or Termination, Phase* of Treatment
  - **Future Planning:** Planning and preparing for future stressors and possible

**\*\*\*BEHAVIORAL PARENTING SKILLS seem especially critical for the ultimate success of treatment for Disruptive Behavior or Conduct Problems**

Would you like to learn more about research-supported treatment? Please contact us and we would be happy to send you additional information and resources!

Therapy Tracker (includes CBT Adherence Measure and BPC/IGAS)

[welcome page]

WELCOME TO THE THERAPY TRACKER!

To begin, please enter your unique therapist ID \_\_\_\_\_

(If you have forgotten it, please contact your therapist!)

Next please choose one of the following:

I am a therapist

I am a child or teenager

I am a parent or caregiver

[2nd page]

If you have any questions about this research, you may contact Kristin Hawley at 573-882-4007 or hawleyk@missouri.edu.

[3<sup>rd</sup> page]

ABOUT THE CHILD...

Is this child a...

BOY

GIRL

How old is s/he? [text box]

ABOUT YOUR LAST APPOINTMENT...

Was the appointment today? YES or NO - if no, what was the appointment date? [text box]

Please check everyone you spoke to during the appointment (even if just for a few minutes)?

CHILD

MOM

DAD

OTHER – who? [text box]

What phase of treatment would you say that you are in with this child?

EARLY or BEGINNING PHASE;

MIDDLE or WORKING PHASE;

ENDING or TERMINATION PHASE

What was the primary problem that you focused on during this appointment?

ANXIETY, WORRY OR FEAR

DEPRESSION OR MOOD

BEHAVIOR PROBLEMS

TRAUMATIC EVENT

OTHER (please describe) [text box]

**CBT Adherence Measure**

Next, we would like you to tell us about the therapy appointment **this week**. People can talk about and do a lot of different things during a therapy appointment. We don't expect that you will have done *all* of these things in your last appointment. In fact, you may not have done *any* of these things this week.

**In this week's appointment**, how much did you do the following?

	Not At All		A Little		Some	A Lot
1. I established an agenda or plan at the beginning of the appointment.	1 6	2 7	3	4	5	
2. I assessed the child's current symptoms and functioning by having them complete a measure or asking questions.	1 6	2 7	3	4	5	
3. I provided information about the child's anxiety, depression, reaction to trauma or other condition.	1 6	2 7	3	4	5	
4. I described the treatment, such as the format of sessions, what is expected of them, and a rationale for how therapy works.	1 6	2 7	3	4	5	
5. We worked together to develop or change goals for therapy.	1 6	2 7	3	4	5	
6. I assigned or reviewed therapy homework or tasks to work on outside of therapy.	1 6	2 7	3	4	5	
7. We role-played or practiced new skills or behaviors together in the appointment.	1 6	2 7	3	4	5	
8. I praised or reinforced the child for working hard in treatment or asked the parent to reward him or her (e.g., stickers, points, positive reinforcement).	1 6	2 7	3	4	5	
9. We went over different feelings, such as what they feel like, how they look, what they are called, or how to rate them using a number scale (e.g., feelings thermometer, SUDS ratings).	1 6	2 7	3	4	5	
10. I taught relaxation skills, such as breathing exercises, muscle relaxation or pleasant imagery.	1 6	2 7	3	4	5	
11. We discussed unhelpful thoughts that make the child upset and ways to change those negative thoughts in order to feel better (e.g., cognitive restructuring, positive self-talk, thought stopping, distraction).	1 6	2 7	3	4	5	
12. I taught the child or parent specific steps for how to solve problems in daily life, such as coming up with possible solutions, considering likely consequences of each solution, and choosing a solution to try.	1 6	2 7	3	4	5	

13. We worked on scheduling more pleasant, prosocial activities for the child, such as sports, clubs, volunteering or other activities.	<b>1 2 3 4 5</b> <b>6 7</b>
14. We talked about strategies the parent can use to help manage the child's behavior, such as natural and logical consequences, positive and negative reinforcement, time-out.	<b>1 2 3 4 5</b> <b>6 7</b>
15. I worked with the child or parent on strategies for improving their relationship and communication.	<b>1 2 3 4 5</b> <b>6 7</b>
16. We developed a list of anxiety provoking situations and worked on confronting those situations (e.g., fear hierarchy, gradual exposure).	<b>1 2 3 4 5</b> <b>6 7</b>
17. I helped with the child to write a story, make a video or draw a picture to describe a trauma, or really bad experience, that the child had (e.g., trauma narrative).	<b>1 2 3 4 5</b> <b>6 7</b>
18. I helped the child or parent develop a safety plan or plan for monitoring and supervising to help keep the child safe.	<b>1 2 3 4 5</b> <b>6 7</b>
19. We developed strategies or plans for dealing with future problems or situations that might cause the child anger, sadness, or nervousness.	<b>1 2 3 4 5</b> <b>6 7</b>
20. The child seemed to enjoy meeting with me.	<b>1 2 3 4 5</b> <b>6 7</b>

[4<sup>th</sup> page]

**Brief Problem Checklist (BPC) and Individualized Goal Attainment Scale (IGAS)**

<p>The following items describe children in general. For each item, please rate how true you think it is of this child in the <b>last week</b>, either “very true,” “somewhat true,” or “not true.” Remember, we are just asking how things have been <b>this past week</b>.</p>			
1. Argues a lot.	Not True	Somewhat True	Very True
2. Destroys things belonging to his/her family or others.	Not True	Somewhat True	Very True
3. Disobedient at home or school.	Not True	Somewhat True	Very True
4. Feels too guilty.	Not True	Somewhat True	Very True
5. Feels worthless or inferior.	Not True	Somewhat True	Very True
6. Self-conscious or easily embarrassed.	Not True	Somewhat True	Very True
7. Stubborn, sullen, or irritable.	Not True	Somewhat True	Very True
8. Temper tantrums or hot temper.	Not True	Somewhat True	Very True
9. Threatens people.	Not True	Somewhat True	Very True
10. Too fearful or anxious.	Not True	Somewhat True	Very True
11. Unhappy, sad, or depressed.	Not True	Somewhat True	Very True
12. Worries.	Not True	Somewhat True	Very True
13. Are there any other problems you have been working on? If so please type each one in the box and rate how much it has been a problem this past week. [text box]	Not True	Somewhat True	Very True
14. Other problem (please explain) [text box]	Not True	Somewhat True	Very True
15. Other problem (please explain) [text box]	Not True	Somewhat True	Very True

[5<sup>th</sup> page]

Thank you for completing the Therapy Tracker!

At this point, you have the option to input additional information about the appointment, to generate a complete progress note.

Would you like to add any information to your progress note?

YES [[link to 6<sup>th</sup> page progress note option](#)]

NO [end survey]

## Sample Clinician Feedback Report

### MY EBP FEEDBACK

Therapist ID #: 12345

Session Date: April 24, 2014

Target Problem: Anxiety, Worries and Fears

Treatment Phase: Middle or Working Phase

#### **PRIMARY TREATMENT STRATEGIES THIS SESSION:**

- Clear Session Agenda
- Assessment of Symptoms or Functioning
- Assigning or Reviewing Therapy Homework
- In-Session Practice of New Skills
- Reinforcement of Effort
- Feelings Identification and Education
- Relaxation Training

***TIP:** Some therapists have told us that they use the above information in charting because it covers what they did in session! You can also use the “progress note” feature to receive this information in sentence form.*

**EBP FEEDBACK:** You focused on Feelings Identification and Relaxation Training which is consistent with evidence base treatment of anxiety - Great!

**SUGGESTION FOR UPCOMING SESSIONS:** **Exposure is a particularly important component of EBP for Anxiety.** At this point in treatment, many therapists would be preparing to use this strategy next. You may want to consider whether your client would benefit from Exposure in an upcoming session.

***NOTE:** Suggestions are based on core components of research-supported CBT. However, you are the best judge of what your client needs! If you're unsure about any of the strategies suggested, please contact us – we'd be happy to give you more information!*

**ANY DIFFERENCES?** Here are the strategies for which there was a large difference between your report and your client's report of what happened in session:

**Differences between Therapist and Child:** Feelings Identification

**Differences between Therapist and Caregiver:** None!

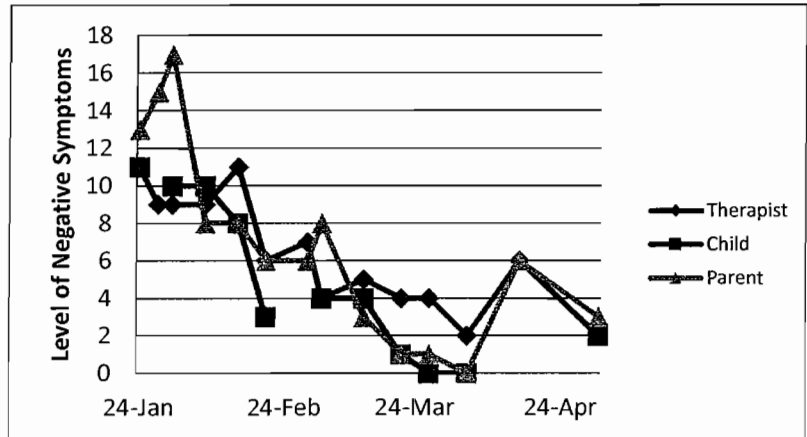
***TIP:** When a child or caregiver rates a strategy lower than you do, it can mean that they did not understand this part of the appointment. You may want to check in with them, or consider revisiting these strategies, next session.*

**THERAPY ALLIANCE:** The child rated the alliance at a 3 this week. It is not uncommon for the alliance to show a temporary drop following a hard week or a difficult session. If this continues, you may wish to discuss it with your client.



**CHILD PROGRESS:** This graph shows therapist, caregiver and child ratings of negative symptoms over time, since beginning to use the Therapy Tracker. A child experiencing no symptoms at all would score 0 while a child reporting many symptoms could score up to 24.

The child and caregiver reported some child worrying and guilty feelings. The caregiver also reported some child temper outbursts.



Overall, the trend in your client’s graph demonstrates decreasing symptoms, which suggests that treatment is going well! Nice work!

***TIP:** Differences in opinion among therapist, caregiver and child are not uncommon but you might want to talk with the caregiver or child if you notice large differences.*

**ATTACHMENT K**

**TABLE OF ACTIVITIES PROPOSED FOR YEAR 1**

<b>Activity</b>	<b>Yr 1 Q1</b>	<b>Yr 1 Q2</b>	<b>Yr 1 Q3</b>	<b>Y1 Q4</b>
<b>MH Screenings:</b>				
Prepare PSC staff for MH screenings	X			
Develop MHSOS	X	X	X	X
Advertise for Screenings		X	X	X
Provide Screening		X	X	X
Complete Report and Deliver Feedback within 2-4 weeks of screen		X	X	X
Solicit Feedback using MHSOS within 2 weeks of report		X	X	X
Addtl reminders to complete MHSOS within 2 weeks of receipt		X	X	X
<b>EBP Referrals</b>				
Develop searchable find-a-therapist component to website	X			
Advertise to clinicians		X	X	X
Review and post clinician referral information			X	X
Advertise to families (e.g., schools, pediatricians, family practice)			X	X
<b>EBP Training</b>				
Advertise to clinicians	X	X	X	X
Youth EBP Semester Course*	X	X		
CBT for Anxiety Workshop*	X			
CBT for Depression Workshop*		X		
BPT for Disruptive Behavior Workshop*			X	
TFCBT for Trauma Workshop*				X
Weekly Consultation and Support		X	X	X
Session-by-session Tracking of Clinician Adherence and Client Progress		X	X	X
Session-by-session Feedback for the Clinician		X	X	X

\*Note that all courses and workshops will include evaluative feedback from participants on their satisfaction with the course, knowledge gained and likelihood of using the skills in their practice.

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**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children’s Services**

**ADDENDUM #1 - Issued May 23, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. If any Offeror is interested in obtaining a copy of the RFP in Word format and the Budget Worksheets in Excel, please e-mail request to [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org).

II. The County has received the following questions and is providing a response:

1. Can our organization apply as a lead organization with community collaborations as long as MOU’s are in place?

**Response: Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies. The contracting agency must comply with terms for entering into subcontracts with other agencies.**

2. Is there a length of service established for both RFP’s?

**Response: The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

3. Are there parameters around levels of funding? How much is available for each RFP? Funding ceiling or floor?

**Response: Parameters around levels of funding have not been established at this time.**

4. How are Innovative Pilot Services defined?

**Response: Further information regarding Pilot Programs may be found in the Boone County Community Service Board’s (BCCSB) Funding Policy.**

a. Would an evidence-based program already in place in another location, qualify for this RFP if we are adapting and implementing the program for the first time in Boone County?

**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy.**

5. Will evidence-based program training be funded under both of the RFP's?

**Response: Evidence-based program training may be considered for funding, provided the program training complies with the BCCSB's Funding Policy and the parameters established for funding by the Request For Proposal.**

- a. Are there any restrictions on the % of training costs?

**Response: No restrictions have been established at this time.**

- b. Are there any restrictions on the % of administration costs?

**Response: Administration costs/indirect expenses will be considered up to a maximum of 15% of salary expense only.**

7. Can funding be used for rent or the purchase of a physical building (i.e. a community center) in either RFP?

**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy. For Pilot Program proposals these expenses fall under indirect expenses. See above answer regarding allowance of indirect expenses.**

8. Can you explain the indirect cost 15% of salary expense that is allowable on pilot programs?

**Response: Agencies may be funded for indirect expenses up to 15% of the total salary expenses for direct staff positions for the project.**

9. Does the general liability insurance requirement and worker's compensation insurance requirement need to be in place before applying for the grant? Can this be an allowed expenditure in the budget of the request for funding proposal or is this at the expense of the organization? Do applicants need to provide an indemnity clause with their application, or only if selected for an award?

**Response: Insurance certificate does not have to be provided to submit a proposal response. It will be required at contract execution. The Offeror has discretion as to whether to itemize this expense or include it in their overall unit pricing. Indemnity clause may be provided with application or after selected for award.**

10. Can you clarify what specifically you are seeking in the anticipated outcomes, outcomes, indicators, and measurement sections (or how these differ)? Some of this information seems repetitive – is that okay?



Response: **There are excellent resources available on-line that provide detailed explanations of these terms. One resource to find this information is <http://www.cdc.gov/eval/resources/index.htm>.**

11. May we submit letters of support with our proposals?

Response: **Letters of support are not required. Letters of support will be considered as part of the Application Narrative. Consideration should be given to page limitations outlined in the Request for Proposals.**

12. Are the awarded contracts going to be fee for services (we get reimbursed for the services we provide) or cost-based? If they are fee for service, how are the rates determined?

Response: **For pilot program proposals, funding terms will be established during contract negotiation.**

13. Attachment B - Our fiscal year runs from July to June. With that in mind, here is how I feel the years should run: Prior Year- July 2012- June 2013, Current Year July 2013-June 2014, and Proposed Year July 2014-June 2015. Is this correct? If so, our July 2013- June 2014 information will be incomplete (missing May and June numbers), should we project those numbers to show 12 months? Our agency wide budget is not completed for the upcoming year (July 2014-June 2015). Should we provide a preliminary budget?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

14. Attachment C - Where do we include the funding we are requesting from the Children's Service Funds?

Response: **The amount requested from the Children's Services Fund should not be included on Attachment C.**

15. Attachment C - In the bottom box, what is the difference between "Actual" and "Current"?

Response: **The bottom box should read from left to right, "Prior Actual Year", "Current Year", and "Proposed Year". An amended Attachment C is attached.**

16. What is the maximum amount of funds that can be requested for each RFP? Is there a range of funding for each project/RFP that the evaluation/reviewers desire?

Response: **There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

17. Can funding be used to support services, or supportive services/wrap-around services to children and youth who are currently enrolled in a residential chemical dependency program?

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy.**

18. Should all proposals be for a twelve month period? I see that there is the option for negotiation to renew funded proposals, but in our original design for programming, should we limit programming to twelve months?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. Agencies should define proposed program terms in the application and budget narratives.**

19. How many times can organizations re-apply? Is it on an Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

20. When is the start date and end date of the funding?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

21. If a new non-profit organization has applied for their 501(3)(c) designation but it is still pending by the deadline date of the grant, will some consideration be given to the non-profits as long as they can document their application for 501(3)(c)?

Response: **Consideration may be given to a non-profit organization that has not yet obtained a 501(c)(3) designations; however, an organization must have obtained the 501(c)(3) designations prior to entering into a contract.**

22. Can an organization submit more than one pilot program?

Response: **Yes**

23. Can an organization apply for the pilot program and the purchase for services contracts?

Response: **Organizations may apply for both the pilot program and purchase of services contracts.**

24. What is the funding cap request per proposal for the pilot program? Is it a set amount or is it variable?

Response: **There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

25. Is there a list of “allowable expenditures” of what can be requested for the proposal? Or a list of things that are “not allowable”? That would be helpful to have if it is available.

Response: **There is not currently a list of “allowable” or “not allowable” expenditures.**

26. For the pilot program, can participants/subjects in the research pilot be paid for their participation for completing surveys, classes, etc. as part of the funding? For example, “each participant who completes the pre- and post surveys and the classes on advocacy will have their name entered into a drawing to win a \$100.00 gift card to \_\_\_\_\_.”

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB’s Funding Policy.**

27. If a new non-profit has just been certified the state and Jason Kander’s office sent a letter stating that their independent audit is not due to the state until August of 2015, is this letter allowable to present in lieu of doing an independent audit prior to submission as required by the grant?

Response: **Yes.**

28. Section I - Overview:

Must offerors submit proposals providing services throughout Boone County, or may proposals focus on certain geographic areas such as the City of Columbia?

Response: **Please reference the “Beneficiaries and Outcomes” section of the BCCSB’s Funding Policy.**

29. Attachment C Program Budget Worksheet

- a. Because Section VII - Term; Termination of Contract Agreement indicates that the initial term of contract will be negotiated, should the offeror assume that the Program Budget Worksheet is to be filled out on a calendar year basis?

Response: **As the contract term has not yet been established, agencies may use the agency’s fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

- b. The Worksheet requires Program Revenue and Expenses for Prior (2013), Current (2014), and Proposed Year (2015). Because revenue from certain sources (such as United Way) are contractually committed on calendar year basis, some revenue shown for Current year may not be available for Proposed Year. How should offerors treat this type of revenue on Exhibit C?

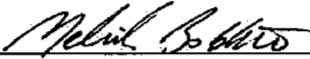
Response: **See above.**

30. My question is about the kinds of services that are eligible for funding. We would like to know whether funds could be awarded to a program that identifies key community-level student outcomes (such as kindergarten readiness and psycho-social well-being at the transition out of middle school), identifies local data with which to measure progress on those outcomes, and

assembles collaborative action networks of public and private entities to improve those community outcomes. We would apply under the RFP for pilot projects as a collaborative effort that will make a meaningful impact on children by fostering revision of existing services that target and building the capacity of local providers to use data in their decision-making. To you more detail, the collaborative action networks will collect, share, and analyze data on local newborn, child, and youth outcomes in order to identify local root causes, promising leverage points for improving youth outcomes, and strategies that are especially effective locally. The networks will create action plans based on that data and will measure the impact of their plans on student success to determine whether those strategies should be expanded, refined or replaced.

Our question is whether the organization that convenes these networks, provides the data assistance needed for the networks to do data-based decision-making, and publishes annual community report cards is eligible for partial funding, assuming that the proposal is otherwise meritorious?

Response: **The offeror should thoroughly explain how the organization's proposed pilot program falls under a statutorily eligible service area in order for the BCCSB to make an informed decision.**

By:   
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

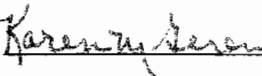
OFFEROR has examined copy of Addendum #1 to Request for Proposal **28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services** receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 310 Jesse Hall, Columbia, MO 65211-1230

Phone Number: 573-882-7560 Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature:  Date: 07-10-14

Authorized Representative Printed Name: Karen M. Geren, Pre-Award Lead, OSPA



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative  
Service - Boone County Community Children’s Services**

**ADDENDUM #2 - Issued May 28, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Change Bid Due Date and Opening Date to the following:

**Response Submission Deadline: July 10, 2014, 1:15 p.m. Central Time**

**Proposal Opening: July 10, 2014, 1:30 p.m. Central Time**

- II. Attached for informational purpose are the pre-proposal conference sign-in sheets from the conferences that were held on May 23, 2014.
- III. Provided for informational purpose is the evaluation weighted criteria that will be used by the Children’s Services Board to evaluate the proposal responses received.

<b>Agency and Service Information</b>	<b>15%</b>
<b>Evaluation</b>	<b>50%</b>
<b>Budget</b>	<b>35%</b>

- IV. The County has received the following questions and is providing a response:

1. Can the “Board of Directors” be submitted as an attachment to our RFP response?

Response: **Yes. Any time you see the word “attached,” you may submit that requirement as an attachment.**

2. If our agency does not have a Board of Directors, is an advisory board acceptable?

Response: **Yes, please explain your agency’s organizational structure in your application narrative.**

3. The Thompson Center is affiliated with the University of Missouri. The Federal 990 is hundreds of pages. Can we submit a URL where that can be viewed rather than attach those pages?

Response: **The 990 should not be attached, it is, however, required to be available upon request.**

4. Will the Board consider proposals for programs that will not work directly with Boone County children, youth, and families, but instead will work with agencies that directly provide statutorily

defined services, such as home-based and community-based family intervention programs and psychological evaluations and mental health screening? The pilot program will facilitate the formation of collaborative action networks and will then mentor the networks and the participating agencies in the use of local data, agency outcomes data, and national research to identify practices that are especially effective and, through their use, confer larger and more meaningful benefits to Boone County children, youth and families.

**Response: The offeror should thoroughly explain how the organization's proposed pilot program falls under a statutorily eligible service area in order for the BCCSB to make an informed decision. Please also see the "Examples of Types of Funding Classifications Envisioned" section of the Boone County Children's Services Board (BCCSB) Funding Policy which may be found at <http://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>**

5. Should in-kind services supplied by a partner be included on Attachment C as revenue and expenses and, if so, would you like them to be identified as such?

**Response: No, do not include in-kind services on Attachment C. You should explain partner collaborations in the application narrative where appropriate.**

6. With respect to Measurement, could you further explain the difference between 2.d.iv. "Describe the approach that will be used to evaluate the pilot program" and 2.d.v. "Describe the approach that will be used to evaluate the effectiveness of the program"? Is iv about evaluating the process and v about evaluating the outcomes?

**Response: 2.d.iv. is seeking information regarding the pilot program itself in regard to the principles expressed in the BCCSB Funding Policy, please see "Examples of Types of Funding Classifications Envisioned" section. 2.d.v. is seeking information regarding how the outcomes proposed will be measured.**

By: Melinda Bobbitt  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #2 to Request for Proposal 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 310 Jesse Hall, Columbia, MO 65211-1230

Phone Number: 573-882-7560 Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 07-10-14

Authorized Representative Printed Name: Karen M. Geren, Pre-Award Lead, OSP

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

27-10JUN14 – Service Contracts for Boone County Children’s Services  
 May 23, 2014, 10:00 a.m. central time

28-24JUN14 – Pilot Programs that Provide Innovative Service Friday  
 May 23, 2014, 11:00 a.m. central time

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	Kelly Wallis	Children's Services Board	886-7218	
3.	Joanne Nelson	Children's Services Board	886-4298	
4.	Erika Waller	MU Psychological Services Clinic	882-2686	882-7583
5.	J. Arment	BBH	777-8397	
6.	Frances Jones	BBH	777 8330	777 8388
7.	Julia Adair	GC	843-8331	-
8.	Carole Schatz	MUPC	424-2287	
9.	Cynthia Jobe	MU		
10.	Vikki Dault	T		
11.	Traci Rife	Project LAUNCH		
12.	Jessica Wilkoy	I		
13.	Jack Jensen	First Chance for Children		
14.	Therese Zilke	Great Circle		
15.	Paule Porawan	Preferred Family Healthcare		
16.	Wostornu	"		
17.	Sara Munk	"		

Kelly Tretter "

18.	Jan Stock	Rainbow House	474-6600	474-5992
19.	Philip Petrus	Cradle to Career	882-8274	
20.	Ryan Worby	Youth Community Coalition	449-1993	269-0848
21.	Mark Bennett	Bussell	777-8336	
22.	Craig Valone	" "	777-8451	
23.	Brian Martin	Patross Community Health	317-9100	
24.	Holly Staley	SSM Health Care	314-979-8462	314-400-5925
25.	Bryan White	Central Mo Community Action	413-8706	
26.	Ric Douber	See	356-6397	
27.	Anna Drake	Agent of Missouri CASA	(573) 442-4670	NA
28.	Missy Emmer	Assessment + Consultation Clinic	573-824-3101	573-824-3377
29.	Stacy Hollis	City/County HHS	874-7722	
30.	Scott Mattingly	All Parenthood	573-268-2246	
31.	Heather Smith	BigBro BigSS	573-874-3627 x.201	
32.	GRANT BRACKEL	UPSTANDER INITIATIVE	573-999-9166	
33.	BONDI WOOD	THE THOMPSON CENTER FOR ARTISAN	573-489-7312	
34.	Chuck Bardin	U. Missouri	573-882-4578	
35.	Alaina Howard	CMT-CAT	573-353-0524	
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FAX

41.	Erandy Talina	CMCA	443-8706	
42.	Praneda Berroy	CMCA	443-8706	
43.	Randy Hill	Lora (NC)	256-7662 ext. 29	256-7665
44.	Lee Ann Lamer-Lewis	CPS	214 3462	214-3402
45.	Megan Carney	MIJ ACC	573-884-4856	573-884-3399
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

27-10JUN14 – Service Contracts for Boone County Children’s Services  
 May 23, 2014, 10:00 a.m. central time

28-24JUN14 -- Pilot Programs that Provide Innovative Service Friday  
 May 23, 2014, 11:00 a.m. central time

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	Kelly Wallis	Children’s Services Board	886-7218	
3.	Joanne Nelson	Children’s Services Board	886-4298	
4.	Paulette Foerster	Lutheran Family and children’s Services	815-9955	449-4690
5.	Christine Caraway	“	“	“
6.	Paula Fleming	Great Circle	356-0022	442-8330
7.	Peppy Howard-Wilkins	Great Circle	314-623-6589	314-968-8308
8.	Hape Cielka	Great Circle	314-606-6242	
9.	Misty O’Keefe	Child Care Aware Missouri	314-952-9716	314-754-0730
10.	Shelly Lock	Child Care Aware of MO	573-353-1930	314-754-0330
11.	Wynithrey Jones	Youth Empowerment Zone	(713) 607-2115	
12.	Chrissy Mayer	DCCA / Tallgrass Family Services	(785) 841-4138 cmayer@dcca.org	785-841-5777
13.	Anita Kesting-Cover	PCHAS	573-289-7590	
14.	Becky Markt	CHA Low Income Services	573-940-2556	
15.	Andrea Topra	“ HCV	“ 64+1400	
16.				
17.				



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative  
Service - Boone County Community Children's Services**

**ADDENDUM #3 - Issued June 16, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Last date to submit questions is June 27, 2014 at 12:00 p.m.
- II. The County has received the following questions and is providing a response:
  1. Under Section II Funding Goals, would you please define match funding opportunities?

**Response: Information regarding match funding may be found in the BCCSB's Funding Policy. The BCCSB's Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

2. Is an annual independent audit necessary for our small agency? We have received state grants for our afterschool program for nine years and have never been required to do this because our level of funding has never exceeded \$100,000.

**Response: If the agency is not required or is exempt from conducting an annual independent financial audit, please explain this in your Application Narrative.**

3. We currently have no paid employees under our organization. We are all volunteers. In the past, we have only had five part-time employees. Under our proposal we would request employment for 3 to 5 employees. Would we still be required to carry Worker's Comp. Insurance?

**Response: It would be acceptable to provide evidence of monopolistic state coverage and the County would provide a form for you to complete at time of contract execution.**

4. We carry Comprehensive General Liability Insurance for \$1,000,000. To increase our coverage to \$2,000,000.00, would be an increase in our annual budget. Is this a non-negotiable requirement?

**Response: The Commercial General Liability Insurance requirements have been reduced to \$1,000,000.000. Please replace the Insurance Requirements that were in the original RFP with the attached.**

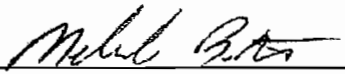
5. We carry Commercial Automobile Liability for \$1,000,000.00. To increase our coverage to \$2,000,000.00 would be an increase to our annual budget. Is this a non-negotiable requirement?

Response: **The Business Automobile Liability Insurance requirements have been reduced to \$1,000,000.000. Please replace the Insurance Requirements that were in the original RFP with the attached.**

6. One of the required attachments is a Certificate of Good Standing from the Missouri Secretary of State's office. May we attach a screen shot of the MO SOS webpage that shows our organization's standing or are you requiring an official Certificate?

Response: **A Certificate of Good Standing is not a required attachment; please do not attach it to your proposal. Attachment D, 2014 Agency Assurance Sheet, states: "I, the undersigned, further certify I have and will make available, upon request, of the following documents...."**

By:

  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #3 to Request for Proposal **28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services** receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 310 Jesse Hall, Columbia, MO 65211-1230

Phone Number: 573-882-7560 Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 07-10-14

Authorized Representative Printed Name: Karen M. Geren, Pre-Award Lead, OSPA

**Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County, nor shall the Contractor allow any subcontractor to commence work on their subcontract until all similar insurance required of subcontractor has been so obtained and approved. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide. Insurance limits indicated below may be lowered at the discretion of the County.

**Employers Liability and Workers Compensation Insurance** - The Contractor shall take out and maintain during the life of this contract, **Employers Liability and Workers Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Workers Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor. Workers Compensation coverage shall meet Missouri statutory limits or provide evidence of monopolistic state coverage. Employers Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit. In case any class of employees engaged in hazardous work under this Contract at the site of the work is not protected under the Workers Compensation Statute, the Contractor shall provide and shall cause each subcontractor to provide Employers Liability Insurance for the protection of their employees not otherwise protected.

**Commercial General Liability Insurance** - The Contractor shall take out and maintain during the life of this contract, such commercial general liability insurance as shall protect them and any subcontractor performing work covered by this contract, from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or for any subcontractor or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 combined single limit for any one occurrence covering both bodily injury and property damage, including accidental death. If the Contract involves any underground/digging operations, the general liability certificate shall include X, C, and U (Explosion, Collapse, and Underground) coverage. If providing Commercial General Liability Insurance, then the Proof of Coverage of Insurance shall also be included.

Contractor may satisfy the minimum liability limits required for Commercial General Liability or Business Auto Liability under an Umbrella or Excess Liability policy. There is no minimum per occurrence limit of liability under the umbrella or Excess Liability; however, the Annual Aggregate limit shall not be less than the highest "Each Occurrence" limit for either Commercial General Liability or Business Auto Liability. Contractor agrees to endorse the County as an Additional Insured on the umbrella or Excess Liability, unless the Certificate of Insurance state the Umbrella or Excess Liability provides coverage on a "Follow-Form" basis.

**Business Automobile Liability** – The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; non-owned and both on and off the site of work.

**Subcontractors:** Contractor shall cause each Subcontractor to purchase and maintain insurance of the types and amounts specified herein. Limits of such coverage may be reduced only upon written agreement of Owner. Contractor shall provide to Owner copies of certificates evidencing coverage for each Subcontractor. Subcontractors' commercial general liability and business automobile liability insurance shall name Owner as Additional Insured and have the Waiver of Subrogation endorsements added.

**Proof of Carriage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name the County as additional insured in an amount as required in this contract, contain

a description of the project or work to be performed and provided for Commercial General Liability, Business Auto Liability, and Umbrella or Excess Liability (not on Workers Compensation). The Certificate of Insurance shall provide that there will be no cancellation or reduction of coverage without 30 days prior written notice to the Owner. In addition, such insurance shall be on occurrence basis and shall remain in effect until such time as the County has made final acceptance of the facility contracted.

**INDEMNITY AGREEMENT:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, officers, agents, and employees from and against all claims, damages, losses and expenses (including but not limited to attorney's fees) arising by reason of any act or failure to act, negligent or otherwise, of Contractor, of any subcontractor (meaning anyone, including but not limited to consultants having a contract with contractor or a subcontract for part of the services), of anyone directly or indirectly employed by contractor or by any subcontractor, or of anyone for whose acts the contractor or its subcontractor may be liable, in connection with providing these services. This provision does not, however, require contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

Failure to maintain the required insurance in force may be cause for contract termination. In the event the Agency/Service fails to maintain and keep in force the required insurance or to obtain coverage from its subcontractors, the County shall have the right to cancel and terminate the contract without notice.



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative  
Service - Boone County Community Children’s Services**

**ADDENDUM #4 - Issued June 24, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. The County has received the following questions and is providing a response:

1. Where it references "require annual background checks, including child abuse and neglect screenings on all employees and volunteers", we wondered if that pertained to all employees of our organization (Central Missouri Community Action) or only to those who work directly with children and families. Some of our staff, including those from our finance/IT departments, who don't interact directly with our clientele, are at this time not required to undergo annual child abuse/background screenings. In order to be eligible for funding associated with this RFP, are we required to conduct those screens on non-project related employees and volunteers?

**Response: Any position funded by the Children’s Services Fund in whole or in part, must complete an annual background check. Any volunteers associated with any programs funded by the Children’s Services Fund must also complete an annual background check.**

2. The question is in regards to measurement in both RFP’s. “Include copies of any evaluation tools you will be using”. Some of the materials we will be proposing have not been purchased, some are quite lengthy and several use multiple methods. How should we approach these issues? We can easily include why we are using these tools as opposed to others and if it would be satisfactory I would be happy to put together a description of any evaluation tool we have not purchased or is overwhelming in length. And just to verify these evaluation tools do NOT count towards are page limit, correct?

**Response: Copies of the evaluation tools do not count towards the page limit. If there are no examples of the evaluation tools, please provide a description of the evaluation tool and why it will be utilized.**

3. Regarding the Financial Information Attachment sheets. If our agency runs only one program, wouldn't the information be exactly the same for both sheets? If so, do we fill them both out?

Response: **If the agency and program budget are the same, please fill out only one worksheet and provide detailed information in the Budget Narrative.**

4. When looking at the timeline of implementation, what is the approximate date for funding? If we are looking to implement our pilot project in a school year, I am not sure if we should say our implementation would begin this fall (2014 - 15 school year) or the next school year?

Response: **The timeline will be determined during contract negotiations. For prudent planning, agencies could plan on the next school year (2015-2016) but there may be an opportunity to receive funding prior to the next school year.**

5. In both of the above referenced RFPs there is a statement "Revenues collected and deposited in the children's services fund **may not be expended** . . . or, for transportation services".

While we do not intend to propose a transportation service per se in serving youth in the County's bedroom communities there will be expenses incurred in staff reaching out to them and transporting participants to proposed services and activities. Are these costs in anyway allowable? Can expenses incurred while using existing vehicles for gas, insurance and maintenance be included in the unit cost? How about mileage reimbursement for proposed staff?

Response: **All expenses incurred by staff in providing services are allowed and should be included in the unit cost. However, the costs of transporting participants cannot be reimbursed through the Children's Services Fund.**

6. Am I correct in understanding staffing for the proposed project may not exceed 15 % of the total project request? For example, if the total project were \$1000, \$150 would be the maximum allowable for personnel.

Response: **For the Pilot Programs for Innovative Services RFP, the 15% of salary expenses is referring strictly to indirect expenses. Salary expenses include wages, payroll taxes, unemployment, and worker's comp. Indirect expenses include general organizational expenses such as executive management time, finance, human resources or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc.**

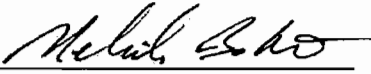
7. Will the 15% administration percentage be based on the "Personnel Costs" line on the budget or strictly just the salary portion of that line?

Response: **The 15% administrative percentage or indirect expenses are based on the salary expenses (salary expenses does not include benefits) only.**

8. What is included in Personnel expenses? Wages, payroll taxes, health insurance, and retirement are included but how about unemployment, work comp, and staff training?

Response: **Personnel expenses should include wages, payroll taxes, health insurance, retirement, unemployment, worker's comp and staff training. Please provide a detailed explanation in the Budget Narrative.**



By:   
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #4 to Request for Proposal **28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children’s Services** receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 310 Jesse Hall, Columbia, MO 65211-1230

Phone Number: 573-882-7560 Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature:  Date: 07-10-14

Authorized Representative Printed Name: Karen M. Geren, Pre-Award Lead, OSPA



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children’s Services**

**ADDENDUM #4 - Issued June 24, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

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Response: **Personnel expenses should include wages, payroll taxes, health insurance, retirement, unemployment, worker's comp and staff training. Please provide a detailed explanation in the Budget Narrative.**

By: Melinda Bobbitt  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #4 to Request for Proposal **28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children’s Services** receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services**

**ADDENDUM #3 - Issued June 16, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Last date to submit questions is June 27, 2014 at 12:00 p.m.
- II. The County has received the following questions and is providing a response:
  1. Under Section II Funding Goals, would you please define match funding opportunities?

**Response: Information regarding match funding may be found in the BCCSB's Funding Policy. The BCCSB's Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

2. Is an annual independent audit necessary for our small agency? We have received state grants for our afterschool program for nine years and have never been required to do this because our level of funding has never exceeded \$100,000.

**Response: If the agency is not required or is exempt from conducting an annual independent financial audit, please explain this in your Application Narrative.**

3. We currently have no paid employees under our organization. We are all volunteers. In the past, we have only had five part-time employees. Under our proposal we would request employment for 3 to 5 employees. Would we still be required to carry Worker's Comp. Insurance?

**Response: It would be acceptable to provide evidence of monopolistic state coverage and the County would provide a form for you to complete at time of contract execution.**

4. We carry Comprehensive General Liability Insurance for \$1,000,000. To increase our coverage to \$2,000,000.00, would be an increase in our annual budget. Is this a non-negotiable requirement?

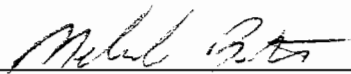
**Response: The Commercial General Liability Insurance requirements have been reduced to \$1,000,000.00. Please replace the Insurance Requirements that were in the original RFP with the attached.**

5. We carry Commercial Automobile Liability for \$1,000,000.00. To increase our coverage to \$2,000,000.00 would be an increase to our annual budget. Is this a non-negotiable requirement?

Response: **The Business Automobile Liability Insurance requirements have been reduced to \$1,000,000.00. Please replace the Insurance Requirements that were in the original RFP with the attached.**

6. One of the required attachments is a Certificate of Good Standing from the Missouri Secretary of State's office. May we attach a screen shot of the MO SOS webpage that shows our organization's standing or are you requiring an official Certificate?

Response: **A Certificate of Good Standing is not a required attachment; please do not attach it to your proposal. Attachment D, 2014 Agency Assurance Sheet, states: "I, the undersigned, further certify I have and will make available, upon request, of the following documents...."**

By:   
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #3 to Request for Proposal *28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_

**Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County, nor shall the Contractor allow any subcontractor to commence work on their subcontract until all similar insurance required of subcontractor has been so obtained and approved. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide. Insurance limits indicated below may be lowered at the discretion of the County.

**Employers Liability and Workers Compensation Insurance -** The Contractor shall take out and maintain during the life of this contract, **Employers Liability and Workers Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Workers Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor. Workers Compensation coverage shall meet Missouri statutory limits or provide evidence of monopolistic state coverage. Employers Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit. In case any class of employees engaged in hazardous work under this Contract at the site of the work is not protected under the Workers Compensation Statute, the Contractor shall provide and shall cause each subcontractor to provide Employers Liability Insurance for the protection of their employees not otherwise protected.

**Commercial General Liability Insurance -** The Contractor shall take out and maintain during the life of this contract, such commercial general liability insurance as shall protect them and any subcontractor performing work covered by this contract, from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or for any subcontractor or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 combined single limit for any one occurrence covering both bodily injury and property damage, including accidental death. If the Contract involves any underground/digging operations, the general liability certificate shall include X, C, and U (Explosion, Collapse, and Underground) coverage. If providing Commercial General Liability Insurance, then the Proof of Coverage of Insurance shall also be included.

Contractor may satisfy the minimum liability limits required for Commercial General Liability or Business Auto Liability under an Umbrella or Excess Liability policy. There is no minimum per occurrence limit of liability under the umbrella or Excess Liability; however, the Annual Aggregate limit shall not be less than the highest "Each Occurrence" limit for either Commercial General Liability or Business Auto Liability. Contractor agrees to endorse the County as an Additional Insured on the umbrella or Excess Liability, unless the Certificate of Insurance state the Umbrella or Excess Liability provides coverage on a "Follow-Form" basis.

**Business Automobile Liability -** The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; non-owned and both on and off the site of work.

**Subcontractors:** Contractor shall cause each Subcontractor to purchase and maintain insurance of the types and amounts specified herein. Limits of such coverage may be reduced only upon written agreement of Owner. Contractor shall provide to Owner copies of certificates evidencing coverage for each Subcontractor. Subcontractors' commercial general liability and business automobile liability insurance shall name Owner as Additional Insured and have the Waiver of Subrogation endorsements added.

**Proof of Carriage of Insurance -** The Contractor shall furnish the County with Certificate(s) of Insurance which name the County as additional insured in an amount as required in this contract, contain

a description of the project or work to be performed and provided for Commercial General Liability, Business Auto Liability, and Umbrella or Excess Liability (not on Workers Compensation). The Certificate of Insurance shall provide that there will be no cancellation or reduction of coverage without 30 days prior written notice to the Owner. In addition, such insurance shall be on occurrence basis and shall remain in effect until such time as the County has made final acceptance of the facility contracted.

**INDEMNITY AGREEMENT:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, officers, agents, and employees from and against all claims, damages, losses and expenses (including but not limited to attorney's fees) arising by reason of any act or failure to act, negligent or otherwise, of Contractor, of any subcontractor (meaning anyone, including but not limited to consultants having a contract with contractor or a subcontract for part of the services), of anyone directly or indirectly employed by contractor or by any subcontractor, or of anyone for whose acts the contractor or its subcontractor may be liable, in connection with providing these services. This provision does not, however, require contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

Failure to maintain the required insurance in force may be cause for contract termination. In the event the Agency/Service fails to maintain and keep in force the required insurance or to obtain coverage from its subcontractors, the County shall have the right to cancel and terminate the contract without notice.





**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children’s Services**

**ADDENDUM #2 - Issued May 28, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Change Bid Due Date and Opening Date to the following:

**Response Submission Deadline: July 10, 2014, 1:15 p.m. Central Time**  
**Proposal Opening: July 10, 2014, 1:30 p.m. Central Time**

- II. Attached for informational purpose are the pre-proposal conference sign-in sheets from the conferences that were held on May 23, 2014.
- III. Provided for informational purpose is the evaluation weighted criteria that will be used by the Children’s Services Board to evaluate the proposal responses received.

<b>Agency and Service Information</b>	<b>15%</b>
<b>Evaluation</b>	<b>50%</b>
<b>Budget</b>	<b>35%</b>

- IV. The County has received the following questions and is providing a response:

1. Can the “Board of Directors” be submitted as an attachment to our RFP response?

Response: **Yes. Any time you see the word “attached,” you may submit that requirement as an attachment.**

2. If our agency does not have a Board of Directors, is an advisory board acceptable?

Response: **Yes, please explain your agency’s organizational structure in your application narrative.**

3. The Thompson Center is affiliated with the University of Missouri. The Federal 990 is hundreds of pages. Can we submit a URL where that can be viewed rather than attach those pages?

Response: **The 990 should not be attached, it is, however, required to be available upon request.**

4. Will the Board consider proposals for programs that will not work directly with Boone County children, youth, and families, but instead will work with agencies that directly provide statutorily

defined services, such as home-based and community-based family intervention programs and psychological evaluations and mental health screening? The pilot program will facilitate the formation of collaborative action networks and will then mentor the networks and the participating agencies in the use of local data, agency outcomes data, and national research to identify practices that are especially effective and, through their use, confer larger and more meaningful benefits to Boone County children, youth and families.

Response: **The offeror should thoroughly explain how the organization's proposed pilot program falls under a statutorily eligible service area in order for the BCCSB to make an informed decision. Please also see the "Examples of Types of Funding Classifications Envisioned" section of the Boone County Children's Services Board (BCCSB) Funding Policy which may be found at**

**<http://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>**

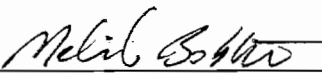
5. Should in-kind services supplied by a partner be included on Attachment C as revenue and expenses and, if so, would you like them to be identified as such?

Response: **No, do not include in-kind services on Attachment C. You should explain partner collaborations in the application narrative where appropriate.**

6. With respect to Measurement, could you further explain the difference between 2.d.iv. "Describe the approach that will be used to evaluate the pilot program" and 2.d.v. "Describe the approach that will be used to evaluate the effectiveness of the program"? Is iv about evaluating the process and v about evaluating the outcomes?

Response: **2.d.iv. is seeking information regarding the pilot program itself in regard to the principles expressed in the BCCSB Funding Policy, please see "Examples of Types of Funding Classifications Envisioned" section. 2.d.v. is seeking information regarding how the outcomes proposed will be measured.**

By:

  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #2 to Request for Proposal **28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services** receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

27-10JUN14 – Service Contracts for Boone County Children’s Services  
 May 23, 2014, 10:00 a.m. central time

28-24JUN14 – Pilot Programs that Provide Innovative Service Friday  
 May 23, 2014, 11:00 a.m. central time

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	Kelly Wallis	Children’s Services Board	886-7218	
3.	Joanne Nelson	Children’s Services Board	886-4298	
4.	Erika Waller	mu Psychological Services Clinic	882-2686	882-7585
5.	J. Amundt	BBH	777-8337	
6.	Priscilla Jones	BBH	777-6330	777-8300
7.	Julia Adani	GC	443-8331	-
8.	Carole Schatz	muPC	424-2287	
9.	Cynthia Tobe	mu		
10.	Vicki Dault	T		
11.	Suzel Rife	Project LUNCH		
12.	Jessica Wilkey	I		
13.	Jack Jensen	First Chance for Children		
14.	Therese Zolako	Great Circle		
15.	Paule Borbaum	Preferred Family Health		
16.	Wes Toine	"		
17.	Sara Mault	"		
	Kelly Treter	"		

18.	Jan Stock	Rainbow House	474-6600	474-5992
19.	Philip Peters	Cradle to Caree	882-8274	
20.	Ryan Wisby	Tech Community Coalition	449-1993	268-0848
21.	Marlene House	Bussell	777-8336	
22.	Craig Valone	" "	777-8451	
23.	Brian Martin	Patman's Community Health	317-9100	
24.	Holly Staley	SSM Health Care	314-479-8762	314-466-5925
25.	Bryan White	Central Mo Community Health	443-8706	
26.	Ric Douber	See	356-6397	
27.	Anna Drake	Heart of Missouri CABA	(573)442-4670	NA
28.	Marissa Emmer	Assessment + Consultation Clinic	573-884-3101	573-884-3377
29.	Steve Hoff	City/County HHS	874-7770	
30.	Scott Mattingly	All Parents	573-268-2746	
31.	Heather Swift	Big Brothers	573-874-3677 x.201	
32.	GRANT BRACKEL	UPSTANDER INITIATIVE	573-999-9166	
33.	BONDI WOOD	THE THOMPSON CENTER FOR AUTISM	573-489-7912	
34.	Chuck Bordin	U. Missouri	573-882-4578	
35.	Nelma Hunsu	CMI-CAA	573-353-0579	
36.				
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39.				
40.				

OK

FAX

41.	Erandy Talina	CMCA	443-8706	
42.	Pamela Berry	CMCA	443-8706	
43.	Randy Hill	Love (NC)	256-7662 ext. 29	256-7665
44.	Janice Torres	CPS	214 3462	214-3402
45.	Megan Cairney	MS ACC	573-884-0850	573-884-3349
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

27-10JUN14 – Service Contracts for Boone County Children’s Services  
 May 23, 2014, 10:00 a.m. central time

28-24JUN14 – Pilot Programs that Provide Innovative Service Friday  
 May 23, 2014, 11:00 a.m. central time

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	Kelly Wallis	Children’s Services Board	886-7218	
3.	Joanne Nelson	Children’s Services Board	886-4298	
4.	Paulette Foerster	Lutheran Family and Children’s Services	815-9955	449-4640
5.	Christine Carmona	"	"	"
6.	Paula Fleming	Great Circle	356-0022	442-8330
7.	Peppy Howard Wallis	Great Circle	314-623-6989	314-968-8308
8.	Harper Colotta	Great Circle	314-606-6242	
9.	Misty O’Keefe	Child Care Aware of MO	314-754-8716	314-754-0930
10.	Shelly Lock	Child Care Aware of MO	573-353-1730	314-754-0230
11.	Wendy Jones	Youth Empowerment Zone	(785) 671-215	
12.	Chrissy Mayer	DCCCP / Tallgrass Family Services	(785) 841-4138 cmayer@tallgrass.org	785 841-5377
13.	Anita Kesting-Cave	PCH4S	573-289-7590	
14.	Becky Markt	CHA Low Income Services	573-943-2556	
15.	Andrea Toprai	" HCV	" 641-1410	
16.				
17.				



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative  
Service - Boone County Community Children's Services**

**ADDENDUM #1 - Issued May 23, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. If any Offeror is interested in obtaining a copy of the RFP in Word format and the Budget Worksheets in Excel, please e-mail request to [mpobbitt@boonecountymo.org](mailto:mpobbitt@boonecountymo.org).
- II. The County has received the following questions and is providing a response:

1. Can our organization apply as a lead organization with community collaborations as long as MOU's are in place?

**Response: Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies. The contracting agency must comply with terms for entering into subcontracts with other agencies.**

2. Is there a length of service established for both RFP's?

**Response: The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

3. Are there parameters around levels of funding? How much is available for each RFP? Funding ceiling or floor?

**Response: Parameters around levels of funding have not been established at this time.**

4. How are Innovative Pilot Services defined?

**Response: Further information regarding Pilot Programs may be found in the Boone County Community Service Board's (BCCSB) Funding Policy.**

- a. Would an evidence-based program already in place in another location, qualify for this RFP if we are adapting and implementing the program for the first time in Boone County?

**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy.**

5. Will evidence-based program training be funded under both of the RFP's?

**Response: Evidence-based program training may be considered for funding, provided the program training complies with the BCCSB's Funding Policy and the parameters established for funding by the Request For Proposal.**

- a. Are there any restrictions on the % of training costs?

**Response: No restrictions have been established at this time.**

- b. Are there any restrictions on the % of administration costs?

**Response: Administration costs/indirect expenses will be considered up to a maximum of 15% of salary expense only.**

7. Can funding be used for rent or the purchase of a physical building (i.e. a community center) in either RFP?

**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy. For Pilot Program proposals these expenses fall under indirect expenses. See above answer regarding allowance of indirect expenses.**

8. Can you explain the indirect cost 15% of salary expense that is allowable on pilot programs?

**Response: Agencies may be funded for indirect expenses up to 15% of the total salary expenses for direct staff positions for the project.**

9. Does the general liability insurance requirement and worker's compensation insurance requirement need to be in place before applying for the grant? Can this be an allowed expenditure in the budget of the request for funding proposal or is this at the expense of the organization? Do applicants need to provide an indemnity clause with their application, or only if selected for an award?

**Response: Insurance certificate does not have to be provided to submit a proposal response. It will be required at contract execution. The Offeror has discretion as to whether to itemize this expense or include it in their overall unit pricing. Indemnity clause may be provided with application or after selected for award.**

10. Can you clarify what specifically you are seeking in the anticipated outcomes, outcomes, indicators, and measurement sections (or how these differ)? Some of this information seems repetitive – is that okay?



Response: **There are excellent resources available on-line that provide detailed explanations of these terms. One resource to find this information is <http://www.cdc.gov/eval/resources/index.htm>.**

11. May we submit letters of support with our proposals?

Response: **Letters of support are not required. Letters of support will be considered as part of the Application Narrative. Consideration should be given to page limitations outlined in the Request for Proposals.**

12. Are the awarded contracts going to be fee for services (we get reimbursed for the services we provide) or cost-based? If they are fee for service, how are the rates determined?

Response: **For pilot program proposals, funding terms will be established during contract negotiation.**

13. Attachment B - Our fiscal year runs from July to June. With that in mind, here is how I feel the years should run: Prior Year- July 2012- June 2013, Current Year July 2013-June 2014, and Proposed Year July 2014-June 2015. Is this correct? If so, our July 2013- June 2014 information will be incomplete (missing May and June numbers), should we project those numbers to show 12 months? Our agency wide budget is not completed for the upcoming year (July 2014-June 2015). Should we provide a preliminary budget?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

14. Attachment C - Where do we include the funding we are requesting from the Children's Service Funds?

Response: **The amount requested from the Children's Services Fund should not be included on Attachment C.**

15. Attachment C - In the bottom box, what is the difference between "Actual" and "Current"?

Response: **The bottom box should read from left to right, "Prior Actual Year", "Current Year", and "Proposed Year". An amended Attachment C is attached.**

16. What is the maximum amount of funds that can be requested for each RFP? Is there a range of funding for each project/RFP that the evaluation/reviewers desire?

Response: **There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

17. Can funding be used to support services, or supportive services/wrap-around services to children and youth who are currently enrolled in a residential chemical dependency program?

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy.**

18. Should all proposals be for a twelve month period? I see that there is the option for negotiation to renew funded proposals, but in our original design for programming, should we limit programming to twelve months?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. Agencies should define proposed program terms in the application and budget narratives.**

19. How many times can organizations re-apply? Is it on an Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

20. When is the start date and end date of the funding?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

21. If a new non-profit organization has applied for their 501(3)(c) designation but it is still pending by the deadline date of the grant, will some consideration be given to the non-profits as long as they can document their application for 501(3)(c)?

Response: **Consideration may be given to a non-profit organization that has not yet obtained a 501(c)(3) designations; however, an organization must have obtained the 501(c)(3) designations prior to entering into a contract.**

22. Can an organization submit more than one pilot program?

Response: **Yes**

23. Can an organization apply for the pilot program and the purchase for services contracts?

Response: **Organizations may apply for both the pilot program and purchase of services contracts.**

24. What is the funding cap request per proposal for the pilot program? Is it a set amount or is it variable?

Response: **There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

25. Is there a list of "allowable expenditures" of what can be requested for the proposal? Or a list of things that are "not allowable"? That would be helpful to have if it is available.

Response: **There is not currently a list of "allowable" or "not allowable" expenditures.**

26. For the pilot program, can participants/subjects in the research pilot be paid for their participation for completing surveys, classes, etc. as part of the funding? For example, "each participant who completes the pre- and post surveys and the classes on advocacy will have their name entered into a drawing to win a \$100.00 gift card to \_\_\_\_\_."

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's's Funding Policy.**

27. If a new non-profit has just been certified the state and Jason Kander's office sent a letter stating that their independent audit is not due to the state until August of 2015, is this letter allowable to present in lieu of doing an independent audit prior to submission as required by the grant?

Response: **Yes.**

28. Section I - Overview:

Must offerors submit proposals providing services throughout Boone County, or may proposals focus on certain geographic areas such as the City of Columbia?

Response: **Please reference the "Beneficiaries and Outcomes" section of the BCCSB's Funding Policy.**

29. Attachment C Program Budget Worksheet

- a. Because Section VII - Term; Termination of Contract Agreement indicates that the initial term of contract will be negotiated, should the offeror assume that the Program Budget Worksheet is to be filled out on a calendar year basis?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

- b. The Worksheet requires Program Revenue and Expenses for Prior (2013), Current (2014), and Proposed Year (2015). Because revenue from certain sources (such as United Way) are contractually committed on calendar year basis, some revenue shown for Current year may not be available for Proposed Year. How should offerors treat this type of revenue on Exhibit C?

Response: **See above.**

30. My question is about the kinds of services that are eligible for funding. We would like to know whether funds could be awarded to a program that identifies key community-level student outcomes (such as kindergarten readiness and psycho-social well-being at the transition out of middle school), identifies local data with which to measure progress on those outcomes, and

assembles collaborative action networks of public and private entities to improve those community outcomes. We would apply under the RFP for pilot projects as a collaborative effort that will make a meaningful impact on children by fostering revision of existing services that target and building the capacity of local providers to use data in their decision-making. To you more detail, the collaborative action networks will collect, share, and analyze data on local newborn, child, and youth outcomes in order to identify local root causes, promising leverage points for improving youth outcomes, and strategies that are especially effective locally. The networks will create action plans based on that data and will measure the impact of their plans on student success to determine whether those strategies should be expanded, refined or replaced.

Our question is whether the organization that convenes these networks, provides the data assistance needed for the networks to do data-based decision-making, and publishes annual community report cards is eligible for partial funding, assuming that the proposal is otherwise meritorious?

Response: **The offeror should thoroughly explain how the organization's proposed pilot program falls under a statutorily eligible service area in order for the BCCSB to make an informed decision.**

By: Melinda Bobbitt  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #1 to Request for Proposal 28-24JUN14 – *Pilot Programs that Provide Innovative Service - Boone County Community Children's Services* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



# COUNTY OF BOONE - MISSOURI

## REQUEST FOR PROPOSAL (RFP) #: 28-24JUN14

### Pilot Programs that Provide Innovative Services

### Boone County Children's Services Fund

### 2014 Application

#### BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:

*To improve the lives of children, youth and families in Boone County  
by strategically investing in the creation and maintenance of integrated systems  
that deliver effective and quality services for children and families in need.*

#### RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	May 9, 2014
Written Questions Due By	<a href="mailto:mbobbitt@boonecountymo.org">mbobbitt@boonecountymo.org</a>	May 21, 2014 12:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	May 23, 2014 11:00 a.m. Central Time
Response Submission Deadline	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	June 24, 2014 9:15 a.m. Central Time
Proposal Opening - Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	June 24, 2014 9:30 a.m. Central Time

#### CONTACT INFORMATION:

Boone County Purchasing  
Boone County Annex  
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
Phone: (573) 886-4391 Fax: (573) 886-4390  
Email: [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

## I. Overview

On November 6, 2012, the citizens of Boone County passed County of Boone Proposition 1, which created a Children's Services Fund for children and youth nineteen years of age or less in Boone County. The Boone County Children's Services Board (BCCSB) has been appointed by the County Commission and entrusted to oversee this Fund. The Fund is created pursuant to RSMo §67.1775, RSMo §210.861, and the ballot language presented to the voters on November 6, 2012. RSMo §210.861 specifies the types of services that may be funded by the BCCSB. By statute, funds may be invested to address the following needs:

- up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
- respite care services
- unmarried parent services
- outpatient chemical dependency and psychiatric treatment programs
- counseling and related services as a part of transitional living programs
- home-based and community-based family intervention programs
- prevention programs which promote healthy lifestyles among children and youth and strengthen families
- crisis intervention services, inclusive of telephone hotlines
- individual, group, or family professional counseling and therapy services
- psychological evaluations
- mental health screenings.

Revenues collected and deposited in the community children's services fund **may not** be expended for inpatient medical, psychiatric, and chemical dependency services, or for transportation services.

## II. Funding Goals

The Board believes that it should invest in meaningful services to children, youth and families in a way that utilizes multiple effective strategies. To that end, the Board intends to invest its funding *appropriated for services* in the following general categories:

- Pilot programs that provide innovative services
- Purchase of service programs
- Match funding opportunities
- Strategic opportunities
- Contingency reserve to support other programs with circumstances requiring immediate attention

This RFP seeks applications for pilot programs that provide innovative services. Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth and families in need in Boone County. Preference will also be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.

### III. Minimum Eligibility Criteria

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit agency or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services
- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri

### IV. Funding Available

Applications for funding will be accepted to fund pilot programs that provide innovative services to children and youth nineteen years of age or less and their families in all service areas fundable pursuant to statute.

The proposed pilot programs may involve the creation of definitions for a class of children, youth and families, the creation of definitions for evidence-based services, and the creation of techniques to evaluate effectiveness. This may be a collaborative effort with other stakeholders to provide services that can make a meaningful impact on children that are not currently being provided. These programs could include funding to build capacity among appropriate service providers to provide these new, evidence-based practices.

For pilot programs the Board will consider **indirect expenses** up to a maximum of 15% of salary expense only (salary expense does not include benefits). Indirect expenses include general organizational expenses such as executive management time, finance, human resources or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc.

## V. Application

The Application Narrative cannot exceed 20 double-spaced pages, on standard white paper, with at least 12-point font and one-inch margins, excluding required attachments.

Please submit two original copies to:

Boone County Purchasing Department  
Attn: Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
Boone County Annex  
613 E. Ash, Rm. 110  
Columbia, MO 65201

Paper copies must be sealed in an envelope with RFP # and name of Offeror on the outside of the envelope. Proposals MUST be delivered no later than 9:15 a.m. central time, June 24, 2014. Proposals will not be accepted after this date and time and the County will return such late proposals to the Offeror.

Please submit an electronic copy after 9:30 a.m. central time June 24, 2014 and before 11:30 p.m. June 24 in Microsoft Word or PDF format to: [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org). Please do not submit the electronic copy prior to 9:30 a.m. central time, June 24, 2014.

## VI. Contracting Agency Requirements

**Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

- **Compensation Insurance:** The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all of their employees employed at the site of work. and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.
- Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$1,000,000.00 each employee, \$1,000,000.00 each accident, and \$1,000,000.00 policy limit.
- **Comprehensive General Liability Insurance:** The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether



such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$2,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

- The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$2,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.
- The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$2,000,000.00 and naming Boone County as additional insured.
- **Commercial Automobile Liability:** The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$2,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

**Indemnity Agreement:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

**Subcontracts :** The Contractor may enter into subcontracts for components of the consulting service as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.

In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

## **VII. Instructions and General Conditions**

**Delivery of Proposals:** Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received at the Boone County Purchasing office until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- If you have obtained this proposal document from our Web Page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addenda if we do not have you on our Vendor list for this proposal.
- The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- No negotiations, decisions, or actions shall be initiated by any agency as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

### **Ambiguity, Conflict, or Other Errors in the RFP:**

- If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the Request for Proposal, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the Request for Proposals prior to submitting the proposal or it shall be waived.
- Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

**Rejection of Proposals:** The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply

information in connection with respect to responsibility may be grounds for a determination of non-responsibility.

**Acceptance of Proposals:** The County will accept for evaluation all proposals that are submitted properly. However, the County reserves the right to request clarifications or corrections to proposals.

**Requests for Clarification of Proposals:** Requests by the Purchasing Department for clarification of proposals shall be in writing.

**Validity of Proposals:** Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

**Receipt and Opening of Advertised, Sealed Proposals:** The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful firm's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, Tuesday, June 24, 2014 at 9:30 a.m. Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at [www.showmeboone.com](http://www.showmeboone.com). Select "Purchasing", then "2014 Bid Tabulations".
- Proposal responses are due by Tuesday, June 24, 2014 at 9:15 p.m. No late proposals will be accepted.

**Withdrawal of Proposals:** Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

**Guidelines for Written Questions:** All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than 12:00 p.m., May 21, 2014. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, and Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet.

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
613 E. Ash Street, Room 110  
Columbia, Missouri 65201  
Phone: (573) 886-4391 Fax: (573) 886-4390  
E-mail: [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

**Pre-Proposal Conference:** To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for May 23, 2014 at 11:00 a.m. Central Time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri 65201.

- All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.

**Term; Termination of Contract Agreement:**

- The initial term of the resulting contract agreement from this Pilot Programs that Provide Innovative Services Request for Proposal will be negotiated. The negotiated contract may have an option for renewal.
- The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 60 days prior written notice to the Contractor.

**Competitive Negotiation of Proposals:** The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or

to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

- Negotiations may be conducted in person, in writing, or by telephone.
- Negotiations will only be conducted with potentially acceptable proposals. The County reserves the right to limit negotiations to those proposals, which received the highest rankings during the initial evaluation phase.
- Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.
- The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- The County reserves the right to contact any and all references to obtain without limitation, information regarding the Offeror's performance on previous projects. A uniform sample of references may be checked for each short-listed Offeror.

**BOONE COUNTY CHILDREN'S SERVICES FUND  
2014 APPLICATION NARRATIVE FOR FUNDING:  
PILOT PROGRAMS THAT PROVIDE INNOVATIVE SERVICES**

**Agency Name:**

**Agency Address:**

**Agency Phone Number:**

**Primary Agency Contact (include title):**

**Email Address:**

**Contact Phone Number:**

**Amount Requested:**

**Federal Tax ID (or Social Security #):**

**Signature:**

**Date:**

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**1. AGENCY AND PROGRAM INFORMATION**

**a. Background Information:**

- i. Provide a summary of your agency, including your agency's mission statement.
- ii. Attach a list of your agency's Board of Directors.
- iii. Describe why your agency is interested in implementing a pilot program to provide innovative services to children, youth and families in Boone County.

**b. Target Population:**

- i. Describe the pilot program's target population.
- ii. Discuss the rationale for selection of this target population for a pilot program.
- iii. Please state the statutorily eligible service area (see page 2) the target population falls within.

**c. Innovative Service Idea:**

- i. Discuss the issue or problem the pilot program seeks to address.
- ii. Provide a detailed description of the idea for innovative services to be developed or that has been developed into a pilot program.

- iii. Discuss what other agencies you have collaborated with in the development of the idea for the innovative service(s).

**d. Implementation:**

- i. Describe how and with what agencies you will collaborate with to implement the pilot program.
- ii. Discuss the plan for the implementation of the pilot program including how the requested funds will be used for the program in the implementation process.
- iii. Outline the timeline for key steps in the implementation process.

## 2. EVALUATION

**a. Performance Information:**

- i. Attach a Program Performance Measures Worksheet (see Attachment A).

**b. Outcomes:**

- i. Describe the outcomes of the pilot program (outcomes need to be measurable and time specific).

**c. Indicators:**

- i. Identify and describe the indicators which will measure the pilot program outcomes.
- ii. Identify your agency's performance target of these indicators.

**d. Measurement:**

- i. Discuss who will be responsible for the accomplishment of each of the outcome goals.
- ii. Discuss how the data will be collected.
- iii. Identify your agency's timeline for each outcome.
- iv. Describe the approach that will be used to evaluate the pilot program.
- v. Describe the approach that will be used to evaluate the effectiveness of the program.
- vi. Include copies of any evaluation tools you will be using and provide a description of why you are using these tools compared to other tools.

**e. Input**

**i. Clinical Expertise:**

- 1. Discuss the capacity of your agency to execute the proposed program.
- 2. Provide a list of key staff responsible for implementing the program.

**ii. Program Activity:**

- 1. Describe the innovative interventions and/or activities that will be implemented through the pilot program.
- 2. Identify and discuss the evidence-based practices that will be used and relevant research supporting the efficacy of the proposed interventions and/or activities.

3. If there is no research to support the efficacy of the proposed interventions and/or activities, please explain the rationale for utilizing the interventions and/or activities.

**f. Output:**

- i. Service to be provided.
- ii. Unit measurement, if applicable.
- iii. Unit cost, if applicable.
- iv. Amount requested.
- v. Number of individuals to be served.

**3. BUDGET**

**a. Budget Worksheets to be Attached:**

- i. Agency Financial Worksheet (see Attachment B).
- ii. Program Budget Worksheet (see Attachment C).

**b. Budget Narrative**

- i. Please explain each line of the budget worksheets from Attachments B and C.

**c. Staff Positions:**

- i. Provide a list of staff positions for the project, including direct and indirect.
- ii. State the role of each position and their qualifications.
- iii. State the proposed salary for each position.

**4. AGENCY ASSURANCE, CERTIFICATION, AND WORK AUTHORIZATION SHEETS**

Please review, sign, and return the Agency Assurance Sheet (see Attachment D), the Certification Sheet (See Attachment E), and the Work Authorization Sheet (see Attachment F) with the proposal. The sheets outline the expectations and requirements for any agencies requesting and/or receiving funds through the Boone County Children's Services Fund.



## ATTACHMENT A

### Program Performance Measures Information Worksheet

The following synonyms, definitions, and examples may help you completing the required program performance measures information:

	<b>Activity</b>	<b>Output</b>	<b>Outcome</b>	<b>Indicator</b>	<b>Method of Measurement</b>
<b>Synonyms</b>	<i>Activity</i> = Service	<i>Output</i> = Product	<i>Outcome</i> = Change	<i>Indicator</i> = Measure	<i>Method of Measurement</i> = Information gathering instrument or technique
<b>Definitions</b>	An <i>Activity</i> is the program service or sub service being provided	An <i>Output</i> is expressed as the NUMBER of things produced by an activity and the number people for whom it is provided	An <i>Outcome</i> describes a beneficial CHANGE in people	An <i>Indicator</i> is the specific item of information by which a program's LEVEL OF SUCCESS is measured	A <i>Method Of Measurement</i> is the instrument or technique used to gather the information needed to measure the program's success.
<b>Example</b>	Activity= Before/after school youth enrichment programming  Sub-Activity=Tutoring	150 hours of tutoring sessions for 30 children	Child's academic performance improves	Number and percent of participants who receive better grades following participation in program as compared to period prior to participation	Utilize school report card data pre and post participation in the program.

Activity	Output(s)	Outcome(s)	Indicator(s)	Method of Measurement

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## ATTACHMENT B

### AGENCY FINANCIAL INFORMATION

AGENCY NAME:

AGENCY REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way					
B. Other United Ways					
C. Capital Campaigns					
D. Grants (non-governmental)					
E. Fund Raising & Other Direct Support					
TOTAL DIRECT SUPPORT (sub-totals)					
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding					
B. Boone County - Other					
C. Other Counties					
D. City of Columbia - Social Service Funding					
E. City of Columbia - Other					
F. Other Cities					
G. Federal (Medicaid, Title III, etc.)					
H. State (Purchase of Services, Grants, etc.)					
I. Other (Schools, Courts, etc.)					
TOTAL GOV'T CONTRACTS/SUPPORT (sub-totals)					
3. Program Service Fees					
4. Investment Income (realized & unrealized)					
5. Other Revenue Items					
<b>TOTAL AGENCY REVENUE</b>					
AGENCY EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
Expenses for Program Services					
Expenses for Management and General					
Expenses for Fundraising					
<b>TOTAL AGENCY EXPENSES</b>					
% of Management and Fundraising Expenses					
NET ASSETS	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% CHANGE CURRENT TO PROPOSED	
Net Assets, End of Year					
CASH FLOWS	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% CHANGE CURRENT TO PROPOSED	
Cash, End of Year					

# ATTACHMENT C

## PROGRAM BUDGET WORKSHEET

**PROGRAM NAME:**

TOTAL PROGRAM REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way					
B. Other United Ways					
C. Capital Campaigns					
D. Grants (non-governmental)					
E. Fund Raising & Other Direct Support					
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding					
B. Boone County - Other					
C. Other Counties					
D. City of Columbia - Social Service Funding					
E. City of Columbia - Other					
F. Other Cities					
G. Federal (Medicaid, Title III, etc.)					
H. State (Purchase of Services, Grants, etc.)					
I. Other (Schools, Courts, etc.)					
3. Program Service Fees					
4. Investment Income (realized & unrealized)					
5. Other Revenue Items					
<b>TOTAL PROGRAM REVENUE</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		

PROGRAM EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
1. Personnel					
2. Non-Personnel					
<b>TOTAL PROGRAM EXPENSES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		

NUMBER OF DIRECT PROGRAM STAFF (FTE)	ACTUAL	CURRENT	PROPOSED
<i>FTE = number of direct program service hours worked by employee per year/2080 (e.g. 1040/2080= .5 FTE)</i>			

## ATTACHMENT D

### **2014 AGENCY ASSURANCE SHEET** **(Please complete and return with Proposal Response)**

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Proof of 501(c)(3)
- Certificate of Corporate Good Standing
- Most Recent 990 Federal Form
- Agency Strategic Plan
- Copies of Agency Accreditations
- Most Recent Agency Independent Audit
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality
- Memorandums of Understanding (not currently needed for Contingency Funds Request)

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Printed Name - Agency Executive Director/President/CEO

---

Date

---

Signature - Agency Executive Director/President/CEO

---

Date

---

Printed Name - Agency Board Chair

---

Date

---

Signature - Agency Board Chair

---

Date

## ATTACHMENT E

**(Please complete and return with Proposal Response)**

Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR  
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, 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.
  
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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Name and Title of Authorized Representative

---

Signature

---

Date





**AGREEMENT FOR PILOT PROGRAMS  
Healthy Steps for Young Children<sup>SM</sup>**

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**THIS AGREEMENT** dated the 11<sup>th</sup> day of December, 2014 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "BCCSB" and **The Curators of the University of Missouri (on behalf of the Division of General Pediatrics, Department of Child Health, and University of Missouri Health Care)**, a tax-exempt, not organized for profit agency or governmental entity, hereinafter referred to as "UMHC".

**WHEREAS**, the BCCSB, under the provisions of 67.1775 and 210.861 of the Revised Statutes of Missouri, has the right to expend monies from the Children's Services Fund (CSF) for the purposes of funding services to children and youth 19 years of age and younger, and their families residing in Boone County; and

**WHEREAS**, the UMHC has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided along with the expected cost to UMHC thereof; and

**WHEREAS**, the BCCSB has approved the Request for Funding Proposal in whole or in part as hereinafter set forth,

**IN CONSIDERATION** of the parties performance of the respective obligations contained herein, the parties agree as follows:

**FUNDING ALLOCATION FOR SERVICES RENDERED BY UMHC**

UMHC is expected to the greatest extent possible to maximize funding from all other sources. UMHC shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. UMHC shall only request reimbursement for services not reimbursable by any other source. UMHC shall provide documentation and assurance to the BCCSB that requests for reimbursement from the CSF is not a duplication of reimbursement from any other source of funding.

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract. UMHC will perform the services and carry out the activities as set forth in the Request for Funding Proposal Application. UMHC agrees to, and understands that services performed under this agreement are limited to the Request for Funding Proposal Application.



2. **Contract Documents.** This agreement shall consist of the Request for Proposal #28-24JUN14 (Pilot Programs that Provide Innovative Services) and UMHC's response to the County of Boone's Request for Proposal, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over the UMHC's Proposal, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The BCCSB agrees to purchase from the UMHC and the UMHC agrees to furnish **Healthy Steps for Young Children<sup>SM</sup>** for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in the UMHC's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$86,105** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of contract execution and extend through **December 31, 2015** subject to the provisions for termination specified below. This contract may at the sole discretion of the BCCSB and with the agreement of UMHC be renewed for an **additional two (2) one-year periods**. UMHC agrees and understands that the BCCSB may require supplemental information to be submitted by UMHC prior to any renewal of this agreement.

5. **Billing and Payment.** For the Pilot Programs that Provide Innovative Services (PILOT) Contract, the payments for **Healthy Steps for Young Children<sup>SM</sup> activities such as: home visits, well-child visits, telephone information line, child development and family health check-ups, written resources, parent support groups, and referrals** will be made in three (3) installments, 34% of the contracted amount, within 30 days of the execution of the contract, 33% of the contracted amount within 30 days of the completion and approval of the 2015 mid-year report, and 33% of the contracted amount within 30 days of the completion and approval of the 2015 year-end report. An accounting of prior funding received from the CSF shall be required before receiving subsequent contractual installment payments. Installment payments may vary based on the adjusted totals provided to BCCSB. In the event of a billing dispute, the BCCSB reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of the UMHC, the BCCSB agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

6. **Availability of Funds.** Payments under this contract are dependent upon the availability of funds or as otherwise determined by the BCCSB. This contract can be terminated

if funding becomes unavailable in whole or in part for cause shown, and the BCCSB shall have no obligation to continue payment.

### **REPORTING, MONITORING, AND MODIFICATION**

7. **Reporting.** The BCCSB shall utilize the Request for Funding Proposal Application and the Responses to Requests for Additional Information, as submitted by UMHC to monitor service delivery and program expenditures. UMHC agrees to submit to the BCCSB a mid-year service report by July 30, 2015 for the period beginning with the date of contract execution to June 30, 2015 and an annual service report by January 29, 2016, for the period of July 1, 2015 to December 31, 2015. Variations on this date may be requested by UMHC and, if so stipulated, are noted on this contract document. Payments may be withheld from UMHC if reports designated here are not submitted on time, until such time as the reports are filed. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. UMHC agrees to submit its reports through an on-line reporting system if requested.

8. **Audits.** UMHC also agrees to make available to the BCCSB a copy of its annual audit within nine months after the close of UMHC's fiscal year. The audit must be performed by an independent individual or firm licensed by the Missouri State Board of Accountancy. The audit is to include a complete accounting for funds covered by this agreement in accordance with generally accepted accounting principles. In addition, the BCCSB requires that the management report of any audit as it relates to BCCSB program activities be made available to BCCSB as part of the required audit. Payment may be withheld from UMHC, if reports designated here are not made available upon request.

9. **Monitoring.** UMHC agrees to permit the BCCSB, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the BCCSB to monitor, survey and inspect UMHC's services, activities, programs and client records, to determine compliance and performance with this contract, except as prohibited by laws protecting client confidentiality. In addition, UMHC hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the BCCSB or its designee(s) all records, facilities and personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

10. **Modification or Amendment.** In the event UMHC requests to make any change, modification, or an amendment to funded services, one-time items, activities and/or programs covered by this contract, a request of the proposed modification or amendment must be submitted in writing to the Director of Community Services to share with the BCCSB for approval. A board resolution from UMHC must be included with the request. Requests to the BCCSB must be submitted in writing at least two weeks prior to the BCCSB meeting.

## OTHER TERMS OF THIS CONTRACT

11. **Violation of Client Rights.** Any alleged case of a violation of a client's rights in a program funded by the Commission/BCCSB shall be investigated in accordance with UMHC's policies and procedures and in accordance with any local/state/federal regulations. UMHC agrees to notify the BCCSB through the Director of Community Services of any such incidents that have been reported to the appropriate governmental body and must also authorize the governmental body to notify the BCCSB of any substantiated allegations. UMHC must comply with Missouri law regarding confidentiality of client records.

12. **Discrimination.** UMHC will refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply will applicable provisions of federal and state laws, county or municipal statutes or ordinances, which prohibit discrimination in employment and the delivery of services.

13. **CSF to be used for Services Provided.** UMHC agrees that the CSF funds shall be used exclusively for the services provided to children and youth 19 years of age or less and their families and for administrative costs directly related to UMHC's provision of such services.

14. **Accreditation/Licensure/Certifications.** All agencies must comply with all state/federal certification and licensing requirements and all applicable federal, state, and local laws and must remain in "good standing".

15. **Conflict of Interest.** UMHC agrees that any conflicts of interest between its Board of Curators and/or employees and UMHC shall be appropriately identified and managed.

16. **Subcontracts.** UMHC may enter into subcontracts for components of the contracted service as UMHC deems necessary within the terms of the contract. All such subcontracts require the written approval of the BCCSB or their designated representative. In performing all services under the resulting contract agreement, the UMHC shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

17. **Employment of Unauthorized Aliens Prohibited.** UMHC agrees to comply with Missouri State Statute section 285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. UMHC shall require each subcontractor to affirmatively state in its Agreement with the UMHC that the subcontractor shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri.

18. **Litigation.** UMHC agrees that there is no litigation, claim, consent order, settlement agreement, investigation, challenge or other proceeding pending or threatened against UMHC or any individual acting on the UMHC's behalf, including subcontractors, which seek to enjoin

or prohibit UMHC from entering into this contract agreement of performing its obligations under this agreement.

19. **Board Ownership.** If UMHC ceases to be funded by the BCCSB or ceases to provide programs and services for Boone County children, youth and their families, all capital equipment, materials, and buildings purchased with CSF funds shall be returned to Boone County unless so otherwise approved by a majority vote of the BCCSB. In addition, if UMHC no longer used capital equipment, materials, and building purchased with CSF funds for its original intent, UMHC will need BCCSB approval to re-direct.

20. **Failure to Perform/Default.** In the event UMHC, at anytime, fails or refuses to perform according to the terms of this contract, as determined by the BCCSB, such failure or refusal shall constitute a default hereunder, and the BCCSB will be relieved of any further obligation to make payments to UMHC as set out herein. This contract will be terminated at the option of the BCCSB.

21. **Termination.** This agreement may be terminated, with or without cause, by either party upon 30 days written notice to the other party. In addition, BCCSB may terminate this agreement upon 15 days advance written notice for any of the following reasons or under any of the following circumstances:

a. BCCSB may terminate this agreement due to material breach of any term or condition of this agreement, or

b. BCCSB may terminate this agreement if key personnel providing services are changed such that in the opinion of the BCCSB delivery of services are or will be delayed or impaired, or if services are otherwise not in conformity with proposal specification, or if services are deficient in quality in the sole judgment of BCCSB, or

c. BCCSB may terminate this agreement with 15 days of prior written notice should the UMHC fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

d. If appropriations are not made available and budgeted for any calendar year to fund this agreement.

Upon receipt of notice of termination, the UMHC shall make every effort to reduce or cancel outstanding commitments and shall incur no additional expenses. BCCSB shall reimburse the UMHC for outstanding expenses incurred up to the date of termination, including uncancellable obligations and reasonable termination costs, but in no event will such costs exceed the total funds presently allocated to this agreement.

22. **Indemnification.** To the extent permitted under Missouri law, UMHC agrees to hold harmless, defend and indemnify the BCCSB, the County, its directors, agents, and employees

from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of **The Curators of the University of Missouri (on behalf of the Division of General Pediatrics, Department of Child Health, and University of Missouri Health Care)**, (meaning anyone, including but not limited to consultants having a contract with the UMHC or subcontractor for part of the services), or anyone directly or indirectly employed by UMHC, or of anyone for whose acts UMHC may be liable in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its negligence.

23. **Publicity by the Agency.** UMHC shall notify the BCCSB of contact with the media regarding CSF funded programs or profiles of participants in CSF funded programs. UMHC will acknowledge the BCCSB as a funding source whenever publicizing CSF funded programs. UMHC will collaborate with the BCCSB to inform the community about the ways its tax dollars are being invested in services and supports. UMHC agrees to acknowledge the Children’s Services Fund as a funding source on all written and electronic publications including brochures, letterhead, annual reports and newsletters.

24. **Independence.** This contract does not create a partnership, joint venture or any other form of joint relationship between the BCCSB and UMHC. The BCCSB does not recognize any of the UMHC’s employees, agents or volunteers as those of the BCCSB.

25. **Binding Effect.** This agreement shall be binding upon the parties hereto and their successors and assigns for so long as this agreement remains in full force and effect.

26. **Entire Agreement.** This agreement constitutes the entire agreement between the parties and supersedes any prior negotiations, written or verbal, and other proposal or contractual agreement. This agreement may only be amended by a signed writing executed with the same formality as this agreement.

27. **Record Retention Clause.** UMHC shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of the this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.

28. **Notice.** Any written notice or communication to the BCCSB shall be mailed or delivered to:

Boone County Community Services  
605 E. Walnut, Ste. A  
Columbia, MO 65201

Any written notice or communication to the UMHC shall be mailed or delivered to:

University of Missouri - Columbia  
Karen Geren, Authorized Signer, Grants and Contracts  
310 Jesse Hall  
Columbia, MO 65211

**IN WITNESS WHEREOF** the parties through their duly authorize representatives have executed this agreement on the day and year first above written.

**The Curators of the University of Missouri  
(on behalf of the Division of General Pediatrics,  
Department of Child Health, and University of  
Missouri Health Care)**

**Boone County, Missouri**

By: Karen M. Geren  
Signature 12-4-2014

By: Boone County Commission  
[Signature]  
Daniel K. Atwik, Presiding Commissioner

By: Karen M. Geren, Authorized Signer  
Printed Name/ Title  
New Project # 00047371

By: Boone County Children's Services Board  
[Signature]  
Les Wagner, Board Chair

APPROVED AS TO FORM:  
[Signature]  
County Counselor

ATTEST:  
Wendy S. Noren  
Wendy S. Noren County Clerk

AUDITOR CERTIFICATION: In accordance with RSMo. §50.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note: Certification of this contract is not required if the terms of this contract do not create a measurable county obligation at this time.)

June Pitchford by jx 12/08/2014 2161/71106/\$86,105  
Signature Date Appropriation Account



RE: University of Missouri Self-Funded Auto/General Liability/Self-Insured Workers' Compensation

To Whom It May Concern:

The Curators of the University of Missouri has a Self-funded Retention Program for its auto and general liability losses. The Self-funded Retention Program is used to provide payment for exposures and claims arising from the negligence of the University, its officers, agents and employees and for which the University, its officers, agents and employees are found to be liable.

The self-funded auto/general liability retention program has a limit of \$1,000,000 per occurrence and \$3,000,000 annual aggregate. Reserves for the program are determined annually and set aside by the University for the Self-funded Retention Program.

The Curators of the University of Missouri is an approved Missouri self-insurer for Workers' Compensation coverage. All employees, including some student employees, part-time employees and some volunteers are covered by Worker's Compensation. A specific fund is maintained, based on actuarial determination, to cover obligations arising from the Workers' Compensation Exposure.

Should you require additional information, please advise.

Sincerely,

*Ed Knollmeyer*

Ed Knollmeyer  
Director, Risk & Insurance Management

EK

**REQUEST FOR ADDITIONAL INFORMATION FORM #2**

**PROPOSAL: 28-24JUN14 – Pilot Programs that Provide Innovative Services**

This Request for Additional Information #2 is issued and incorporated into and made a part of the Request for Proposal Documents.

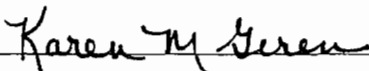
Company Name: Curators of the University of Missouri

Address: Office of Sponsored Programs, University of Missouri  
310 Jesse Hall, Columbia, MO 65211-1230

Telephone: 573-882-7560 Fax: 573-884-4078

Federal Tax ID (or Social Security #): 43-6003859

Print Name: Karen M. Geren Title: Pre-Award Manager, OSPA

Signature:  Date: 10/28/2014

E-mail: grantsdc@missouri.edu

**UMC – Division of General Pediatrics and Department of Child Health (Home visits, well-child visits, parent support, and referrals) (Dr. Beucke)**

- a. Please discuss the opportunity to turn this pilot model into a purchase of service model.
- b. Describe how you would anticipate that over time, the board's funding would lessen and other funding opportunities would increase and sustain the program.
- c. We received two proposals offering similar services from UMC – Division of General Pediatrics and Department of Child Health and Columbia/Boone County Department of Public Health and Human Services. Please communicate with Steve Hollis at the Columbia/Boone County Department of Public Health and Human Services regarding the Healthy Families America proposal they submitted. If all are funded, how would we move forward in not duplicating services and what process will be used between the entities? Some items to consider include:
  - Is there any overlap in the program?
  - Would it be appropriate for a family to be enrolled in both programs?
  - Would it be appropriate for a referral system to be in place between the two programs? If so, what would that system be?



**Contact Information:**

Columbia/Boone County Department of Public Health and Human Services

Steve Hollis, Human Services Manager

Division of Human Services

Phone: (573) 874-7488

E-mail: [sph@gocolumbiamo.com](mailto:sph@gocolumbiamo.com)

- a. Please discuss the opportunity to turn this pilot model into a purchase of service model. In discussion with the national office, there has been little success in providing Healthy Steps as a purchase of service model- if you mean directly billing 100% of patients for the service out-of-pocket. Furthermore, we are hoping to serve families at risk (including low income) and I would not want to limit participation in the program based on ability to pay. Some programs have used the Healthy Steps Specialist to provide parent consultations. There is a consultation fee for families not participating in the program, but having a need for parenting advice. This would need to be explored further with the national trainers during implementation of Healthy Steps at our site. Also, the national office is in the process of working with a national foundation to perform a 3 year project to look at further channels of sustainability.
- b. Describe how you would anticipate that over time, the board's funding would lessen and other funding opportunities would increase to sustain the program.
1. Having the board's funding would allow us to have a focused, dedicated specialist to oversee implementation of the program, including creating educational materials, resources, etc.
  2. Using a model that has been successful for our lactation consultant, we would investigate the possibility of billing/collecting a facility fee for visits with the healthy steps specialist from our payers.
  3. Part of healthy steps is to increase developmental screening using validated screening tools. In the past our office has had some success with billing for the Current Procedural Terminology (CPT) code 96110- a limited developmental testing with interpretation code. During the three years we can work with State Medicaid and other payers to appeal for higher reimbursement. Our institution has had success with this before with services such as providing deep sedations. It takes time, though, to go through the appeal process. We typically partner with someone from our Contracting Office for the health system/University Physicians to do this.
  4. Other healthy steps sites have shown improved productivity from their providers and increased referrals from their local hospital, which offsets some of the cost of a healthy steps specialist. In the near future, it is believed higher reimbursement rates will be tied to quality measures. If we can show improved quality within the 3 years of the pilot program, our institution will be much more willing to fund this position even if that specialist won't be able to directly bill for their services.
  5. The national program has proven that Healthy Steps is the gold standard for an evidence-based model for patient-centered medical home care. Since our initial proposal we have been awarded NCAQ accreditation as a Medical Home. There is a national conversation that in the near future, we will be able to bill for ancillary services through our medical home designation.
- c. Is there any overlap in the program?  
These programs would be considered compatible but there is very little overlap between the programs. While there is a component of home visitation in the Healthy Steps model it is a less

resource intensive model compared to Healthy Families of America (HFA). My understanding is that a full caseload for a Healthy Families case worker is 18 patients/families because home visits occur on a weekly basis. In comparison we hope to recruit 200 families by 1 year of implementation for one healthy steps specialist (HSS). Also, a key component of Healthy Steps is that it is integrated into the primary care clinic. A differentiator for our clinic compared to other programs is our broad array of language service assistance we are able to provide to non-English speaking families. Also, having an established Reach Out and Read program on-site to really promote early childhood literacy is a key component of Healthy Steps that may not be stressed as much in other home visiting programs.

Would it be appropriate for a family to be enrolled in both programs?

In discussion with Steve Hollis, human service manager for Columbia/Boone County Department of Public Health and Human Services we discussed that it might be appropriate for some families to be dual enrolled in the programs. My understanding is a family is not allowed to be enrolled in both 1<sup>st</sup> steps and Healthy Families, because these are both resource intensive. However, a Healthy Families participant can be enrolled in Parents as Teachers. Using a similar model, if HFA is aware of a family that goes to Green Meadows Clinic they could encourage the family to enroll in Healthy Steps. As long as the HSS is not at capacity, it would be appropriate for the family to participate in this clinical program. However, if the HSS specialist is at capacity preference would be given to at risk families (first time parents, teenage parents, single parent household, history of maternal depression, parental substance abuse, history of domestic violence, Medicaid eligible families, or parent with disability) that are not currently receiving other services.

Would it be appropriate for a referral system to be in place between the two programs? If so what would that system be?

Steve and I discussed that if Green Meadows is awarded a position for a HSS that we would be invited to join a local coalition of home visiting agencies which includes HFA, Parents as Teachers, CMCA, and Lutheran Family and Children's Services. This would allow for improved collaboration between our agencies.

Furthermore, if HFA has increased capacity and starts recruiting families at WCH we would work with Mary Killday, our primary social worker for pregnant women. She would use her experience to direct families to our clinic and Healthy Steps versus Healthy Families for America if she felt they had multiple risk factors which would make them eligible for a more resource intensive program. We would also have the newly hired HSS meet with local agencies to promote the program and learn about community resources. The HSS would give them a business card with their direct line to make referrals if appropriate.

Finally, we discussed developing a release of health records information sheet that HFA could have families sign so that we are able to be HIPPA compliant when sharing information about a HFA family that receives their primary care at Green Meadows Clinic.

# Boone County Purchasing

Melinda Bobbitt, CPPO, CPPB  
Director



613 E. Ash St. Room 110  
Columbia, MO 65201  
Phone: (573) 886-4391  
Fax: (573) 886-4390  
[mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

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October 17, 2014

UMC – Division of General Pediatrics and Department of Child Health  
Dr. Nathan Beucke, MD  
E-mail: [BeuckeN@health.missouri.edu](mailto:BeuckeN@health.missouri.edu)  
E-mail for Karen Geren, Pre-Award Manager, OSPA: [grantsdc@missouri.edu](mailto:grantsdc@missouri.edu)

RE: Request for Additional Information #2 – 28-24JUN14 – Pilot Programs that Provide Innovative Services

Dear Dr. Beucke:

Attached is a *Request for Additional Information #2*. Please return as soon as possible by e-mail to [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org).

If you have any questions regarding this request, please call (573) 886-4391 or e-mail [Mbobbitt@boonecountymo.org](mailto:Mbobbitt@boonecountymo.org). I sincerely appreciate your efforts in working with Boone County, MO to ensure a thorough evaluation of your proposal.

Sincerely,

A handwritten signature in cursive script, appearing to read "Melinda Bobbitt".

Melinda Bobbitt, CPPO, CPPB, Director of Purchasing

cc: Proposal File

Attachment: Request for Additional Information

**REQUEST FOR ADDITIONAL INFORMATION FORM #2**

**PROPOSAL: 28-24JUN14 – Pilot Programs that Provide Innovative Services**

This Request for Additional Information #2 is issued and incorporated into and made a part of the Request for Proposal Documents.

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Tax ID (or Social Security #): \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

**UMC – Division of General Pediatrics and Department of Child Health (Home visits, well-child visits, parent support, and referrals) (Dr. Beucke)**

- a. Please discuss the opportunity to turn this pilot model into a purchase of service model.
- b. Describe how you would anticipate that over time, the board's funding would lessen and other funding opportunities would increase and sustain the program.
- c. We received two proposals offering similar services from UMC – Division of General Pediatrics and Department of Child Health and Columbia/Boone County Department of Public Health and Human Services. Please communicate with Steve Hollis at the Columbia/Boone County Department of Public Health and Human Services regarding the Healthy Families America proposal they submitted. If all are funded, how would we move forward in not duplicating services and what process will be used between the entities? Some items to consider include:
  - Is there any overlap in the program?
  - Would it be appropriate for a family to be enrolled in both programs?
  - Would it be appropriate for a referral system to be in place between the two programs? If so, what would that system be?

**Contact Information:**

Columbia/Boone County Department of Public Health and Human Services

Steve Hollis, Human Services Manager

Division of Human Services

Phone: (573) 874-7488

E-mail: [sph@gocolumbiamo.com](mailto:sph@gocolumbiamo.com)

**REQUEST FOR ADDITIONAL INFORMATION FORM #1**

**PROPOSAL: 28-24JUN14 - Pilot Programs that Provide Innovative Service - Boone County Community Children's Services**

This Request for Additional Information #1 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted on or before **9:00 a.m. Tuesday, October 14, 2014.**

Company Name: The Curators of the University of Missouri

Address: Office of Sponsored Programs, 310 Jesse Hall  
Columbia, MO 65211-1230

Telephone: 573 882-7560 Fax: 573 884-4078

Federal Tax ID (or Social Security #): 43-6003859

Print Name: Karen M. Geren Title: Pre-Award Manager, OSPA

Signature: Karen M. Geren Date: 10-13-2014

E-mail: grantsdc@missouri.edu

**(Home visits, well-child visits, parent support, and referrals):**

- a. What is the agency's relationship with First Steps?
- b. How will the agency collaborate with First Steps?
- c. Please provide more specific information on when and where parent support meetings are going to be held. Also please provide more information about the topics of those meetings.
- d. Is Project LAUNCH still committed to providing \$25,000 to cover on-site training?
- e. How will the agency ensure that they are serving just Boone County residents
- f. How will new families be added each year?

Responses to all questions are on the attached.

**A. What is the agency's relationship with First Steps?**

As you know, First Steps operates under the Individuals with Disabilities Education Act, Part C. Their primary purpose is to improve family capacity to enhance a child's development and learning. However, Missouri is one of the 4 strictest states for eligibility criteria. In 2014 1<sup>st</sup> steps is hoping to serve only 2.2-2.4% of children birth to 3. Currently they are serving 142 children in Boone County (2.3% of the birth to three population). We actively refer to 1<sup>st</sup> steps when there is a significant concern for delays or the child meets specific eligibility requirements that put them at future risk for developing delays. We have many children that do not meet eligibility criteria for intensive services that would still benefit from additional services outside of IDEA, Part C.

**B. How will the agency collaborate with First Steps?**

I recently had a conversation with Niki Clover, director of Region 6 SPOE, regarding increased collaboration with 1<sup>st</sup> steps. In her 2013 data for Boone County there were a total of 254 referrals- 117 of those coming from physicians' offices. Of those referrals only 30 children (25.6%) were eligible to receive ongoing services with an IFSP. As part of our screening process during well child visits, we use the Ages and Stages developmental screen. This helps us determine if a child is at risk or currently has developmental delays and would benefit from a referral. Healthy Steps families will participate in more intensive developmental screenings, further increasing the likelihood that families will be referred appropriately. Most families sign a release of information form allowing us to directly communicate with 1<sup>st</sup> steps.

**C. Please provide more specific information on when and where parent support meetings are going to be held. Also provide more information about the topics of those meetings.**

Meetings would take place most often in a multi-purpose classroom on the South Providence Medical Campus (future home of Green Meadows Pediatrics, Jan 2015). We have additional space at Women's and Children's Hospital that could be used at no cost for group meetings. Both of these locations could be used on evenings and weekends if necessary.

Healthy Steps practices offer parent groups so that mothers and fathers with children of similar ages or with similar interests can exchange information with the guidance of an experienced group leader/facilitator. The objective of parent groups is to create opportunities for families to develop an informal peer support system and expose parents to different styles of parenting.

Parent groups will be scheduled based on the needs and availability of parents (eg. Weekdays, Evenings, Saturdays) Parent groups would begin at a minimum of one seminar per month once 20 families have enrolled in Healthy Steps. Parents would be made aware of this group through the Welcome to the Practice book and with discussions with the Healthy Steps Specialist (HSS).

Parents will suggest topics and be encouraged to participate during the group event. We would require that the HSS be present and responsible for assuring the quality of any group offered through



the practice. Topics could be led by the HSS, volunteer faculty/staff or in collaboration with a community-based organization/expert.

Regarding specific topics, our practice will learn more about the parenting groups during our Healthy Steps training. I am leaning toward doing a series of sessions so parents can get to know one another and build relationships instead of a single session on a specific topic (e.g. infant massage or CPR). Topics would be age-appropriate for the specific group and might include things like colic, car seat safety, preparing your own baby food, potty training, aggression/tantrums, and sleep.

I am currently doing an Incredible Years Parenting class for toddlers ages 3-6. We are using service learning students from the University of Missouri to provide free child care. We are using Watch Us Grow Early Childhood Learning Center at no cost for our meeting space. This location has a conference room for the parent group as well as a child care area to watch the children. If our parenting groups require childcare this is a model that has proven successful in the past.

**D. Is Project LAUNCH still committed to providing \$25,000 to cover on-site training?**

Yes. They will provide funding for training as long as the services are paid for prior to Sept 2015.

**E. How will the agency ensure that they are serving just Boone County residents?**

As mentioned in our proposal, we would be working closely with our social workers at Women's and Children's Hospital to enroll eligible families. In addition, our physician staff would be encouraged to monitor for eligible patients in our clinic that are born at other hospitals. Information about a parent's residency is in the medical record and in order to be eligible for the program this information would need to be confirmed. Our patient service representatives keep this information current when checking on insurance status at each clinic visit. If a family moves outside of Boone County, they would be politely dismissed from the program. The healthy steps specialist would also confirm this information prior to enrolling the child in the program and verify it with a home visit in Boone County during the 1<sup>st</sup> month of life.

**F. How will new families be added each year?**

Families will be enrolled on a continuous basis until the Healthy Steps Specialist is at capacity. As children graduate from the program at age 3, new families will be enrolled. If there is attrition in the program due to children leaving the practice, new families will be enrolled to keep the HSS at full capacity.

# Boone County Purchasing

Melinda Bobbitt, CPPO, CPPB  
Director



613 E. Ash St. Room 110  
Columbia, MO 65201  
Phone: (573) 886-4391  
Fax: (573) 886-4390  
[mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

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October 8, 2014

University of Missouri  
Department of Child Health  
Pam Hall, Grants/Contracts Specialist  
E-mail: [HallP@health.missouri.edu](mailto:HallP@health.missouri.edu)

RE: Request for Additional Information #1 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services

Dear Ms. Hall:

Attached is a *Request for Additional Information #1*. Please complete the attached form, sign and submit with the requested information by 9:00 a.m., Tuesday, October 14, 2014 by email to [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org).

Your **interview with Dr. Nathan Beucke** has been scheduled for:

October 15, 2014

Time: 12:00 – 1:00 p.m.

Location: Boone County Annex, 613 E. Ash Street, Columbia, MO 65201

Conference Room (come in the building and turn left directly into the conference room)

County Attendees:

Kelly Wallis, Director, Community Services

JoAnne Nelson, Program Manager, Community Services

Melinda Bobbitt, Director of Purchasing

If you have any questions regarding this request, please call (573) 886-4391 or e-mail [Mbobbitt@boonecountymo.org](mailto:Mbobbitt@boonecountymo.org). I sincerely appreciate your efforts in working with Boone County, MO to ensure a thorough evaluation of your proposal.

Sincerely,



Melinda Bobbitt, CPPO, CPPB, Director of Purchasing

cc: Proposal File / Attachment: Request for Additional Information

**REQUEST FOR ADDITIONAL INFORMATION FORM #1**

**PROPOSAL: 28-24JUN14 - Pilot Programs that Provide Innovative Service - Boone County Community Children's Services**

This Request for Additional Information #1 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted on or before **9:00 a.m. Tuesday, October 14, 2014.**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Tax ID (or Social Security #): \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_



**(Home visits, well-child visits, parent support, and referrals):**

- a. What is the agency's relationship with First Steps?
- b. How will the agency collaborate with First Steps?
- c. Please provide more specific information on when and where parent support meetings are going to be held. Also please provide more information about the topics of those meetings.
- d. Is Project LAUNCH still committed to providing \$25,000 to cover on-site training?
- e. How will the agency ensure that they are serving just Boone County residents
- f. How will new families be added each year?

# UNIVERSITY of MISSOURI

28-2930214  
Child Health

OFFICE OF RESEARCH

SPONSORED PROGRAMS ADMINISTRATION

July 9, 2014

Melinda Bobbitt  
Director of Purchasing  
Boone County Purchasing Department  
Boone County Annex  
613 E. Ash, Rm 110  
Columbia, MO 65201

RE: University of Missouri-Columbia Project No. 00047371

Enclosed please find the above-referenced proposal which is being submitted on behalf of The Curators of the University of Missouri. The project director is Joy Catherine Drass in the Department of Child Health at the University of Missouri-Columbia.

↓ No longer there  
Dr. Nathan Beucke Co-investigator

If our proposal is favorably received, we respectfully request the opportunity to negotiate the terms and conditions of any agreement forthcoming. In anticipation, we have reviewed the RFP's proposed terms and conditions. Our concerns include, but are not limited to, the following (proposed additions are underlined):

### ***Boone County Insurance Requirements***

*The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide, or Contractor may provide evidence of a self-funded program of coverage.*

**Reasoning:** It is not possible to add an additional insured to the self-insurance plan and the University is not willing to obtain separate insurance for any specific project. The University is partially immune from tort liability since it is an instrumentality of the State of Missouri and the University carries insurance (commercial and/or self insurance) as permitted by State statute 537.610 RSMo., 1994. The University is qualified as a self-insurer under the Workers Compensation law of the State of Missouri. In addition, the University is also self-insured for general liability and for automobile liability insurance. These University self-insurance programs shall be used to cover any applicable claims concerning this project.

### ***Indemnity Agreement***

*To the fullest extent permitted by law and without waiving sovereign immunity, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for*



# UNIVERSITY *of* MISSOURI

OFFICE OF RESEARCH

SPONSORED PROGRAMS ADMINISTRATION

*part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.*

**Reasoning:** The University is a governmental entity of the State of Missouri. As such, it has sovereign immunity from most tort actions and cannot agree to indemnify and hold harmless others in situations in which the legislature has provided such sovereign immunity (Article VI, Section 26a, Missouri Constitution Sect. 172.250, RSMo., 1994)

## ***Attachment D—2014 Agency Assurance Sheet***

- *Proof of 501(c)(3)*
- *Certificate of Corporate Good Standing*

**Reasoning:** We will be unable to provide proof of 501(c)(3) or a Certificate of Corporate Good Standing. RPR Section III Minimum Eligibility Criteria states “any tax-exempt, not organized for profit agency or governmental entity” should be eligible. We are a public corporation per the statute below:

172.020. Pursuant to sections 9(a) and 9(b) of article IX of the Missouri Constitution, the state university is hereby incorporated and created as a body politic and shall be known by the name of "The Curators of the University of Missouri", and by that name shall have perpetual succession, power to sue and be sued, complain and defend in all courts; to make and use a common seal, and to alter the same at pleasure; to take, purchase and to sell, convey and otherwise dispose of lands and chattels, except that the curators shall not have the power to subdivide, sell or convey title to any land contained within a university campus or to subdivide, sell or convey title to any portion of any parcel of land containing in excess of twenty-five hundred contiguous acres unless such transaction is approved by the general assembly by passage of a concurrent resolution signed by the governor. The curators shall not sell, trade or otherwise convey or permit the severance of timber, minerals or other natural resources, unless the curators comply with bidding procedures established by rule that mandate notice of the transaction be provided in a manner reasonably calculated to apprise prospective purchasers. Such rule or rules must at a minimum require at least one notice of the transaction be published in a newspaper of general circulation where the resources are located. The curators may act as trustee in all cases in which there be a gift of property or property left by will to the university or for its benefit or for the benefit of students of the university; to condemn an appropriate real estate or other property, or any interest therein, for any public purpose within the scope of its organization, in the same manner and with like effect as is provided in chapter 523 relating to the appropriation and valuation of lands taken for telegraph, telephone, gravel and plank or railroad purposes; provided, that if the curators so elect, no assessment of damages or compensation under this law shall be payable and no execution shall issue before the expiration of sixty days after the adjournment of the next regular session of the legislature held after such assessment is made, but the same shall bear interest at the rate of six percent per annum from its



# UNIVERSITY of MISSOURI

OFFICE OF RESEARCH

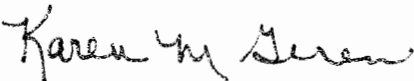
SPONSORED PROGRAMS ADMINISTRATION

date until paid; and provided further, that the curators may, at any time, elect to abandon the proposed appropriation of property by an instrument of writing to that effect, to be filed with the clerk of the court and entered on the minutes of the court, and as to so much as is thus abandoned, the assessment of damages or compensation shall be void.

Please contact Jeremiah Lotven at (573)884-5059 or [LotvenJ@missouri.edu](mailto:LotvenJ@missouri.edu) for any administrative questions and/or negotiations. You may contact the PI directly for technical questions.

We appreciate your consideration of this proposal.

Sincerely,



Karen M. Geren  
Authorized Signer and Pre-Award Lead  
Office of Sponsored Programs Administration  
University of Missouri | 310 Jesse Hall | Columbia, MO 65211  
Phone: 573.882.4451 | Fax: 573.884.4078 | [gerenk@missouri.edu](mailto:gerenk@missouri.edu)

*Pam Hall  
Grants/Contracts Specialist  
HallP@health.missouri.edu*



**BOONE COUNTY CHILDREN'S SERVICES FUND**  
**2014 APPLICATION NARRATIVE FOR FUNDING:**  
**PILOT PROGRAMS THAT PROVIDE INNOVATIVE SERVICES**

**Agency Name:**       **The Curators of the University of Missouri.,** on behalf  
of the Division of General Pediatrics, Department of Child Health,  
University of Missouri Health Care

**Agency Address:**   Office of Sponsored Programs Administration  
310 Jesse Hall  
Columbia, MO 65211-1230

**Primary Agency Contact:**   Craig David  
Director, Office of Sponsored Programs Administration

**Email Address:** [grantsdc@missouri.edu](mailto:grantsdc@missouri.edu)

**Contact Phone Number:** 573-882-7560

**Amount Requested:** Year 1, \$86,105; Three Year Total, \$267,082

**Federal Tax ID:**       43-6003859

**Signature:**               *Karen M. Geren*                               **Date:**               07-10-14

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Karen M. Geren - Authorized Signer, Grants and Contracts/Pre-Award Lead, OSPA  
MU Project No. 00047371

## **Implementation of Healthy Steps for Young Children at Green Meadows Pediatric Clinic**

### **1. AGENCY AND PROGRAM INFORMATION**

#### **a. Background information:**

(i) The General Pediatrics Clinic, for the Department of Child Health at University of Missouri Health Care, operates one of the largest Pediatric primary care clinics in Boone County. Our clinic, Green Meadows Pediatrics Clinic, is staffed by School of Medicine faculty and is the main teaching location for medical students and residents training at the University of Missouri School of Medicine, but is located outside of the main hospital and operates as a busy community-based practice with 27,000 visits per year. Our 14 faculty physicians and 18 resident physicians serve approximately 15,000 patients. Our patient population is approximately 55% private insurance and 45% Medicaid, and we are the largest pediatric Medicaid provider in Boone County. Our goal, in line with the mission of the University, is to provide comprehensive care that is responsive to the individual needs of children and families, striving for care that is collaborative, integrated and family-centered.

Department of Child Health, UMHC, Mission Statement: The Department of Child Health at the University of Missouri-Columbia has the mission of training superior physicians, fostering innovation through the sciences of discovery and application, and providing health care quality in the context of increasingly value-driven markets.

(ii) University of Missouri Board of Curators: David R Bradley, Ann K Covington, Donald L Cupps, Don M Downing, Wayne Goode, Pamela Quigg Henrickson, John R Phillips, David L Steward

(iii) The Department of Child Health at UMHC has a long history of caring for the underserved children of mid-Missouri, especially Boone County. Recently, the University and its



Physicians are focusing on improving care under the Patient-Centered Medical Home model of care, including recent submission for NCQA accreditation as a Medical Home. The medical home philosophy is to provide primary care that is patient-centered, comprehensive, team-based, coordinated, accessible, and focused on quality and safety.<sup>1</sup> For Pediatrics, integration of behavioral health services in the primary care setting would be an important next step for improving collaboration, comprehensive and accessible care.

One in five children in the US have behavioral health problems,<sup>2</sup> and 75% of children with diagnosed mental health disorders are patients within primary health care settings.<sup>3</sup> At Green Meadows Pediatric Clinic, we already use a few evidence-based, validated tools for developmental screening, and we have a good system in place for referral of patients with more severe symptoms to Behavioral and Developmental Specialists. However, we have an opportunity to improve care with better health promotion, primary and secondary prevention services. This includes a focus on parent education and awareness for behavioral and developmental issues, improved staff training on behavioral health topics, parent training, and improved care coordination. Integrating behavioral health services into the primary care practice can increase access to services for children, improve the effectiveness of behavioral health care, decrease medical costs, and improve patient and provider satisfaction.<sup>4</sup>

As pediatric care providers, we understand fully the importance of environmental factors, the nurturing relationships of parents, and early experiences of a child's development. In addition, we understand the advantages of an integrative model of care. Despite this knowledge, however, a recent survey of our providers showed they feel unequipped to provide more integrated care. Providers felt they did not have enough time or enough expertise to provide further behavioral health services. Obstacles to implementation of practice enhancements were noted to be the

limited provider time during patient visits, inadequate funding for support services, and a lack of support for the increased services from the entire office team.

An important next step for integration of behavioral health services into our clinic would be to become a Healthy Steps Practice. Healthy Steps for Young Children<sup>SM</sup> is a program developed at Boston University to support the healthy physical growth and cognitive, language and social-emotional development of children during the first 3 years of life. There are currently about 70 Healthy Steps practices around the country, but our clinic would be the first practice in Boone County to implement this program. The Healthy Steps program is a new approach to primary health care for children 0-3 years of age. It uses a team approach for improved promotion of development as well as physical health. The entire practice supports parents in nurturing the emotional, behavioral, and intellectual growth of their children.<sup>5</sup>

**b. Target Population:**

(i) Ideally, we would like to offer integrated care to all patients in our General Pediatric clinic. However, our initial plan is to enroll newborns in a pilot program of Healthy Steps in our practice. We would offer enrollment to all first time parents. In addition, we would enroll children identified as high-risk for developmental and behavioral health problems. This would include infants with one of the following known risk factors: teenage parent, single parent household, history of maternal depression, parental substance abuse (including tobacco), domestic violence, low income families (Medicaid eligible), a parent with an on-going health issue, or parent with a disability.

(ii) Multiple studies have shown there are many factors that put children at risk for development of behavioral health problems. Critical lessons have come from the work on adverse childhood experiences and the long-term outcomes which can result from such adverse experiences. These

“toxic stressors” include abuse, household substance abuse, parental mental illness, incarceration, parental domestic violence and separation or divorce.<sup>5</sup> Our enrollment criteria align with services already available in the community, including Parent as Teachers.

(iii) Healthy Steps for Young Children is a prevention program which promotes healthy lifestyles among children and youth and strengthens families.

**c. Innovative Service Idea:**

(i) T. Berry Brazelton, MD, of Harvard Medical School, says, “Parents are passionate for the answers to two questions when they come in for a check-up: ‘How am I doing as a parent?’ and ‘How’s my baby doing?’ Unless they get some answers, they leave the visit seriously disappointed.”<sup>6</sup> The physicians in our practice are under increasing time pressures. Well child office visits are allotted 15 minutes, making it impossible for the physician single-handedly to cover all aspects of a child’s physical growth as well as adequately address developmental and behavioral issues in this time period.

Pediatric care for young children offers a powerful vehicle to infuse mental health services into an ongoing system of care.<sup>7</sup> Although pediatric practices may not recognize or feel the potential power they have to influence a child’s outcome, they create an unparalleled nonstigmatizing environment from which to offer families information and support about their child’s social-emotional well-being and about their growth as a family.<sup>8</sup>

(ii) Health Steps for Young Children<sup>SM</sup>: In December 1994, The Commonwealth Fund, together with funding partners from across the country, responded to the above challenges by launching the Healthy Steps for Young Children Program. Three related themes permeate the Healthy Steps approach to primary care for young children: 1.) The first three years of life are critically important for both the child and the family, 2.) Key to a young child’s healthy growth and

development are nurturing relationships between the family and the child and between the practice and the family, and 3.) Medical care for young children can be enhanced by including the promotion of child development, focusing on the whole child and the whole family.

Specifically, the Healthy Steps approach emphasizes a close relationship between health care professionals and mothers and fathers in addressing the physical, emotional, and intellectual growth and development of very young children from birth to age three. It encourages an openness between the health care team and families, and helps parents understand normal child development.

Healthy Steps' linkage to medical practices is unique. Healthy Steps uses a team approach to primary health care for young children. The team includes a professional staff member, called a Healthy Steps Specialist, whose background in child development, nursing, or social work is complemented by Healthy Steps training. The Healthy Steps Specialist is the member of the health care team who provides the effective link between the family and the pediatric and family practice. The typical background of a Healthy Steps Specialist includes training in child development or pediatric nursing and experience working with mothers and fathers. As part of the team, the Healthy Steps Specialist focuses on developmental rather than medical aspects of the children's growth and development, providing information and support to parents as they progress through this critical developmental period in their child's life. Specifically, the Healthy Steps Specialist addresses major behavioral and developmental issues and gives the practice the opportunity to focus on a "whole baby-whole family" brand of quality primary care for young children. Also unique to Healthy Steps are its universality and set of components. While Healthy Steps is of enormous benefit to "at risk" families, the program's view is that all families should receive these services.

Healthy Steps practices have 7 main components: 1.) Home visits offered at birth and at key developmental stages; 2.) Well-child visits with a clinician and Healthy Steps Specialist, 3.) A dedicated parent telephone information line, 4.) Child development and family health check-ups, 5.) Written materials on topics such as toilet training, discipline, and nutrition, as well as age-appropriate books for mothers and fathers to read to their children, 6.) Parent support groups, and 7.) Referrals for children (e.g., speech or hearing specialists) and parents (e.g., maternal depression counseling).

As an approach, these components are meant to provide significantly enhanced primary care, to increase the confidence of mothers and fathers as they rear their young children, to convey information to mothers and fathers about normal child development, to provide more time and opportunities for contact in more settings, and to avoid the problems that might be averted by well-informed parents. A multi-disciplinary team at Boston University School of Medicine (BUSM) defined the Healthy Steps approach and developed a curriculum to train medical teams across the country. The approach is based on national guidelines for health supervision (American Academy of Pediatrics and Bright Futures). The Healthy Steps training curriculum was designed to enhance the knowledge and skills of pediatric clinicians in child development and to help them, in collaboration with Healthy Steps Specialists, transform their present practices into an expanded system of care. This BUSM effort has been led by nationally recognized pediatricians Barry Zuckerman, M.D. and Steven Parker, M.D., and by Margot Kaplan-Sanoff, Ed.D., a child development specialist.

**(iii) Reach Out and Read**—Green Meadows Pediatrics is already a Reach Out and Read site. Physicians promote literacy at each well-child visit and all patients receive a book to take home at well-visits from 6 months of age thru 5 years of age. Children’s Miracle Network—CMN

provided a grant of \$12,000 to purchase books for the Reach Out and Read program. Project LAUNCH—Grant-funded group whose vision is to establish a nurturing community that enhances the health and wellness of children and families, allowing them to reach their full potential. A cornerstone of Project LAUNCH is the development of relationships with providers and agencies that serve children and families in ways that foster coordination and collaboration. One of our physicians has served on the Wellness Council since its inception. LAUNCH has committed funds toward implementation of Healthy Steps at Green Meadows Pediatric Clinic.

**d. Implementation:**

(i) Our plan is to implement all 7 components of Healthy Steps for Young Children<sup>SM</sup>.

Healthy Steps Specialist—the primary child development resource for parents in the practice. This person will be responsible for delivering many of the Healthy Steps services and coordinating the efforts of all members of the team to implement “enhanced strategies.” The HSS will serve Healthy Steps families in collaboration with the physician.

Major objectives of this role will be to 1.) Deliver Healthy Steps services to parents in a timely and coordinated manner, 2.) Provide child behavior and developmental information, guidance, and check-ups to families, helping parents gain in their parenting abilities, 3.) Create a solid relationship between parents and the Healthy Steps team, and 4.) coordinate the Healthy Steps activities of the entire Healthy Steps team.<sup>9</sup>

Enhanced Well Child Care—coordinated practices and activities that expand the focus of primary care for young children to include greater emphasis on behavior and development, including the parents’ understanding of behavioral and development issues. Strategies for achieving enhanced care will be infused into virtually every contact between parents and the Healthy Steps Specialist, including home and office visits, telephone conversations, and the

Child Health and Development Record. The Healthy Steps Specialist and physician will work together to create “teachable moments,” when parents are most receptive to information concerning their child’s development and behavior. They will encourage positive maternal health behaviors, including breastfeeding, referrals for maternal depression, and smoking cessation. They will work to promote early language development and literacy with continuation of programs such as Reach Out and Read, which the clinic already participates in. Healthy Steps Quick Check Sheets will be used at each visit to remind the physician and the Healthy Steps Specialist of age-specific milestones and child interactions, triggering questions to be addressed at each visit.<sup>10</sup>

Child Development Telephone Information Line—the HSS will set up a non-medical telephone line for parents to ask developmental and behavioral questions about their child outside of office, home, or group visits. This will be a complement to our current nurse triage line for medical questions and concerns. The Healthy Steps Specialist will have a dedicated phone line with answering machine in the office for this service. The HSS will provide information to parents on issues of development and behavior decreasing parental stress and insecurity. The availability of the HSS to answer behavioral questions outside of the normal office visit also supports physicians, overall strengthening the relationship between the family, the Healthy Steps Specialist and the practice. Phone calls will be documented through our current phone messaging system, and the number and nature of calls will be tracked monthly by the Healthy Steps Specialist for evaluation and improvement of services.<sup>11</sup>

Home Visits—The Healthy Steps Specialist will perform 2 home visits for each family. Home visits give the HSS a chance to build a supportive relationship with families by focusing on development in the setting that is most familiar and comfortable to the child. The first home

visit, done in the first month of life, will focus on infant care, feeding and understanding of infant behavior. The second visit, performed between 9 and 12 months of age, will focus on home safety, play, learning and discipline. With consent, developmental check-ups will be conducted during the visit. The home visits will last approximately 60 minutes and will provide insight into how the child's home environment can help foster his or her growth and development.<sup>12</sup>

Parent Groups—The practice will offer parent groups so that mothers and fathers with children of similar ages or with similar interests can exchange information and address issues of mutual concern with the guidance of an experienced group leader/facilitator. The groups can reinforce the information that mothers and fathers receive in individual office or home visits and can reduce the isolation that many parents feel in raising a young child. Parent groups will be offered over the noon hour and held in the education room at the practice. They will be led by the Healthy Steps Specialist with participation by faculty physicians and residents. The group will involve 15-20 people. The session will consist of group discussion about common parenting topics as well as question/answer sessions. The goal of the group is to more efficiently provide general information to families to enhance parent learning, as well as create opportunities for an informal peer support network. For participating families, we will try to coordinate scheduling of the patient's well-child visit either just before or just after the parent session.<sup>11</sup>

Linkages to Community Resources—the expanded system of primary care includes improved access to resources, services, and information available in the community that can help parents cope with their responsibilities and reduce the isolation that new parents often experience. The Healthy Steps specialist will facilitate the linkage to such resources through maintenance of our clinic's community resource board, and development of a binder containing information on up-



to-date resources, including child care, parent/play groups, educational activities, and referral/treatment programs. The HSS will develop a web page through the clinic website to aid in dissemination of information to families and extend the role of the practice to serve as an enriched resource center for children and families. Binders will be available to families at any time during the visit. When necessary, an office room may be made available to families to evaluate and contact resources with reasonable privacy. The HSS will document the number and type of referrals made to the community resources for families on a Healthy Steps Encounter Form.<sup>13</sup>

Written information materials for parents that emphasize prevention protocols—currently our practice uses Bright Futures age-specific parent education materials at the end of each well visit. We will add specific handouts on a variety of medical, developmental, and practical topics. Information is available in the Healthy Steps manual and toolkit the practice will purchase as part of the program. These handouts can be uploaded to our electronic medical record and attached as patient education materials.

All Healthy Steps families will be given and maintain the Child Health and Development Record (CHDR). This is a book documenting an individual child's health history including immunizations, accidents, and illnesses, as well as, developmental milestones from birth through age 18. The record tracks important information related to the child's medical care, growth and development. Parents help maintain the CHDR and are asked to bring it to all visits, which lead to more active participation in well child care and developing a greater understanding of their child's development. The Healthy Steps Specialist will explain the purpose of the CHDR and the family's role in maintaining it. At well-visits, the medical team will update immunizations and growth charts. The Healthy Steps Specialist will aid in maintaining the developmental

checklists during home or office visits. The CHDR should serve as an interactive vehicle for communication between the family and the Healthy Steps team.<sup>11</sup>

**Schedule of Service Delivery with Healthy Steps Specialist:**

<b>Office Visit</b>	<b>Home Visit</b>	<b>Evidence-based Screening Tools/Focus</b>	<b>HSS Time</b>
2 weeks		Neonatal Behavioral Observations System HITS violence assessment Edinburgh post-partum depression screen	30 min
	1-4 weeks	Overall infant care, temperament scale Edinburgh post-partum depression screen	60 min
2 months		Healthy Steps Temperament scale Edinburgh post-partum depression screen	30 min
6 months		Ages and Stages: Social –Emotional Edinburgh post-partum depression screen	40 min
9 months		Ages and Stages Developmental Screen Edinburgh post-partum depression screen	40 min
	9-12 months	Home safety check (baby-proofing) Developmentally appropriate discipline and play strategies	60 min
12 months		Ages and Stages: Social-Emotional HITS violence assessment	30 min
18 months		Ages and Stages Developmental Screen MCHAT autism screen	40 min
24 months		Ages and Stages Developmental Screen MCHAT autism screen	40 min
30 months		Ages and Stages: Social Emotional	30 min

(ii) Two major steps are required for implementation of Healthy Steps for Young Children<sup>SM</sup> into our practice. First, a Healthy Steps Specialist must be recruited. The majority of funds requested will be for the salary and benefits of the Healthy Steps Specialist. We will be seeking a Social Worker or Child Development Specialist, preferably with experience working in a medical setting and experience assessing development of children from birth to age 3. The second step is to train our Healthy Steps Specialist and entire office staff, including the faculty physicians, residents, nurses and front-office staff on the Healthy Steps integrative model

of care. Onsite Healthy Steps training is provided by the faculty of Boston University who developed the original Healthy Steps program.

Once hiring and training is complete, we will begin enrolling newborns into the program. Assistance from the social worker for the Well-Baby Nursery at University of Missouri Women’s and Children’s Hospital will be sought for identification of families eligible and interested in the program. We would like to enroll approximately 200 families in the initial pilot group, approximately 100 families per 6 month period, following them over a 3 year period. Outcomes reporting will occur at 6 month intervals.

Upon demonstration of successful outcomes in this pilot group, we would like to expand services to more patients. The future looks promising for integration of behavior health to become a viable and sustainable model in primary care. Improved billing and reimbursement for developmental screening and behavioral services in the primary care setting is on the horizon as part of Medical Home care models. The initial grant funding will allow us to effectively set up the infrastructure for integrated care in our clinic. With proper training and experience, our goal is ultimately for integration to become a self-sustaining model of more comprehensive, preventative, and family-centered for our practice.

(iii) The following timeline assumes project approval by September 1, 2014. Project LAUNCH has already committed \$25,000 to cover on-site training, and those funds are immediately available (see attached letter of support).

Funding secured	9/1/14
Kick-off meeting: Attendees: Joy Drass, MD, Nathan Beucke, MD, Erin Ohnesorge, RN (office mgr), Shawn Willingham (office support), Project LAUNCH team	9/2/14
Recruitment of Healthy Steps Specialist	9/3/14 – 10/3/14
Arrange Training Consult with Boston University School of Medicine	9/10/14

Obtain IRB Approval	9/3/14 – 10/3/14
Train administrative staff of the practice	10/21/14
Train clinical staff of the practice	10/22-23/14
Develop evaluation design, resources, materials organization	11/1/14 – 12/1/14
Begin Enrollment of families	1/1/15
Report	7/1/15

## 2. EVALUATION

### a. Performance Information:

(i) See Attachment A

### b. (i) and c.(i) have been combined - Outcomes and Indicators:

(i) Outcomes for the implementation of the Healthy Steps program at Green Meadows Pediatrics Clinic will include **improved overall health** of children participating in Healthy Steps program. This will be measured by enrollment over the first year, adherence to well-child checks and appropriate immunization coverage. **Parental satisfaction** with Healthy Steps will be measured by retention rate in the Healthy Steps program, and the number of missed appointments, and will be collected at 2 years post enrollment and compared to the general pediatric population at Green Meadows. **An increase in referrals** for early intervention and community based services will be measured by the number of completed referrals (follow up and receiving services) as a result of screening using the below mentioned tools, as well as, the Healthy Steps screening questions on family history and adult risk and protective factors at development/family health checkups completed at enrollment and at 6 month intervals. **Improved identification** will be measured through enhanced screening efforts and the use of evidence based screening tools. Healthy Steps families will be screened using an enhanced schedule, with a proposed rate of 90% adherence. **Improved parental access to developmental and behavioral information and supports** will be measured by the delivery of at least four Healthy Steps services to intervention families.

Families enrolled in Healthy Steps will receive four of the seven interventions as part of the program. **Improved allocation of resources**, as measured by number of joint well child visits with pediatrician and Healthy Steps specialist (8 joint visits). **Reduced parental stress**, as measured by reduction in stress as indicated by score on Parental Stress Scale provided between 9 and 12 months, and again at end of involvement in pilot.

**c. Indicators:**

(ii) Goals: Improved overall health: Recruit 200 families by 1 year of implementation of Healthy Steps. 95% of HS families will keep 75% of recommended preventative healthcare visits. 90% of HS patients will be up to date on vaccinations by age 2. Parental satisfaction: 95% retention rate in Healthy Steps; and decreased missed appointment rate (currently 11% for the clinic) by 20% for HS families. Increased referrals for early intervention and community-based services: increase the number of referrals completed to community resources or early intervention by 20% compared to the general clinic population. Improved identification: 90% of all screening tools completed, including screening for maternal depression and domestic violence. Improved parental access to developmental and behavioral information and supports: 95% of families will receive at least four of the seven Healthy Steps services. Improved allocation of resources: 75% of families will receive the recommended 8 number of joint well child visits. Reduced parental stress: 75% of parents will report a reduction in stress indicated by a decreased score on the Parental Stress Scale.

**d. Measurement:**

(i) The Healthy Steps Specialist, through implementation of the program and screening measures, will be responsible for the accomplishment of the outcome goals of healthier young children and families, increased parental satisfaction/wellbeing, reduced parental stress,

improved parental access to developmental and behavioral information and supports, and improvement in early intervention detection and allocation of resources for families. Green Meadows pediatricians will also be responsible for the outcome of improved identification by increasing screening efforts.

**(ii)** Multiple data elements will be collected at a baseline of 6 months and compared at 12 months post-enrollment. This will be completed by review of medical chart and documentation by the physician and Healthy Steps Specialist of receipt of services. Self-report measures will also be administered during these reporting periods. Green Meadows currently reports their screening and referral numbers quarterly to Project LAUNCH evaluators. Project LAUNCH will continue to develop and plan for reporting outcomes from this pilot as the grant is supporting efforts for integration in Green Meadows.

**(iii)** Improved overall health: Number of families enrolled will be collected at 1 year, and compared to total number of families targeted for recruitment into Healthy Steps programming. Number of families who attend at least 75% of their recommended visits will be collected at baseline of 6 months post enrollment and compared to the same data collected at 1 year. Number of families who receive age appropriate vaccinations by age 2 (goal of 90%) will be collected at the end of the study. Parental satisfaction: number of children who receive care at the practice until 2 years of age who participate in the program will be collected at 2 years post enrollment and compared to number enrolled initially. Increase in referrals for early intervention and community-based services: Number of completed referrals will be compared to number of positive screens for referral needs. This will be collected at 6 months baseline and compared to numbers at 1-year post enrollment. This will continue to be reported every 6 months. Improved identification: Data will be collected at a baseline of 6 months post enrollment regarding number

of children screened at the proposed frequency (goal of 90%). This will be compared at 12 months to observe any change. Data will continue to be reported every 6 months. Similarly, data regarding rate of screening for post-partum depression and domestic violence will be reported at baseline of 6 months and compared at 12 months post enrollment. This will also be collected at 6 month intervals thereafter. Improved parental access to developmental and behavioral information and supports: Number of families receiving at least 4 of the healthy steps services, compared to number of healthy steps families overall, will be collected at baseline of 6 months and compared to numbers collected at 12 months post enrollment. Data will continue to be collected at 6-month intervals throughout the course of the project. Improved allocation of resources: Number of joint well child visits will be collected at baseline of 6 months and compared to numbers at 12 months. This will continue to be collected at 6-month intervals. Reduced parental stress: Scores on the Parental Stress Scale will be compared at baseline of 9-12 months (at a home visit during this time) and compared at the end of 2 years.

**(iv)** A majority of the data collection will be the responsibility of the Healthy Steps Specialist, including chart review and tracking data in an Excel spreadsheet. There is potential for the team to collaborate with IT staff to develop a method of documentation in the electronic medical record system for extracting data from the chart. There is also potential to collaborate with the Project LAUNCH evaluation team in terms of developing streamlined data collection and reporting procedures.

**(v)** Program effectiveness will be evaluated by a combination of self-report measures, chart review of screening, referral, retention and interventions provided. These outcomes will be analyzed and reported by the Healthy Steps Specialist and team in collaboration with Project LAUNCH evaluation.

(vi) Copies of evaluation tools: Parenting Stress Scale, Evidence based screening tools will not be used to evaluate outcomes, but frequency of screening will be evaluated. Screening tools included are The Ages and Stages Questionnaire-3rd edition, The Ages and Stages Questionnaires-Social Emotional scale, the Edinburgh Postnatal Depression Scale, and the HITS.

**e. Input**

(i) Clinical Expertise:

1. As mentioned previously, Green Meadows Pediatric Clinic serves a large number of children and families in Boone County. Patient support staff, administration and clinical staff show a commitment to improving care for their patients and have already implemented quality improvement procedures around developmental screening and screening for post-partum depression. With the addition of a trained full-time Healthy Steps Specialist, Green Meadows will be able to execute the Healthy Steps for Young Children model to 200 families. The Healthy Steps Specialist typically has a background in child development, nursing or social work and is a vital member of the health care team. The Healthy Steps Specialist provides an effective link between the family and the pediatric practice. The Healthy Steps Specialist addresses major behavioral and developmental issues and gives the practice the opportunity to focus on a “whole baby-whole family” brand of quality primary care for young children.

2. The Healthy Steps specialist (to be named), Dr. Joy Drass (medical champion of the program), Dr. Nathan Beucke and Erin Ohnesorge, RN, Practice manager will be the leaders for this project. Important to note, however, is the entire clinic team will be trained on Healthy Steps practices, providing a comprehensive family-centered experience throughout the entire clinic experience.



**(ii) Program Activity:**

1. Innovative interventions and activities that will be implemented in the pilot program include: enhanced well child care through joint visits collaboration with Healthy Steps Specialist, child development telephone information line, home visits, informational materials for parents that emphasize prevention, child development and family health checkups, parent groups and links to community resources.

2. Healthy Steps is a national initiative which emphasizes a close relationship between health care professionals and parents in addressing the physical, emotional, and intellectual growth and development of children from birth to age three. Twenty-four pediatric and family practices across the country initially implemented the Healthy Steps approach as part of various initial evaluation programs. Since the evaluation period, over 40 new or “diffusion” sites have integrated Healthy Steps into their practices, and eighteen residency training programs have incorporated Healthy Steps into their curricula. Healthy Steps is an approved, evidence based practice under SAMSHA and the Department of Health and Human Services. Screening tools used to screen children in Healthy Steps include the evidence-based tools of The Ages & Stages Questionnaires- 3rd edition (validated from one month to 66 months) and the Ages and Stages Questionnaires-SE or social emotional tool. The Parental Stress Scale is a highly rated and evidence based tool as well.

**f. Output:**

(i) Services to be provided: The Healthy Steps Specialist will provide two home visits at 1-4 weeks and 9-12 months. 8 scheduled points of contact will be made between the Healthy Steps Specialist and the family during well child visits over 2 years. A portion of these joint visits will involve developmental screens (developmental screens can be done in office or at the home

visit). Others will involve alternate screening tools, as well as anticipatory guidance regarding relevant topics to the child's age. This model also includes twelve parent groups per year, the Child-Development Telephone Information Line, case management/community referrals, Reach Out & Read books, and distribution of the Child Health and Development record.

**(ii)** Non Applicable

**(iii)** Non Applicable

**(iv)** Amount requested: Year 1, 86,105; Year 2, \$90,048, Year 3, \$90,930, Total, \$267,082

**(v)** 200

See attached References

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*helping children soar*



**PROJECT  
LAUNCH**

### **Letter of Support for Healthy Steps for Young Children and Green Meadows Pediatrics**

Boone County Project LAUNCH supports Green Meadows pediatrics in the delivery of integrated behavioral health services. The integration of mental or behavioral health services in pediatric primary care is a national priority and a major initiative of SAMSHA and Project LAUNCH. Primary care settings play an important role in addressing the behavioral health needs of children. Disorders and environmental risk factors often present first to primary care clinicians. Pediatricians have the capacity to manage behavioral health conditions early when they may be prevented or ameliorated.

Green Meadows Pediatrics has identified behavioral health as a priority and is pursuing ways for implementation in their practice. Project LAUNCH has supported the practice in multiple ways towards this goal. Through LAUNCH training and support Green Meadows began implementing evidence based developmental screening with the Ages and Stages Questionnaires-3<sup>rd</sup> edition. The practice currently follows the Bright Futures and American Academy of Pediatrics recommendations that children be screened at 9, 18, and at either 24 or 30 month visits. Electronic screening via tablets has been supported by LAUNCH and will be used with patients and families in the coming months. With the implementation of Healthy Steps, enhanced screening at every well-child check will occur with enrolled children. This will ultimately lead to greater identification and linkage to early intervention and resources.

Although integrated behavioral health was identified as important to the practice, it was difficult to outline the steps of progression towards this level of care. It was identified that education and consultation on models of care and implementation strategies would help bridge the gaps. In May 2014, Dr. Ayelet Talmi from the Children's Hospital of Colorado delivered a seminar to all Green Meadows pediatricians, nurses and support staff on behavioral health integration in pediatric primary care. The focus of Dr. Talmi's workshop was on addressing mental health, behavior, and development in pediatric primary care. At this time Dr. Talmi gave the practice background on the Healthy Steps for Young Children model. In a post-survey of the training, it was identified that the practice felt that enhanced care would be provided with the utilization of many of the interventions provided by Healthy Steps (.i.e home visits, baby and me parent groups, etc.)

Project LAUNCH has identified Green Meadows as strong partners in the ability to deliver integrated health services. The practice has identified the implementation of Healthy Steps as a model of preventative integrated care. Boone County Project LAUNCH supports the practice in

their efforts and will fund the training and implementation of Healthy Step up to \$25,000. This funding does not include the full-time Healthy Steps Specialist that is required to implement the Healthy Steps model.

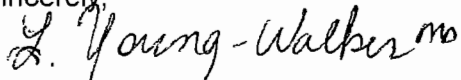
The Healthy Steps for Young Children Program (HS) is a national initiative that focuses on the first three years of life and has been designated as approved evidence based practice by both SAMSHA and the Department of Health and Human Services. Healthy Steps incorporates early child development specialists and developmental services into routine pediatric care. This includes enhanced well-child care through visits with the physician and Healthy Steps Specialist, home visits, developmental screenings and a child-developmental telephone line to address parent's developmental concerns. Further enhancements include written materials emphasizing prevention and health promotion, parent groups offering support and learning opportunities and linkages to community resources through targeted referrals. The program was designed for all families, not only those at risk for developmental and behavioral problems, recognizing that all parents have concerns and questions about their children's health, development, and behavior.

Healthy Steps aligns and supports the Patient- Centered Medical Home model developed by the American Academy of Pediatrics. In a family-centered medical home the pediatric care team works in partnership with a child and a child's family to assure that all of the medical and non-medical needs of the patient are met. In this model primary care is accessible, continuous, comprehensive, coordinated, compassionate and culturally effective to ALL children and youth.

The three day Healthy Steps training will be attended by all Green Meadows pediatricians, nurses and support staff. Training sessions will stress knowledge in child development, parenting, and practical clinical strategies; emphasizing the importance of relationships; promoting multidisciplinary team building; and helping the practice implement Healthy Steps. Project LAUNCH will also support the practice in training manuals and technical assistance for one year with the Healthy Steps national office.

In summary, Boone County Project LAUNCH supports Health Steps for Young Children and Green Meadows Pediatrics. We feel this work is an excellent extension of previous efforts that we have partnered with them to provide for young children in Boone County. We are committed to helping fund this initiative and commit to \$25,000 in matching funds to do so.

Sincerely,



Laine Young-Walker, MD  
Principal investigator-Boone county Project LAUNCH  
Vice Chair of Psychiatry  
Division Chief of Child and Adolescent Psychiatry  
University of Missouri-Columbia

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[www.healthysteps.org](http://www.healthysteps.org)

## Attachment A Program Performance Measures Information Worksheet

Activity	Output(s)	Outcome(s)	Indicator(s)	Method of Measurement
Enhanced joint well-child visits with pediatrician and Healthy Steps Specialist (HSS)	Number of families who adhere to medical care and well-child check schedule, receive age appropriate immunizations up to age 2. Number of enhanced visits with pediatrician and HSS). Number of scheduled appointments attended.	Increased parental satisfaction with medical care. Improved overall health of children.	Percentage of families who attend at least 75% of well child and preventative care visits during the data collection period; number of families who receive all age appropriate immunizations during the data collection period with goal of at least 90%. Percentage of no-shows for scheduled appointments.	Healthy Steps Specialist report and review of chart.

Training of Healthy Steps team of pediatrician/family clinicians, nurses and Healthy Steps Specialist	Number of joint visits with pediatrician and Healthy Steps Specialist	Improved allocation of resources for families.	Percentage of families who received proposed number of joint well child visits.	Healthy Steps Specialist report and review of chart
Enhanced screening for child and family of risk and protective factors	Number of screenings for child behavior and for family risk and protective factors	Improved identification of family risk factors. Increased referrals for	Percentage of families who are screened based on the proposed	Healthy Steps Specialist report and review of the chart.

	<p>using evidence based screening tools.          Number of completed referrals to early intervention and community based services.</p>	<p>early interventions and community based services.</p>	<p>screening schedule using the ASQ-3, ASQ-SE, MCHAT, Edinburgh Postnatal Depression Screen, HITS, and screening of adult risk and protective factors. Percentage of referrals that are completed (follow up and receipt of services since last visit)</p>	
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<p>New professional added to healthcare team: Healthy Steps Specialist with knowledge in child and family development</p>	<p>Number of Healthy Steps services received by families.</p>	<p>Decreased parental stress. Improved parental access to developmental and behavioral information and supports.</p>	<p>Percentage of families who receive at least 4 of the 7 proposed Healthy Steps interventions. Statistically significant decrease in parental stress at end of 2 years as opposed to stress measured at 9-12 month home visit.</p>	<p>Healthy Steps Specialist report and review of the chart. Parental Stress Scale administered at (9-12 months, 2 years)</p>
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**ATTACHMENT A Continued**  
**Screening Documents**

ASQ-SE, Six Month Questionnaire

ASQ-3, Nine Month Information Summary

ASQ-SE, Twelve Month Questionnaire

EPDS

HITS – Domestic Violence Screening Tool

MCHAT

Parental Stress Scale



**Ages & Stages Questionnaires®: Social-Emotional**  
**A Parent-Completed, Child-Monitoring System for Social-Emotional Behaviors**  
**By Jane Squires, Diane Bricker, & Elizabeth Twombly**  
**with assistance from Suzanne Yockelson, Maura Schoen Davis, & Younghee Kim**  
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# 6 Month Questionnaire

(For infants ages 3 through 8 months)

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***Important Points to Remember:***

- Please return this questionnaire by \_\_\_\_\_ .
- If you have any questions or concerns about your child or about this questionnaire, please call: \_\_\_\_\_ .
- Thank you and please look forward to filling out another ASQ:SE questionnaire in \_\_\_\_\_ months.



**Ages & Stages Questionnaires®: Social-Emotional**  
**A Parent-Completed, Child-Monitoring System for Social-Emotional Behaviors**  
**By Jane Squires, Diane Bricker, & Elizabeth Twombly**  
with assistance from **Suzanne Yockelson, Maura Schoen Davis, & Younghee Kim**  
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# 6 Month ASQ:SE Questionnaire

(For infants ages 3 through 8 months)

Please provide the following information.

Child's name: \_\_\_\_\_

Child's date of birth: \_\_\_\_\_

Today's date: \_\_\_\_\_

Person filling out this questionnaire: \_\_\_\_\_

What is your relationship to the child? \_\_\_\_\_

Your telephone: \_\_\_\_\_

Your mailing address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

List people assisting in questionnaire completion: \_\_\_\_\_

\_\_\_\_\_

Administering program or provider: \_\_\_\_\_

ASQ:SE

Please read each question carefully and

1. Check the box  that best describes your child's behavior *and*
2. Check the circle  if this behavior is a concern

MOST  
OF THE  
TIME

SOMETIMES

RARELY  
OR  
NEVER

CHECK IF  
THIS IS A  
CONCERN

1. When upset, can your baby calm down within a half hour?

z

v

x

2. Does your baby smile at you and other family members?



z

v

x

3. Does your baby like to be picked up and held?

z

v

x

4. Does your baby stiffen and arch her back when picked up?

x

v

z

5. When talking to your baby, does he look at you and seem to be listening?

z

v

x

6. Does your baby let you know when she is hungry or sick?

z

v

x

7. When awake, does your baby seem to enjoy watching or listening to people?

z

v

x

8. Is your baby able to calm himself down (for example, by sucking on his hand or a pacifier)?



z

v

x

9. Does your baby cry for long periods of time?

x

v

z

10. Is your baby's body relaxed?

z

v

x

TOTAL POINTS ON PAGE \_\_\_\_\_

	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
11. Does your baby have trouble sucking from a bottle or breast?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
12. Does it take longer than 30 minutes to feed your baby?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
13. Do you and your baby enjoy mealtimes together (including breast and bottle feeding)?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
14. Does your baby have any eating problems, such as gagging, vomiting, or _____ ? (You may write in another problem.)	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
15. During the day, does your baby stay awake for an hour or longer at one time?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
16. Does your baby have trouble falling asleep at naptime or at night?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
17. Does your baby sleep at least 10 hours in a 24-hour period?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
18. Does your baby get constipated or have diarrhea?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>



TOTAL POINTS ON PAGE \_\_\_\_\_

MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
------------------------	-----------	-----------------------	----------------------------------

19. Has anyone expressed concerns about your baby's behavior? If you checked "sometimes" or "most of the time," please explain:

x     
  v     
  z     

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20. Do you have concerns about your baby's eating or sleeping behaviors? If so, please explain:

---



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---

21. Is there anything that worries you about your baby? If so, please explain:

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---



---



---

22. What things do you enjoy most about your baby?

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---



---



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TOTAL POINTS ON PAGE \_\_\_\_

# 6 Month ASQ:SE Information Summary

Child's name: \_\_\_\_\_ Child's date of birth: \_\_\_\_\_  
 Person filling out the ASQ:SE: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Assisting in ASQ:SE completion: \_\_\_\_\_  
 Today's date: \_\_\_\_\_ Administering program/provider: \_\_\_\_\_

## SCORING GUIDELINES

1. Make sure the parent has answered all questions and has checked the concern column as necessary. If all questions have been answered, go to Step 2. If not all questions have been answered, you should first try to contact the parent to obtain answers or, if necessary, calculate an average score (see pages 39 and 41 of *The ASQ:SE User's Guide*).
2. Review any parent comments. If there are no comments, go to Step 3. If a parent has written in a response, see the section titled "Parent Comments" on pages 39, 41, and 42 of *The ASQ:SE User's Guide* to determine if the response indicates a behavior that may be of concern.
3. Using the following point system:

Z (for zero) next to the checked box = 0 points  
 V (for Roman numeral V) next to the checked box = 5 points  
 X (for Roman numeral X) next to the checked box = 10 points  
 Checked concern = 5 points

Add together:

Total points on page 3 = \_\_\_\_\_

Total points on page 4 = \_\_\_\_\_

Total points on page 5 = \_\_\_\_\_

Child's total score = \_\_\_\_\_

## SCORE INTERPRETATION

### 1. Review questionnaires

Review the parent's answers to questions. Give special consideration to any individual questions that score 10 or 15 points and any written or verbal comments that the parent shares. Offer guidance, support, and information to families, and refer if necessary, as indicated by score and referral considerations.

### 2. Transfer child's total score

In the table below, enter the child's total score (transfer total score from above).

Questionnaire items	Cutoff score	Child's ASQ:SE score
6 months	45	

### 3. Referral criteria

Compare the child's total score with the cutoff in the table above. If the child's score falls above the cutoff and the factors in Step 4 have been considered, refer the child for a mental health evaluation.

### 4. Referral considerations

It is always important to look at assessment information in the context of other factors influencing a child's life. Consider the following variables prior to making referrals for a mental health evaluation. Refer to pages 44–46 in *The ASQ:SE User's Guide* for additional guidance related to these factors and for suggestions for follow-up.

- **Setting/time factors**  
(e.g., Is the child's behavior the same at home as at school?, Have there been any stressful events in the child's life recently?)
- **Development factors**  
(e.g., Is the child's behavior related to a developmental stage or a developmental delay?)
- **Health factors**  
(e.g., Is the child's behavior related to health or biological factors?)
- **Family/cultural factors**  
(e.g., Is the child's behavior acceptable given cultural or family context?)



# 9 Month ASQ-3 Information Summary

9 months 0 days through  
9 months 30 days

Baby's name: \_\_\_\_\_ Date ASQ completed: \_\_\_\_\_

Baby's ID #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Administering program/provider: \_\_\_\_\_ Was age adjusted for prematurity when selecting questionnaire?  Yes  No

1. **SCORE AND TRANSFER TOTALS TO CHART BELOW:** See ASQ-3 User's Guide for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	13.97		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gross Motor	17.82		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fine Motor	31.32		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem Solving	28.72		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal-Social	18.91		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. **TRANSFER OVERALL RESPONSES:** Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

- |  |     |           |  |     |    |
|--|-----|-----------|--|-----|----|
| 1. Uses both hands and both legs equally well?<br>Comments:    | Yes | <b>NO</b> | 5. Concerns about vision?<br>Comments:   | YES | No |
| 2. Feet are flat on the surface most of the time?<br>Comments: | Yes | <b>NO</b> | 6. Any medical problems?<br>Comments:    | YES | No |
| 3. Concerns about not making sounds?<br>Comments:              | YES | No        | 7. Concerns about behavior?<br>Comments: | YES | No |
| 4. Family history of hearing impairment?<br>Comments:          | YES | No        | 8. Other concerns?<br>Comments:          | YES | No |

3. **ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP:** You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the baby's total score is in the  area, it is above the cutoff, and the baby's development appears to be on schedule.  
If the baby's total score is in the  area, it is close to the cutoff. Provide learning activities and monitor.  
If the baby's total score is in the  area, it is below the cutoff. Further assessment with a professional may be needed.

4. **FOLLOW-UP ACTION TAKEN:** Check all that apply.

- Provide activities and rescreen in \_\_\_\_\_ months.
- Share results with primary health care provider.
- Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
- Refer to primary health care provider or other community agency (specify reason): \_\_\_\_\_
- Refer to early intervention/early childhood special education.
- No further action taken at this time
- Other (specify): \_\_\_\_\_

5. **OPTIONAL:** Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						

**If your child already receives services through the First Steps program, you DO NOT need to complete this questionnaire. Please return form to office staff.**

Dear Green Meadows Pediatric patients,

Attached is a standardized developmental screening tool used to assess your child's development. Please complete the questions by answering "yes" "sometimes" or "not yet" as best fit for your child. You do not have to be a parent to complete the questionnaire, anyone who spends at least 20 hours per week with the child can accurately complete the questions. You may leave questions blank if you are unsure of the answer.

Thank you for taking this time to help us better care for the health of your child.

Green Meadows Physicians





# 9 Month Questionnaire

9 months 0 days through 9 months 30 days

On the following pages are questions about activities babies may do. Your baby may have already done some of the activities described here, and there may be some your baby has not begun doing yet. For each item, please fill in the circle that indicates whether your baby is doing the activity regularly, sometimes, or not yet.

### Important Points to Remember:

### Notes:

- Try each activity with your baby before marking a response.
- Make completing this questionnaire a game that is fun for you and your baby.
- Make sure your baby is rested and fed.
- Please return this questionnaire by \_\_\_\_\_.

---



---



---



---

## COMMUNICATION

YES                      SOMETIMES                      NOT YET

- |  |                       |                       |                       |     |
|--|-----------------------|-----------------------|-----------------------|-----|
| 1. Does your baby make sounds like "da," "ga," "ka," and "ba"?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 2. If you copy the sounds your baby makes, does your baby repeat the same sounds back to you?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 3. Does your baby make two similar sounds like "ba-ba," "da-da," or "ga-ga"? (The sounds do not need to mean anything.)  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 4. If you ask your baby to, does he play at least one nursery game even if you don't show her the activity yourself (such as "bye-bye," "Peeka-boo," "clap your hands," "So Big")? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 5. Does your baby follow one simple command, such as "Come here," "Give it to me," or "Put it back," without your using gestures?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 6. Does your baby say three words, such as "Mama," "Dada," and "Baba"? (A "word" is a sound or sounds your baby says consistently to mean someone or something.)                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |

COMMUNICATION TOTAL      \_\_\_

## GROSS MOTOR

YES                      SOMETIMES                      NOT YET

1. If you hold both hands just to balance your baby, does she support her own weight while standing?



                                                                 \_\_\_

2. When sitting on the floor, does your baby sit up straight for several minutes without using his hands for support?



                                                                 \_\_\_

**GROSS MOTOR** (continued)

YES                      SOMETIMES                      NOT YET

3. When you stand your baby next to furniture or the crib rail, does she hold on without leaning her chest against the furniture for support?



                                                                 \_\_\_\_\_

4. While holding onto furniture, does your baby bend down and pick up a toy from the floor and then return to a standing position?



                                                                 \_\_\_\_\_

5. While holding onto furniture, does your baby lower himself with control (without falling or flopping down)?

                                                                 \_\_\_\_\_

6. Does your baby walk beside furniture while holding on with only one hand?

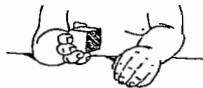
                                                                 \_\_\_\_\_

GROSS MOTOR TOTAL \_\_\_\_\_

**FINE MOTOR**

YES                      SOMETIMES                      NOT YET

1. Does your baby pick up a small toy with only one hand?



                                                                 \_\_\_\_\_

2. Does your baby successfully pick up a crumb or Cheerio by using her thumb and all of her fingers in a raking motion? (If she already picks up a crumb or Cheerio, mark "yes" for this item.)



                                                                 \_\_\_\_\_

3. Does your baby pick up a small toy with the tips of his thumb and fingers? (You should see a space between the toy and his palm.)



                                                                 \_\_\_\_\_

4. After one or two tries, does your baby pick up a piece of string with her first finger and thumb? (The string may be attached to a toy.)



                                                                 \_\_\_\_\_

5. Does your baby pick up a crumb or Cheerio with the tips of his thumb and a finger? He may rest his arm or hand on the table while doing it.



                                                                 \_\_\_\_\_\*

6. Does your baby put a small toy down, without dropping it, and then take her hand off the toy?

                                                                 \_\_\_\_\_

FINE MOTOR TOTAL \_\_\_\_\_

\*If Fine Motor Item 5 is marked "yes" or "sometimes," mark Fine Motor Item 2 "yes."

**PROBLEM SOLVING**

YES                      SOMETIMES                      NOT YET

1. Does your baby pass a toy back and forth from one hand to the other?



                                                                 \_\_\_\_\_

2. Does your baby pick up two small toys, one in each hand, and hold onto them for about 1 minute?



                                                                 \_\_\_\_\_

3. When holding a toy in his hand, does your baby bang it against another toy on the table?



                                                                 \_\_\_\_\_

4. While holding a small toy in each hand, does your baby clap the toys together (like "Pat-a-cake")?

                                                                 \_\_\_\_\_

5. Does your baby poke at or try to get a crumb or Cheerio that is inside a clear bottle (such as a plastic soda-pop bottle or baby bottle)?

                                                                 \_\_\_\_\_

6. After watching you hide a small toy under a piece of paper or cloth, does your baby find it? (Be sure the toy is completely hidden.)

                                                                 \_\_\_\_\_

PROBLEM SOLVING TOTAL \_\_\_\_\_

**PERSONAL-SOCIAL**

YES                      SOMETIMES                      NOT YET

1. While your baby is on her back, does she put her foot in her mouth?



                                                                 \_\_\_\_\_

2. Does your baby drink water, juice, or formula from a cup while you hold it?

                                                                 \_\_\_\_\_

3. Does your baby feed himself a cracker or a cookie?

                                                                 \_\_\_\_\_

4. When you hold out your hand and ask for her toy, does your baby offer it to you even if she doesn't let go of it? (If she already lets go of the toy into your hand, mark "yes" for this item.)

                                                                 \_\_\_\_\_

5. When you dress your baby, does he push his arm through a sleeve once his arm is started in the hole of the sleeve?

                                                                 \_\_\_\_\_

6. When you hold out your hand and ask for her toy, does your baby let go of it into your hand?

                                                                 \_\_\_\_\_

PERSONAL-SOCIAL TOTAL \_\_\_\_\_

**OVERALL**

Parents and providers may use the space below for additional comments.

1. Does your baby use both hands and both legs equally well? If no, explain:

 YES NO

2. When you help your baby stand, are his feet flat on the surface most of the time?  
If no, explain:

 YES NO

3. Do you have concerns that your baby is too quiet or does not make sounds like other babies? If yes, explain:

 YES NO

4. Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:

 YES NO

5. Do you have concerns about your baby's vision? If yes, explain:

 YES NO

6. Has your baby had any medical problems in the last several months? If yes, explain:

 YES NO

**Ages & Stages Questionnaires®: Social-Emotional**  
**A Parent-Completed, Child-Monitoring System for Social-Emotional Behaviors**  
**By Jane Squires, Diane Bricker, & Elizabeth Twombly**  
with assistance from **Suzanne Yockelson, Maura Schoen Davis, & Younghee Kim**  
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# 12 Month/1 Year Questionnaire

(For children ages 9 through 14 months)

*Important Points to Remember:*

- Please return this questionnaire by \_\_\_\_\_ .
- If you have any questions or concerns about your child or about this questionnaire, please call: \_\_\_\_\_ .
- Thank you and please look forward to filling out another ASQ:SE questionnaire in \_\_\_\_\_ months.



**Ages & Stages Questionnaires®: Social-Emotional**  
**A Parent-Completed, Child-Monitoring System for Social-Emotional Behaviors**  
**By Jane Squires, Diane Bricker, & Elizabeth Twombly**  
with assistance from **Suzanne Yockelson, Maura Schoen Davis, & Younghee Kim**  
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# 12 Month/1 Year ASQ:SE Questionnaire

(For children ages 9 through 14 months)

.....

Please provide the following information.

Child's name: \_\_\_\_\_

Child's date of birth: \_\_\_\_\_

Today's date: \_\_\_\_\_

Person filling out this questionnaire: \_\_\_\_\_

What is your relationship to the child? \_\_\_\_\_

Your telephone: \_\_\_\_\_

Your mailing address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

List people assisting in questionnaire completion: \_\_\_\_\_

Administering program or provider: \_\_\_\_\_



Please read each question carefully and

1. Check the box  that best describes your child's behavior *and*
2. Check the circle  if this behavior is a concern

MOST  
OF THE  
TIME

SOMETIMES

RARELY  
OR  
NEVER

CHECK IF  
THIS IS A  
CONCERN

1. Does your baby laugh or smile at you and other family members?



z

v

x

2. Does your baby look for you when a stranger approaches?

z

v

x

3. Does your baby like to play near and be with family members and friends?

z

v

x

4. Does your baby like to be picked up and held?

z

v

x

5. When upset, can your baby calm down within a half hour?

z

v

x

6. Does your baby stiffen and arch her back when picked up?

x

v

z

7. Does your baby like to play games like Peekaboo?



z

v

x

8. Is your baby's body relaxed?

z

v

x

9. Does your baby cry, scream, or have tantrums for long periods of time?

x

v

z

TOTAL POINTS ON PAGE \_\_\_\_

MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
------------------	-----------	-----------------	----------------------------

10. Is your baby able to calm himself down (for example, by sucking on his hand or a pacifier)?



<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

11. Is your baby interested in things around her, such as people, toys, and foods?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

12. Does it take longer than 30 minutes to feed your baby?

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

13. Do you and your baby enjoy mealtimes together?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

14. Does your baby have any eating problems, such as gagging, vomiting, or \_\_\_\_\_ ?  
(You may write in another problem.)

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

15. Does your baby have trouble falling asleep at naptime or at night?

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

16. Does your baby make babbling sounds? For example, does he put sounds together, like "ba-ba-ba-ba" or "na-na-na-na"? (If your child often babbles, mark "most of the time.")

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

17. Does your baby sleep at least 10 hours in a 24-hour period?



<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

TOTAL POINTS ON PAGE \_\_\_\_



	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
--	------------------	-----------	-----------------	----------------------------

18. Does your baby get constipated or have diarrhea?	<input checked="" type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
--	---------------------------------------	----------------------------	----------------------------	-----------------------

19. Does your baby let you know when she is hungry, hurt, or tired?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input checked="" type="checkbox"/> x	<input type="radio"/>
---	----------------------------	----------------------------	---------------------------------------	-----------------------

20. When you talk to your baby, does he turn his head, look, or smile?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input checked="" type="checkbox"/> x	<input type="radio"/>
--	----------------------------	----------------------------	---------------------------------------	-----------------------

21. Does your baby try to hurt other children, adults, or animals (for example, by kicking or biting)?	<input checked="" type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
--	---------------------------------------	----------------------------	----------------------------	-----------------------

22. Has anyone expressed concerns about your baby's behaviors? If you checked "sometimes" or "most of the time," please explain:	<input checked="" type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
--	---------------------------------------	----------------------------	----------------------------	-----------------------

---



---



---



---

23. Do you have concerns about your baby's eating or sleeping behaviors? If so, please explain:

---



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---



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TOTAL POINTS ON PAGE \_\_\_\_

24. Is there anything that worries you about your baby? If so, please explain:

---

---

---

---

25. What things do you enjoy most about your baby?

---

---

---

---

# 12 Month/1 Year ASQ:SE Information Summary

Child's name: \_\_\_\_\_ Child's date of birth: \_\_\_\_\_  
 Person filling out the ASQ:SE: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Assisting in ASQ:SE completion: \_\_\_\_\_  
 Today's date: \_\_\_\_\_ Administering program/provider: \_\_\_\_\_

## SCORING GUIDELINES

1. Make sure the parent has answered all questions and has checked the concern column as necessary. If all questions have been answered, go to Step 2. If not all questions have been answered, you should first try to contact the parent to obtain answers or, if necessary, calculate an average score (see pages 39 and 41 of *The ASQ:SE User's Guide*).
2. Review any parent comments. If there are no comments, go to Step 3. If a parent has written in a response, see the section titled "Parent Comments" on pages 39, 41, and 42 of *The ASQ:SE User's Guide* to determine if the response indicates a behavior that may be of concern.
3. Using the following point system:

Z (for zero) next to the checked box = 0 points  
 V (for Roman numeral V) next to the checked box = 5 points  
 X (for Roman numeral X) next to the checked box = 10 points  
 Checked concern = 5 points

Add together:

Total points on page 3 = \_\_\_\_\_  
 Total points on page 4 = \_\_\_\_\_  
 Total points on page 5 = \_\_\_\_\_  
 Child's total score = \_\_\_\_\_

## SCORE INTERPRETATION

### 1. Review questionnaires

Review the parent's answers to questions. Give special consideration to any individual questions that score 10 or 15 points and any written or verbal comments that the parent shares. Offer guidance, support, and information to families, and refer if necessary, as indicated by score and referral considerations.

### 2. Transfer child's total score

In the table below, enter the child's total score (transfer total score from above).

Questionnaire interval	Cutoff score	Child's ASQ:SE score
12 months-1 year	48	

### 3. Referral criteria

Compare the child's total score with the cutoff in the table above. If the child's score falls above the cutoff and the factors in Step 4 have been considered, refer the child for a mental health evaluation.

### 4. Referral considerations

It is always important to look at assessment information in the context of other factors influencing a child's life. Consider the following variables prior to making referrals for a mental health evaluation. Refer to pages 44–46 in *The ASQ:SE User's Guide* for additional guidance related to these factors and for suggestions for follow-up.

- **Setting/time factors**  
(e.g., Is the child's behavior the same at home as at school?)
- **Development factors**  
(e.g., Is the child's behavior related to a developmental stage or a developmental delay?, Have there been any stressful events in the child's life recently?)
- **Health factors**  
(e.g., Is the child's behavior related to health or biological factors?)
- **Family/cultural factors**  
(e.g., Is the child's behavior acceptable given cultural or family context?)

Mother's name and date of birth : \_\_\_\_\_ Mother's PCP/OB-GYN \_\_\_\_\_

Baby's name and date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_

Date: \_\_\_\_\_  
SNOWMED 58703003

Because you have recently had a baby, we would like to know how you are feeling.  
Please CIRCLE the answer that comes closest to how you have felt IN THE PAST 7 DAYS, not just how you feel today.

- 1. I have been able to laugh and see the funny side of things.  
As much as I always could  
Not quite so much now  
Definitely not so much now  
Not at all
- 2. I have looked forward with enjoyment to things.  
As much as I ever did  
Rather less than I used to  
Definitely less than I used to  
Hardly at all
- 3. I have blamed myself unnecessarily when things went wrong.  
Yes, most of the time  
Yes, some of the time  
Not very often  
No, never
- 4. I have been anxious or worried for no good reason.  
No, not at all  
Hardly ever  
Yes, sometimes  
Yes, very often
- 5. I have felt scared or panicky for no very good reason.  
Yes, quite a lot  
Yes, sometimes  
No, not much  
No, not at all
- 6. Things have been getting on top of me.  
Yes, most of the time I haven't been able to cope at all  
Yes, sometimes I haven't been coping as well as usual  
No, most of the time I have coped quite well  
No, I have been coping as well as ever
- 7. I have been so unhappy that I have had difficulty sleeping.  
Yes, most of the time  
Yes, sometimes  
Not very often  
No, not at all
- 8. I have felt sad or miserable.  
Yes, most of the time  
Yes, quite often  
Not very often  
No, not at all
- 9. I have been so unhappy that I have been crying.  
Yes, most of the time  
Yes, quite often  
Only occasionally  
No, never
- 10. The thought of harming myself has occurred to me.  
Yes, quite often  
Sometimes  
Hardly ever  
Never

Score:  
Action taken:

## "HITS" A domestic violence screening tool for use in the community

**HITS Tool for Intimate Partner Violence Screening:** Please read each of the following activities and fill in circle that best indicates the frequency with which you partner acts in the way depicted.

How often does your partner?	Never	Rarely	Sometimes	Fairly often	Frequently
1. Physically hurt you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Insult or talk down to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Threaten you with harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Scream or curse at you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5

Each item is scored from 1-5. Thus, scores for this inventory range from 4-20. A score of greater than 10 is considered positive.

*Clinical Research and Methods*  
(Fam Med 1998;30(7):508-12.)

HITS is copyrighted in 2003 by Kevin Sherin MD, MPH; For permission to use HITS, Email [kevin\\_sherin@doh.state.fl.us](mailto:kevin_sherin@doh.state.fl.us); \*HITS is used globally in multiple languages 2006

### **HITS: A Short Domestic Violence Screening Tool for Use in a Family Practice Setting**

*Kevin M. Sherin, MD, MPH; James M. Sinacore, PhD; Xiao-Qiang Li, MD; Robert E. Zitter, PhD; Amer Shakil, MD*

**Background and Objectives:** Domestic violence is an important problem that is often not recognized by physicians. We designed a short instrument for domestic violence screening that could be easily remembered and administered by family physicians.

**Methods:** In phase one of the study, 160 adult female family practice office patients living with a partner for at least 12 months completed two questionnaires. One questionnaire was the verbal and physical aggression items of the Conflict Tactics Scale (CTS). The other was a new four-item questionnaire that asked respondents how often their partner physically Hurt, Insulted, Threatened with harm, and Screamed at them. These four items make the acronym HITS. In phase two, 99 women, who were self-identified victims of domestic violence, completed the HITS.

**Results:** For phase one, Cronbach's alpha was .80 for the HITS scale. The correlation of HITS and CTS scores was .85. For phase two, the mean HITS scores for office patients and abuse victims were 6.13 and 15.15, respectively. Optimal data analysis revealed that a cut score of 10.5 on the HITS reliably differentiated respondents in the two groups. Using this cut score, 91% of patients and 96% of abuse victims were accurately classified.

**Conclusions:** The HITS scale showed good internal consistency and concurrent validity with the CTS verbal and physical aggression items. The HITS scale also showed good construct validity in its ability to differentiate family practice patients from abuse victims. The HITS scale is promising as a domestic violence screening mnemonic for family practice physicians and residents.

## HITS- A violence screening tool for domestic violence and intimate partner violence

### History of early HITS tool development and research at UIC-Christ Hospital Residency in Illinois

Academic projects were developed at the UIC-Christ Family Practice Residency in 1996-2002 most notably including the development of a new domestic violence screening tool known as HITS. The tool was developed by the then UIC-Christ Family Practice Residency Program director, Kevin Sherin MD, MPH,. The original research with the HITS instrument involved: Dr's Zitter, Sinacore, Li and Shakil and validated the tool in several populations including the Family Practice Center population and domestic violence shelter populations. The UIC -Christ FPR website then stated that " The problem of domestic violence is foremost in the minds of many patients, and it is often unrecognized by health providers. Drs. Sherin, Zitter, Bardwell, Li, Shakil and Shannon are all involved in the series of "HITS" research phases. "HITS" is a four-item instrument used to screen for domestic violence. Please see "HITS: A Short Domestic Violence Screening Tool for Use in a Family Practice Setting," Family Medicine, July-August 1998, pp. 508-512. Recently HITS Phase III was completed, and Phase IV is in the planning phase" .(The above history is from the UIC-Christ FPR website below: <http://www.uic.edu/orgs/uiccfp/research.htm#History>)

The original HITS research is found on the Family Medicine Journal Website  
<http://www.stfm.org/fmhub/fm1998/julaug98/abstrac9.html>

#### Other researchers using HITS

HITS is used globally now in China, Saudi Arabia, the Middle East, Africa, Europe, and South and North America. It has been validated for women in Spanish, and partner violence with males. In the US, the HITS tool is used or has been recommended by Kaiser Permanente Group of Northern California, The New Jersey Hospital Association, the Alaska Department of Health and Human Services, Parkland Hospital in Dallas, the Department of OB GYN at USF in Tampa, the CDC, and others. It has been translated into multiple languages including Mandarin Chinese and Arabic. Below are some of the US published researchers who are working with the HITS tool.

Dr Amer Shakil has continued the HITS research program in Texas at Texas Southwestern health center at Dallas. Dr. Shakil has validated the HITS tool in Males. and is now working on a Pediatric Version Of HITS.

Link for Male HITS study at STFM site

<http://www.stfm.org/fmhub/fm2005/abstracts.cfm?xmlFileName=fammedvol37issue3.xml#Amer193>

Dr. Ping Hsin-Chen at the University of Medicine and Denistry of New Jersey has validated the HITS tool in Spanish populations.

#### Abstract:

<http://fampra.oxfordjournals.org/cgi/content/abstract/cmi075?ikey=FkbUiqUfEZzA9YT&keytype=ref>

[http://www.femalepatient.com/html/arc/siq/screening/articles/029\\_04\\_039.asp](http://www.femalepatient.com/html/arc/siq/screening/articles/029_04_039.asp)

Recent internet search yielded the following links with information about the HITS tool:

[http://apha.confex.com/apha/128am/techprogram/paper\\_14805.htm](http://apha.confex.com/apha/128am/techprogram/paper_14805.htm)

[Validation of the HITS Domestic Violence Screening Tool With Males \[New Window\]](#)

A four-item HITS (Hurt-Insult-Threaten-Scream) screening tool is one of those instruments. ... applicable screening tool like HITS is established, fu- ...

<http://www.stfm.org/fmhub/fm2005/March/Amer193.pdf> [\[Preview This Site\]](#)

[Family Medicine Journal Volume 37 Issue 3 March 2005 Abstracts \[New Window\]](#)

Validation of the HITS Domestic Violence Screening Tool With Males ... A four-item HITS (Hurt-Insult-Threaten-Scream) screening tool is one of those ...

<http://www.stfm.org/fmhub/fm2005/abstracts.cfm?xmlFileName=fammedvol37issue3.xml> [\[Preview This Site\]](#)

[Development of an Intimate Partner Violence Screening Tool: The ... \[New Window\]](#)

Conclusion: HITS shows promise of being a rapid screening tool for intimate partner violence screening. Further studies in other populations are warranted. ...

[http://apha.confex.com/apha/128am/techprogram/paper\\_14805.htm](http://apha.confex.com/apha/128am/techprogram/paper_14805.htm) [\[Preview This Site\]](#)

[Brief Screening Tools \[New Window\]](#)

... in the Emergency Department" JAMA 1997; 277: 1357-1361. HITS Screening Tool. Have any of the following occurred to you by a partner? H. HURT physically? ...

[http://www.ucdmc.ucdavis.edu/medtrng/domain/pdfs/Brief\\_Screening\\_Tools.pdf](http://www.ucdmc.ucdavis.edu/medtrng/domain/pdfs/Brief_Screening_Tools.pdf) [\[Preview This Site\]](#)

[HITS: a short domestic violence screening tool for use in a family ...](#) [New Window]

BACKGROUND AND OBJECTIVES: Domestic violence is an important problem that is often not recognized by...

[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list\\_uids=9669164&dopt=Abstract](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9669164&dopt=Abstract)

[Screening for domestic violence in a predominantly Hispanic ...](#) [New Window]

The utility of validated screening tools to detect abuse in diverse populations ... Reliability and validity of HITS were compared with the ISA-P and WAST. ...

<http://fampra.oxfordjournals.org/cgi/content/abstract/22/6/617> [Preview This Site]

[Screening for domestic violence in a predominantly Hispanic ...](#) [New Window]

English HITS was effective as a screening tool for domestic violence ( $P < 0.001$ ). ... Given that no other screening tools will be used before HITS in actual ...

<http://fampra.oxfordjournals.org/cgi/content/full/22/6/617> [Preview This Site]

[Domestic Violence](#) [New Window]

HITS is a screening tool that is designed for outpatient clinical settings and consists of four questions based on the acronym for Hurt, Insult, Threaten, ...

<http://www.ispub.com/ostia/index.php?xmlFilePath=journals/ijapa/vol4n1/violence.xml> [Preview This Site]

[Domestic Violence Nursing Policies](#) [New Window]

Total Hits - 5280 | Hits Today - 3413, View Ratings | Add Your Rating. Domestic Violence Screening Tools for Health Care Professionals Adobe pdf format ...

<http://www.4nursingmanagers.com/Policies/rn/asp/ID.27/pt/ViewInCat.htm> [Preview This Site]

[Femalepatient.com](#) [New Window]

The Hurt, Insult, Threat, Scream (HITS) screening tool was designed as a ... HITS: A short domestic violence screening tool for use in a family practice ...

[http://www.femalepatient.com/html/arc/sig/screening/articles/029\\_04\\_039.asp](http://www.femalepatient.com/html/arc/sig/screening/articles/029_04_039.asp) [Preview This Site]

More Sponsored Links [About This](#)

[Appendix 3. Screening Instruments](#) [New Window]

Domestic Violence Screening Tool58. Have you ever been threatened, hit, punched, slapped, or injured by a husband, boyfriend, or significant other you had ...

<http://www.ahrq.gov/clinic/3rduspstf/famviolence/fvrevapp3.htm> [Preview This Site]

[Journal of Family Practice: Domestic violence: screening made ...](#) [New Window]

New screening tools are briefer and more efficient than earlier devices. The HITS Scale (38) (Hurt, Insult, Threaten, Scream; Table 2) is a practical 4-item ...

[http://www.findarticles.com/p/articles/mi\\_m0689/is\\_7\\_52/ai\\_106026459](http://www.findarticles.com/p/articles/mi_m0689/is_7_52/ai_106026459)



University of Missouri Health Care

Building A 3217 S. Providence Road, DC106.00  
Building C 3211 S. Providence Road, DC106.00  
Columbia, Missouri 65203 573-882-4730

Please fill out the following about how your child usually is. Please try to answer every question. If the behavior is rare (for example, you've seen it once or twice), please answer as if the child does not do it.

1. Does your child enjoy being swung, bounced on your knee, etc? Yes  No
2. Does your child take an interest in other children? Yes  No
3. Does your child like climbing on things, such as up stairs? Yes  No
4. Does your child enjoy playing peek-a-boo/hide-and-seek? Yes  No
5. Does your child ever pretend, for example, to talk on the phone or take care of dolls, or pretend other things? Yes  No
6. Does your child ever use his/her index finger to point, to ask for something? Yes  No
7. Does your child ever use his/her index finger to point, to indicate interest in something? Yes  No
8. Can your child play properly with small toys, for example cars or bricks, without just mouthing, fiddling, or dropping them? Yes  No
9. Does your child ever bring objects to you (parent) to show you something? Yes  No
10. Does your child look you in the eye for more than a second or two? Yes  No
11. Does your child ever seem oversensitive to noise, for example plugging ears? Yes  No
12. Does your child smile in response to your face or your smile? Yes  No
13. Does your child imitate you? (e.g. you make a face—will your child imitate it?) Yes  No
14. Does your child respond to his/her name when you call? Yes  No
15. If you point at a toy across the room, does your child look at it? Yes  No
16. Does your child walk? Yes  No
17. Does your child look at things you are looking at? Yes  No
18. Does your child make unusual finger movements near his/her face? Yes  No
19. Does your child try to attract your attention to his/her own activity? Yes  No
20. Have you ever wondered if your child is deaf? Yes  No
21. Does your child understand what people say? Yes  No
22. Does your child sometimes stare at nothing or wander with no purpose? Yes  No
23. Does your child look at your face to check your reaction when faced with something unfamiliar? Yes  No

Signature \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_



## Parental Stress Scale

The following statements describe feelings and perceptions about the experience of being a parent. Think of each of the items in terms of how your relationship with your child or children typically is. Please indicate the degree to which you agree or disagree with the following items by placing the appropriate number in the space provided.

1 = Strongly disagree 2 = Disagree 3 = Undecided 4 = Agree 5 = Strongly agree

- \_\_\_ 1. I am happy in my role as a parent.
- \_\_\_ 2. There is little or nothing I wouldn't do for my child(ren) if it was necessary.
- \_\_\_ 3. Caring for my child(ren) sometimes takes more time and energy than I have to give.
- \_\_\_ 4. I sometimes worry whether I am doing enough for my child(ren).
- \_\_\_ 5. I feel close to my child(ren).
- \_\_\_ 6. I enjoy spending time with my child(ren).
- \_\_\_ 7. My child(ren) is an important source of affection for me.
- \_\_\_ 8. Having child(ren) gives me a more certain and optimistic view for the future.
- \_\_\_ 9. The major source of stress in my life is my child(ren).
- \_\_\_ 10. Having child(ren) leaves little time and flexibility in my life.
- \_\_\_ 11. Having child(ren) has been a financial burden.
- \_\_\_ 12. It is difficult to balance different responsibilities because of my child(ren).
- \_\_\_ 13. The behavior of my child(ren) is often embarrassing or stressful to me.
- \_\_\_ 14. If I had it to do over again, I might decide not to have child(ren).
- \_\_\_ 15. I feel overwhelmed by the responsibility of being a parent.
- \_\_\_ 16. Having child(ren) has meant having too few choices and too little control over my life.
- \_\_\_ 17. I am satisfied as a parent.
- \_\_\_ 18. I find my child(ren) enjoyable.

### Scoring

*To compute the parental stress score, items 1, 2, 5, 6, 7, 8, 17, and 18 should be reverse scored as follows: (1=5) (2=4) (3=3) (4=2) (5=1). The item scores are then summed.*

Reference: Berry, J. O., & Jones, W. H. (1995). The Parental Stress Scale: Initial psychometric evidence. *Journal of Social and Personal Relationships*, 12, 463-472.

<http://www.personal.utulsa.edu/~judy-berry/parent2.htm>

**ATTACHMENT B**

**AGENCY FINANCIAL INFORMATION**

**AGENCY NAME: The Curators of the University of Missouri, Division of General Pediatrics**

<b>AGENCY REVENUE</b>	<b>PRIOR YEAR ACTUAL</b>	<b>CURRENT YEAR</b>	<b>PROPOSED YEAR</b>	<b>% OF PROPOSED TOTAL</b>	<b>% CHANGE CURRENT TO PROPOSED</b>
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way				0.00%	#DIV/0!
B. Other United Ways				0.00%	#DIV/0!
C. Capital Campaigns				0.00%	#DIV/0!
D. Grants (non-governmental)				0.00%	#DIV/0!
E. Fund Raising & Other Direct Support				0.00%	#DIV/0!
<b>TOTAL DIRECT SUPPORT (sub-totals)</b>	0	0	0	0	
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding				0.00%	#DIV/0!
B. Boone County - Other				0.00%	#DIV/0!
C. Other Counties				0.00%	#DIV/0!
D. City of Columbia - Social Service Funding				0.00%	#DIV/0!
E. City of Columbia - Other				0.00%	#DIV/0!
F. Other Cities				0.00%	#DIV/0!
G. Federal (Medicaid, Title III, etc.)				0.00%	#DIV/0!
H. State (Purchase of Services, Grants, etc.)				0.00%	#DIV/0!
I. Other (Schools, Courts, etc.)				0.00%	#DIV/0!
<b>TOTAL GOV'T CONTRACTS/SUPPORT (sub-totals)</b>	0	0	0	\$0	
3. Program Service Fees				0.00%	#DIV/0!
4. Investment Income (realized & unrealized)				0.00%	#DIV/0!
5. Other Revenue Items	1,738,774	2,127,025	2,512,120	100.00%	18.10%
<b>TOTAL AGENCY REVENUE</b>	<b>\$1,738,774</b>	<b>\$2,127,025</b>	<b>\$2,512,120</b>		18.10%

<b>AGENCY EXPENSES</b>	<b>PRIOR YEAR ACTUAL</b>	<b>CURRENT YEAR</b>	<b>PROPOSED YEAR</b>	<b>% OF PROPOSED TOTAL</b>	<b>% CHANGE CURRENT TO PROPOSED</b>
Expenses for Program Services	\$1,603,625	\$1,680,957	\$2,110,871	100.00%	25.58%
Expenses for Management and General				0.00%	#DIV/0!
Expenses for Fundraising				0.00%	#DIV/0!
<b>TOTAL AGENCY EXPENSES</b>	\$1,603,625	\$1,680,957	\$2,110,871		25.58%
% of Management and Fundraising Expenses	0.00%	0.00%	0.00%		#DIV/0!

<b>NET ASSETS</b>	<b>PRIOR YEAR ACTUAL</b>	<b>CURRENT YEAR</b>	<b>PROPOSED YEAR</b>	<b>% CHANGE CURRENT TO PROPOSED</b>
Net Assets, End of Year				#DIV/0!

<b>CASH FLOWS</b>	<b>PRIOR YEAR ACTUAL</b>	<b>CURRENT YEAR</b>	<b>PROPOSED YEAR</b>	<b>% CHANGE CURRENT TO PROPOSED</b>
Cash, End of Year	\$135,149	\$446,068	\$401,249	-10.05%

**ATTACHMENT C**

**PROGRAM BUDGET WORKSHEET**

**PROGRAM NAME: Implementation of Healthy Steps for Young Children at Green Meadows Pediatric Clinic**

TOTAL PROGRAM REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way				0.00%	#DIV/0!
B. Other United Ways				0.00%	#DIV/0!
C. Capital Campaigns				0.00%	#DIV/0!
D. Grants (non-governmental)				0.00%	#DIV/0!
E. Fund Raising & Other Direct Support				0.00%	#DIV/0!
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding				0.00%	#DIV/0!
B. Boone County - Other <b>Innovative Services RFP</b>			86,105	100.00%	#DIV/0!
C. Other Counties				0.00%	#DIV/0!
D. City of Columbia - Social Service Funding				0.00%	#DIV/0!
E. City of Columbia - Other				0.00%	#DIV/0!
F. Other Cities				0.00%	#DIV/0!
G. Federal (Medicaid, Title III, etc.)				0.00%	#DIV/0!
H. State (Purchase of Services, Grants, etc.)				0.00%	#DIV/0!
I. Other (Schools, Courts, etc.)				0.00%	#DIV/0!
3. Program Service Fees				0.00%	#DIV/0!
4. Investment Income (realized & unrealized)				0.00%	#DIV/0!
5. Other Revenue Items				0.00%	#DIV/0!
<b>TOTAL PROGRAM REVENUE</b>	<b>\$0</b>	<b>\$0</b>	<b>\$86,105</b>		

PROGRAM EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
1. Personnel			70,465	81.84%	#DIV/0!
2. Non-Personnel			15,640	18.16%	#DIV/0!
<b>TOTAL PROGRAM EXPENSES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$86,105</b>		

NUMBER OF DIRECT PROGRAM STAFF (FTE)	ACTUAL	CURRENT	PROPOSED
<i>FTE = number of direct program service hours worked by employee per year/2080 (e.g. 1040/2080= .5 FTE)</i>			1.4 FTE

3. BUDGET

a. See Attachments B and C

b. Budget Narrative

(i) The Division of General Pediatrics' revenue is from small grants, contracts, gifts and payments for clinical services. These revenues are listed on **Attachment B, Line 5**, Other Revenue Items, for Fiscal Years 2013, 2014 and projected for 2015. Division funds are expended in the categories of Education, Research and Administration. The total annual expenditures are stated on the Total Agency Expenses line. It is noted on the Cash Flow line the cash balance at the end of each fiscal year.

The Program Budget plan on **Attachment C** reflects the proposed program expenses for Fiscal Year 2015. This Healthy Steps Program is new and no funding exists prior to this application. This proposal request for funding of \$86,105 is stated on Line 2.B. The Boone County Project LAUNCH (federal grant funds) has committed \$25,000 to the first year of this pilot project. The Children's Miracle Network is expected to award a grant of \$2,400 to purchase books for the Reach Out and Read Program, which will provide books to the Healthy Steps Program. The Division of General Pediatrics is committed to supporting the Healthy Steps Program in the form of salary and fringe benefit support of the PI, co-investigator and clinical office assistance, for an estimated total of \$38,374 for year one.

The total program expenses are allocated between Personnel and Non-Personnel as directed on Attachment C. The total personnel effort devoted to this project is 1.4FTE.

c. (i) Four positions are required for this program: A Project Director, Co-Director, Healthy Steps Specialist and Clinical Office Assistant.

(ii) **Project Director, Joy Drass, MD., Associate Professor for Clinical Child Health**, is a board certified pediatrician actively involved in providing medical care to Boone County children. She will provide overall direction to the project, supervise the Healthy Steps Specialist, collaborate with the Boone County LAUNCH personnel and prepare progress reports as required.

**Co-Director, Nathan Beucke, MD, Assistant Professor for Clinical Child Health**, is a board certified pediatrician actively involved in providing medical care to Boone County children. He will assist with program activities, including managing data for the project.

**A Healthy Steps Specialist (To Be Named)** will be hired and trained to manage the daily activities of the program. He/she will be directly involved with each family enrolled in the program and will conduct the screenings and in-home visits, and organize the parent group meetings. It is expected this position will be filled with a child life specialist or social worker.

**Shawn Willingham, Clinical Office Assistant**, will be engaged in the project to assist the Healthy Steps Specialist with scheduling home visits and parent group meetings, data collection, webpage development and compilation of information binders for the families. Shawn has been in his position in Child Health for approximately three years.

(iii) Healthy Steps Specialist: Salary and fringe benefit support is included in the funding request for this program. Estimated annual salary: Year 1, \$53,500, Year 2, \$55,105, Year 3, \$56,758. Fringe Benefits include FICA, health insurance, retirement, unemployment and worker's compensation.

The program salary and fringe benefit support for the other three positions will be provided by the Division of General Pediatrics. Project Director: Estimated annual program salary: Year 1, \$14,596, Year 2, \$15,034, Year 3, \$15,485. Co-Director: Estimated annual program salary: Year 1, \$6,710, Year 2, \$6,911, Year 3, \$7,118. Clinical Office Assistant: Estimated annual program salary: Year 1, \$7,829, Year 2, \$8,064, Year 3, \$8,306.

The Healthy Steps Specialist will make two home visits per family over the three years of the project. Costs are estimated based on an average of 30 miles round trip at .53/mile. For the 200 families, this totals \$6,360 for the three years. Annual costs are estimated: Year 1, \$2,115 (133 visits); Year 2, \$3,180 (200 visits); and Year 3, \$1,065 (67 visits).

Healthy Steps materials will need to be purchased for training and family interventions. An estimated \$2,500 is needed each year to purchase the handouts, health record books, videos, etc., for a three year total of \$7,500.

Other miscellaneous expenses are estimated at \$3,000 for duplication of screening documents, and handouts for parent group meetings, postage for mailings to families, and dedicated WATS service for the Healthy Steps Specialist. The three year total is \$9,000.

The “administrative fee” (indirect costs, facilities and administrative costs) of 15% has been applied to the annual salary of the Healthy Steps Specialist. Estimated costs: Year 1, \$8,025; Year 2, \$8,266; Year 3, \$8,514, Three Year Total, \$24,805.

Funds requested:

Match/In-Kind Support:

Year 1:	\$ 86,105	\$ 65,774
Year 2:	\$ 90,048	\$ 39,810
Year 3:	\$ 90,930	\$ 41,306
<b>TOTAL:</b>	<b>\$303,817</b>	<b>\$146,890</b>

**ATTACHMENT D**

**2014 AGENCY ASSURANCE SHEET**  
**(Please complete and return with Proposal Response)**

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children’s Services Board (BCCSB) and any of the Boone County Children’s Services Fund’s conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Proof of 501(c)(3) \*NA, The Curators of the University of Missouri is a governmental entity of the State of Missouri.
- Certificate of Corporate Good Standing \*NA, The Curators of the University of Missouri is a governmental entity of the State of Missouri.
- Most Recent 990 Federal Form
- Agency Strategic Plan
- Copies of Agency Accreditations
- Most Recent Agency Independent Audit
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality
- Memorandums of Understanding (not currently needed for Contingency Funds Request)

Karen M. Geren, Authorized Official/Pre-Award Lead, Office of Sponsored Programs Administration  
\_\_\_\_\_  
Printed Name - Agency Executive Director/President/CEO Date

*Karen M. Geren*  
\_\_\_\_\_  
Signature - Agency Executive Director/President/CEO 07-10-14  
Date

NA  
\_\_\_\_\_  
Printed Name - Agency Board Chair Date

NA  
\_\_\_\_\_  
Signature - Agency Board Chair Date

**ATTACHMENT E**

**(Please complete and return with Proposal Response)**

Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR  
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, 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.
  
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Karen M. Geren, Pre-Award Lead, OSPA

---

Name and Title of Authorized Representative

Karen M. Geren  
Signature

07-10-14  
Date



**ATTACHMENT F**

**WORK AUTHORIZATION CERTIFICATION  
PURSUANT TO 285.530 RSMo  
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

County of Boone )  
)ss  
State of Missouri )

My name is Karen M. Geren. I am an authorized agent of The Curators of the University of Missouri (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

Karen M. Geren 07-10-14  
Affiant Date

Karen M. Geren, Authorized Signer/Pre-Award Lead, OSPA  
Printed Name

Subscribed and sworn to before me this 10<sup>th</sup> day of July, 2014.



LOIS K. WILSON  
My Commission Expires  
May 2, 2016  
Boone County  
Commission #12335514

Lois K. Wilson  
Notary Public

**Attach to this form the *E-Verify Memorandum of Understanding* that you completed when enrolling.**

Company ID Number: 62231

THE E-VERIFY PROGRAM FOR EMPLOYMENT VERIFICATION

MEMORANDUM OF UNDERSTANDING

**ARTICLE I**

**PURPOSE AND AUTHORITY**

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Social Security Administration (SSA), the Department of Homeland Security (DHS) and **The Curators of the University of Missouri** (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). E-Verify is a program in which the employment eligibility of all newly hired employees will be confirmed after the Employment Eligibility Verification Form (Form I-9) has been completed.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note).

**ARTICLE II**

**FUNCTIONS TO BE PERFORMED**

**A. RESPONSIBILITIES OF THE SSA**

1. Upon completion of the Form I-9 by the employee and the Employer, and provided the Employer complies with the requirements of this MOU, SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all newly hired employees and the employment authorization of U.S. citizens.
2. The SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. The SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. The SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by the SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).
4. SSA agrees to establish a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 3 Federal Government work days of the initial inquiry.

Company ID Number: 62231

5. SSA agrees to establish a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

## **B. RESPONSIBILITIES OF THE DEPARTMENT OF HOMELAND SECURITY**

1. Upon completion of the Form I-9 by the employee and the Employer and after SSA verifies the accuracy of SSA records for aliens through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct:

- Automated verification checks on newly hired alien employees by electronic means, and
- Photo verification checks (when available) on newly hired alien employees.

2. DHS agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.

3. DHS agrees to provide to the Employer a manual (the E-Verify Manual) containing instructions on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify.. DHS agrees to provide training materials on E-Verify.

4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, and U.S. Department of Justice.

5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by alien employees with DHS's database.

6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of alien employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and Nationality Act and federal criminal laws, and to ensure accurate wage reports to the SSA.

7. DHS agrees to establish a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.

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8. DHS agrees to establish a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

### **C. RESPONSIBILITIES OF THE EMPLOYER**

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees.

2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.

3. The Employer agrees to become familiar with and comply with the E-Verify Manual.

4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.

A. The employer agrees that all employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify.

B. Failure to complete a refresher tutorial will prevent the employer from continued use of the program.

5. The Employer agrees to comply with established Form I-9 procedures, with two exceptions:

- If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2 (b) (1) (B)) can be presented during the Form I-9 process to establish identity).
- If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The employer will use the photocopy to verify the photo and to assist the Department with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.

6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a

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rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in compliance with the terms and conditions of E-Verify ; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$500 and \$1,000 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ any employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any action taken in good faith on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures within 3 Employer business days after each employee has been hired (but after both sections 1 and 2 of the Form I-9 have been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify Manual. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. In all cases, the Employer must use the SSA verification procedures first, and use DHS verification procedures and photo screening tool only after the the SSA verification response has been given.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, support for any unlawful employment practice, or any other use not authorized by this MOU. The Employer must use E-Verify for all new employees and will not verify only certain employees selectively. The Employer agrees not to use E-Verify procedures for re-verification, or for employees hired before the date this MOU is in effect. The Employer understands that if the Employer uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and the immediate termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III.B. below) regarding tentative nonconfirmations, including notifying employees of the finding, providing written referral instructions to employees, allowing employees to contest the finding, and not taking adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1 (l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification to verify work authorization, a tentative nonconfirmation, or the finding of

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a photo non-match, does not mean, and should not be interpreted as, an indication that the employee is not work authorized. In any of the cases listed above, the employee must be provided the opportunity to contest the finding, and if he or she does so, may not be terminated or suffer any adverse employment consequences until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match, then the Employer can find the employee is not work authorized and take the appropriate action.

11. The Employer agrees to comply with section 274B of the INA by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify, discharging or refusing to hire eligible employees because they appear or sound "foreign", and premature termination of employees based upon tentative nonconfirmations, and that any violation of the unfair immigration-related employment practices provisions of the INA could subject the Employer to civil penalties pursuant to section 274B of the INA and the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-7688 or 1-800-237-2515 (TDD).

12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

13. The Employer agrees that it will use the information it receives from the SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of newly-hired employees after completion of the Form I-9. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a (i) (1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to allow DHS and SSA, or their authorized agents or designees, to make periodic visits to the Employer for the purpose of reviewing E-Verify -related records, i.e., Forms I-9, SSA Transaction Records, and DHS verification records, which were created during the Employer's participation in the E-Verify Program. In addition, for the purpose of evaluating E-Verify, the Employer agrees to allow DHS and SSA or their authorized agents or designees, to interview it regarding its experience with E-Verify, to interview employees hired during E-Verify use concerning their experience with the pilot, and to make employment and E-Verify related records available to DHS and the SSA, or their designated agents or designees. Failure to comply with the terms of this paragraph may lead DHS to terminate the Employer's access to E-Verify.

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### **ARTICLE III**

#### **REFERRAL OF INDIVIDUALS TO THE SSA AND THE DEPARTMENT OF HOMELAND SECURITY**

##### **A. REFERRAL TO THE SSA**

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.

2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a referral letter and instruct the employee to visit an SSA office to resolve the discrepancy within 8 Federal Government work days. The Employer will make a second inquiry to the SSA database using E-Verify procedures on the date that is 10 Federal Government work days after the date of the referral in order to obtain confirmation, or final nonconfirmation, unless otherwise instructed by SSA or unless SSA determines that more than 10 days is necessary to resolve the tentative nonconfirmation..

4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

##### **B. REFERRAL TO THE DEPARTMENT OF HOMELAND SECURITY**

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.

2. If the Employer finds a photo non-match for an alien who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding.

3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when

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the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact the Department through its toll-free hotline within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (furnished and paid for by DHS).

7. The Employer understands that if it cannot determine whether there is a photo match/non-match, the Employer is required to forward the employee's documentation to DHS by scanning and uploading, or by sending the document as described in the preceding paragraph, and resolving the case as specified by the Immigration Services Verifier at DHS who will determine the photo match or non-match.

#### **ARTICLE IV**

#### **SERVICE PROVISIONS**

The SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access the E-Verify System, an Employer will need a personal computer with Internet access.

#### **ARTICLE V**

#### **PARTIES**

This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify manual. Even



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without changes to E-Verify, the Department reserves the right to require employers to take mandatory refresher tutorials.

Termination by any party shall terminate the MOU as to all parties. The SSA or DHS may terminate this MOU without prior notice if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine.

Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

The employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, and responses to inquiries under the Freedom of Information Act (FOIA).

The foregoing constitutes the full agreement on this subject between the SSA, DHS, and the Employer.

The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.

**To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify Operations at 888-464-4218.**

**Employer The Curators of the University of Missouri**

**Dona R McKinney**

\_\_\_\_\_  
Name (Please type or print)

\_\_\_\_\_  
Title

*Electronically Signed*

**10/17/2007**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Department of Homeland Security – Verification Division**

Company ID Number: 62231

**USCIS Verification Division**

\_\_\_\_\_  
Name (Please type or print)

\_\_\_\_\_  
Title

***Electronically Signed***

**10/17/2007**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Company ID Number: 62231

**INFORMATION REQUIRED  
FOR THE E-VERIFY PROGRAM**

Information relating to your Company:

Company Name: The Curators of the University of Missouri

Company Facility Address: Office of Sponsored Program Administration  
310 Jesse Hall, UMC  
Columbia, MO 65211-1230

Company Alternate Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

County or Parish: BOONE

Employer Identification Number: 436003859

North American Industry  
Classification Systems Code: 611

Parent Company: \_\_\_\_\_

Number of Employees: 1,000 to  
2,499      Number of Sites Verified for: 1

Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State.

- MISSOURI      1 site(s)

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name: **Dona R McKinney**  
Telephone Number: **(573) 882 - 7560**      Fax Number: **(573) 884 - 4078**  
E-mail Address: **grantsdc@missouri.edu**



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children’s Services**

**ADDENDUM #1 - Issued May 23, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. If any Offeror is interested in obtaining a copy of the RFP in Word format and the Budget Worksheets in Excel, please e-mail request to [mboobbitt@boonecountymmo.org](mailto:mboobbitt@boonecountymmo.org).

II. The County has received the following questions and is providing a response:

1. Can our organization apply as a lead organization with community collaborations as long as MOU’s are in place?

**Response: Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies. The contracting agency must comply with terms for entering into subcontracts with other agencies.**

2. Is there a length of service established for both RFP’s?

**Response: The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

3. Are there parameters around levels of funding? How much is available for each RFP? Funding ceiling or floor?

**Response: Parameters around levels of funding have not been established at this time.**

4. How are Innovative Pilot Services defined?

**Response: Further information regarding Pilot Programs may be found in the Boone County Community Service Board’s (BCCSB) Funding Policy.**

a. Would an evidence-based program already in place in another location, qualify for this RFP if we are adapting and implementing the program for the first time in Boone County?

**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy.**

5. Will evidence-based program training be funded under both of the RFP's?

**Response: Evidence-based program training may be considered for funding, provided the program training complies with the BCCSB's Funding Policy and the parameters established for funding by the Request For Proposal.**

- a. Are there any restrictions on the % of training costs?

**Response: No restrictions have been established at this time.**

- b. Are there any restrictions on the % of administration costs?

**Response: Administration costs/indirect expenses will be considered up to a maximum of 15% of salary expense only.**

7. Can funding be used for rent or the purchase of a physical building (i.e. a community center) in either RFP?

**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy. For Pilot Program proposals these expenses fall under indirect expenses. See above answer regarding allowance of indirect expenses.**

8. Can you explain the indirect cost 15% of salary expense that is allowable on pilot programs?

**Response: Agencies may be funded for indirect expenses up to 15% of the total salary expenses for direct staff positions for the project.**

9. Does the general liability insurance requirement and worker's compensation insurance requirement need to be in place before applying for the grant? Can this be an allowed expenditure in the budget of the request for funding proposal or is this at the expense of the organization? Do applicants need to provide an indemnity clause with their application, or only if selected for an award?

**Response: Insurance certificate does not have to be provided to submit a proposal response. It will be required at contract execution. The Offeror has discretion as to whether to itemize this expense or include it in their overall unit pricing. Indemnity clause may be provided with application or after selected for award.**

10. Can you clarify what specifically you are seeking in the anticipated outcomes, outcomes, indicators, and measurement sections (or how these differ)? Some of this information seems repetitive – is that okay?

Response: **There are excellent resources available on-line that provide detailed explanations of these terms. One resource to find this information is <http://www.cdc.gov/eval/resources/index.htm>.**

11. May we submit letters of support with our proposals?

Response: **Letters of support are not required. Letters of support will be considered as part of the Application Narrative. Consideration should be given to page limitations outlined in the Request for Proposals.**

12. Are the awarded contracts going to be fee for services (we get reimbursed for the services we provide) or cost-based? If they are fee for service, how are the rates determined?

Response: **For pilot program proposals, funding terms will be established during contract negotiation.**

13. Attachment B - Our fiscal year runs from July to June. With that in mind, here is how I feel the years should run: Prior Year- July 2012- June 2013, Current Year July 2013-June 2014, and Proposed Year July 2014-June 2015. Is this correct? If so, our July 2013- June 2014 information will be incomplete (missing May and June numbers), should we project those numbers to show 12 months? Our agency wide budget is not completed for the upcoming year (July 2014-June 2015). Should we provide a preliminary budget?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

14. Attachment C - Where do we include the funding we are requesting from the Children's Service Funds?

Response: **The amount requested from the Children's Services Fund should not be included on Attachment C.**

15. Attachment C - In the bottom box, what is the difference between "Actual" and "Current"?

Response: **The bottom box should read from left to right, "Prior Actual Year", "Current Year", and "Proposed Year". An amended Attachment C is attached.**

16. What is the maximum amount of funds that can be requested for each RFP? Is there a range of funding for each project/RFP that the evaluation/reviewers desire?

Response: **There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

17. Can funding be used to support services, or supportive services/wrap-around services to children and youth who are currently enrolled in a residential chemical dependency program?

**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy.**

18. Should all proposals be for a twelve month period? I see that there is the option for negotiation to renew funded proposals, but in our original design for programming, should we limit programming to twelve months?

**Response: The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. Agencies should define proposed program terms in the application and budget narratives.**

19. How many times can organizations re-apply? Is it on an Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

**Response: The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

20. When is the start date and end date of the funding?

**Response: The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

21. If a new non-profit organization has applied for their 501(3)(c) designation but it is still pending by the deadline date of the grant, will some consideration be given to the non-profits as long as they can document their application for 501(3)(c)?

**Response: Consideration may be given to a non-profit organization that has not yet obtained a 501(c)(3) designations; however, an organization must have obtained the 501(c)(3) designations prior to entering into a contract.**

22. Can an organization submit more than one pilot program?

**Response: Yes**

23. Can an organization apply for the pilot program and the purchase for services contracts?

**Response: Organizations may apply for both the pilot program and purchase of services contracts.**

24. What is the funding cap request per proposal for the pilot program? Is it a set amount or is it variable?

**Response: There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

25. Is there a list of “allowable expenditures” of what can be requested for the proposal? Or a list of things that are “not allowable”? That would be helpful to have if it is available.

Response: **There is not currently a list of “allowable” or “not allowable” expenditures.**

26. For the pilot program, can participants/subjects in the research pilot be paid for their participation for completing surveys, classes, etc. as part of the funding? For example, “each participant who completes the pre- and post surveys and the classes on advocacy will have their name entered into a drawing to win a \$100.00 gift card to \_\_\_\_\_.”

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB’s Funding Policy.**

27. If a new non-profit has just been certified the state and Jason Kander’s office sent a letter stating that their independent audit is not due to the state until August of 2015, is this letter allowable to present in lieu of doing an independent audit prior to submission as required by the grant?

Response: **Yes.**

28. Section I - Overview:

Must offerors submit proposals providing services throughout Boone County, or may proposals focus on certain geographic areas such as the City of Columbia?

Response: **Please reference the “Beneficiaries and Outcomes” section of the BCCSB’s Funding Policy.**

29. Attachment C Program Budget Worksheet

- a. Because Section VII - Term; Termination of Contract Agreement indicates that the initial term of contract will be negotiated, should the offeror assume that the Program Budget Worksheet is to be filled out on a calendar year basis?

Response: **As the contract term has not yet been established, agencies may use the agency’s fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

- b. The Worksheet requires Program Revenue and Expenses for Prior (2013), Current (2014), and Proposed Year (2015). Because revenue from certain sources (such as United Way) are contractually committed on calendar year basis, some revenue shown for Current year may not be available for Proposed Year. How should offerors treat this type of revenue on Exhibit C?

Response: **See above.**

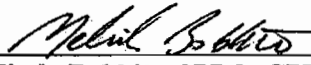
30. My question is about the kinds of services that are eligible for funding. We would like to know whether funds could be awarded to a program that identifies key community-level student outcomes (such as kindergarten readiness and psycho-social well-being at the transition out of middle school), identifies local data with which to measure progress on those outcomes, and



assembles collaborative action networks of public and private entities to improve those community outcomes. We would apply under the RFP for pilot projects as a collaborative effort that will make a meaningful impact on children by fostering revision of existing services that target and building the capacity of local providers to use data in their decision-making. To you more detail, the collaborative action networks will collect, share, and analyze data on local newborn, child, and youth outcomes in order to identify local root causes, promising leverage points for improving youth outcomes, and strategies that are especially effective locally. The networks will create action plans based on that data and will measure the impact of their plans on student success to determine whether those strategies should be expanded, refined or replaced.

Our question is whether the organization that convenes these networks, provides the data assistance needed for the networks to do data-based decision-making, and publishes annual community report cards is eligible for partial funding, assuming that the proposal is otherwise meritorious?

**Response: The offeror should thoroughly explain how the organization's proposed pilot program falls under a statutorily eligible service area in order for the BCCSB to make an informed decision.**

By:   
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #1 to Request for Proposal 28-24JUN14 – *Pilot Programs that Provide Innovative Service - Boone County Community Children's Services* receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 310 Jesse Hall, Columbia, MO 65211-1230

Phone Number: 573-882-7560 Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 07-10-14

Authorized Representative Printed Name: Karen M. Geren, Pre-Award Lead, OSPA



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children’s Services**

**ADDENDUM #2 - Issued May 28, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. Change Bid Due Date and Opening Date to the following:

**Response Submission Deadline: July 10, 2014, 1:15 p.m. Central Time**  
**Proposal Opening: July 10, 2014, 1:30 p.m. Central Time**

II. Attached for informational purpose are the pre-proposal conference sign-in sheets from the conferences that were held on May 23, 2014.

III. Provided for informational purpose is the evaluation weighted criteria that will be used by the Children’s Services Board to evaluate the proposal responses received.

<b>Agency and Service Information</b>	<b>15%</b>
<b>Evaluation</b>	<b>50%</b>
<b>Budget</b>	<b>35%</b>

IV. The County has received the following questions and is providing a response:

1. Can the “Board of Directors” be submitted as an attachment to our RFP response?

**Response: Yes. Any time you see the word “attached,” you may submit that requirement as an attachment.**

2. If our agency does not have a Board of Directors, is an advisory board acceptable?

**Response: Yes, please explain your agency’s organizational structure in your application narrative.**

3. The Thompson Center is affiliated with the University of Missouri. The Federal 990 is hundreds of pages. Can we submit a URL where that can be viewed rather than attach those pages?

**Response: The 990 should not be attached, it is, however, required to be available upon request.**

4. Will the Board consider proposals for programs that will not work directly with Boone County children, youth, and families, but instead will work with agencies that directly provide statutorily

defined services, such as home-based and community-based family intervention programs and psychological evaluations and mental health screening? The pilot program will facilitate the formation of collaborative action networks and will then mentor the networks and the participating agencies in the use of local data, agency outcomes data, and national research to identify practices that are especially effective and, through their use, confer larger and more meaningful benefits to Boone County children, youth and families.

Response: **The offeror should thoroughly explain how the organization's proposed pilot program falls under a statutorily eligible service area in order for the BCCSB to make an informed decision. Please also see the "Examples of Types of Funding Classifications Envisioned" section of the Boone County Children's Services Board (BCCSB) Funding Policy which may be found at <http://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>**

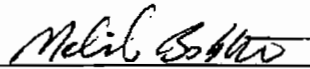
5. Should in-kind services supplied by a partner be included on Attachment C as revenue and expenses and, if so, would you like them to be identified as such?

Response: **No, do not include in-kind services on Attachment C. You should explain partner collaborations in the application narrative where appropriate.**

6. With respect to Measurement, could you further explain the difference between 2.d.iv. "Describe the approach that will be used to evaluate the pilot program" and 2.d.v. "Describe the approach that will be used to evaluate the effectiveness of the program"? Is iv about evaluating the process and v about evaluating the outcomes?

Response: **2.d.iv. is seeking information regarding the pilot program itself in regard to the principles expressed in the BCCSB Funding Policy, please see "Examples of Types of Funding Classifications Envisioned" section. 2.d.v. is seeking information regarding how the outcomes proposed will be measured.**

By:

  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #2 to Request for Proposal *28-24JUN14 - Pilot Programs that Provide Innovative Service - Boone County Community Children's Services* receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 310 Jesse Hall, Columbia, MO 65211-1230

Phone Number: 573-882-7560 Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 07-10-14

Authorized Representative Printed Name: Karen M. Geren, Pre-Award Lead, OSPA



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services**

**ADDENDUM #3 - Issued June 16, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Last date to submit questions is June 27, 2014 at 12:00 p.m.
- II. The County has received the following questions and is providing a response:
  1. Under Section II Funding Goals, would you please define match funding opportunities?

**Response: Information regarding match funding may be found in the BCCSB's Funding Policy. The BCCSB's Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

2. Is an annual independent audit necessary for our small agency? We have received state grants for our afterschool program for nine years and have never been required to do this because our level of funding has never exceeded \$100,000.

**Response: If the agency is not required or is exempt from conducting an annual independent financial audit, please explain this in your Application Narrative.**

3. We currently have no paid employees under our organization. We are all volunteers. In the past, we have only had five part-time employees. Under our proposal we would request employment for 3 to 5 employees. Would we still be required to carry Worker's Comp. Insurance?

**Response: It would be acceptable to provide evidence of monopolistic state coverage and the County would provide a form for you to complete at time of contract execution.**

4. We carry Comprehensive General Liability Insurance for \$1,000,000. To increase our coverage to \$2,000,000.00, would be an increase in our annual budget. Is this a non-negotiable requirement?

**Response: The Commercial General Liability Insurance requirements have been reduced to \$1,000,000.000. Please replace the Insurance Requirements that were in the original RFP with the attached.**

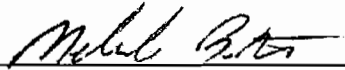
5. We carry Commercial Automobile Liability for \$1,000,000.00. To increase our coverage to \$2,000,000.00 would be an increase to our annual budget. Is this a non-negotiable requirement?

Response: **The Business Automobile Liability Insurance requirements have been reduced to \$1,000,000.000. Please replace the Insurance Requirements that were in the original RFP with the attached.**

6. One of the required attachments is a Certificate of Good Standing from the Missouri Secretary of State's office. May we attach a screen shot of the MO SOS webpage that shows our organization's standing or are you requiring an official Certificate?

Response: **A Certificate of Good Standing is not a required attachment; please do not attach it to your proposal. Attachment D, 2014 Agency Assurance Sheet, states: "I, the undersigned, further certify I have and will make available, upon request, of the following documents...."**

By:

  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #3 to Request for Proposal **28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services** receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 310 Jesse Hall, Columbia, MO 65211-1230

Phone Number: 573-882-7560 Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 07-10-14

Authorized Representative Printed Name: Karen M. Geren, Pre-Award Lead, OSPA

**Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County, nor shall the Contractor allow any subcontractor to commence work on their subcontract until all similar insurance required of subcontractor has been so obtained and approved. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide. Insurance limits indicated below may be lowered at the discretion of the County.

**Employers Liability and Workers Compensation Insurance** - The Contractor shall take out and maintain during the life of this contract, **Employers Liability and Workers Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Workers Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor. Workers Compensation coverage shall meet Missouri statutory limits or provide evidence of monopolistic state coverage. Employers Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit. In case any class of employees engaged in hazardous work under this Contract at the site of the work is not protected under the Workers Compensation Statute, the Contractor shall provide and shall cause each subcontractor to provide Employers Liability Insurance for the protection of their employees not otherwise protected.

**Commercial General Liability Insurance** - The Contractor shall take out and maintain during the life of this contract, such commercial general liability insurance as shall protect them and any subcontractor performing work covered by this contract, from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or for any subcontractor or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 combined single limit for any one occurrence covering both bodily injury and property damage, including accidental death. If the Contract involves any underground/digging operations, the general liability certificate shall include X, C, and U (Explosion, Collapse, and Underground) coverage. If providing Commercial General Liability Insurance, then the Proof of Coverage of Insurance shall also be included.

Contractor may satisfy the minimum liability limits required for Commercial General Liability or Business Auto Liability under an Umbrella or Excess Liability policy. There is no minimum per occurrence limit of liability under the umbrella or Excess Liability; however, the Annual Aggregate limit shall not be less than the highest "Each Occurrence" limit for either Commercial General Liability or Business Auto Liability. Contractor agrees to endorse the County as an Additional Insured on the umbrella or Excess Liability, unless the Certificate of Insurance state the Umbrella or Excess Liability provides coverage on a "Follow-Form" basis.

**Business Automobile Liability** – The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; non-owned and both on and off the site of work.

**Subcontractors:** Contractor shall cause each Subcontractor to purchase and maintain insurance of the types and amounts specified herein. Limits of such coverage may be reduced only upon written agreement of Owner. Contractor shall provide to Owner copies of certificates evidencing coverage for each Subcontractor. Subcontractors' commercial general liability and business automobile liability insurance shall name Owner as Additional Insured and have the Waiver of Subrogation endorsements added.

**Proof of Carriage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name the County as additional insured in an amount as required in this contract, contain

a description of the project or work to be performed and provided for Commercial General Liability, Business Auto Liability, and Umbrella or Excess Liability (not on Workers Compensation). The Certificate of Insurance shall provide that there will be no cancellation or reduction of coverage without 30 days prior written notice to the Owner. In addition, such insurance shall be on occurrence basis and shall remain in effect until such time as the County has made final acceptance of the facility contracted.

**INDEMNITY AGREEMENT:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, officers, agents, and employees from and against all claims, damages, losses and expenses (including but not limited to attorney's fees) arising by reason of any act or failure to act, negligent or otherwise, of Contractor, of any subcontractor (meaning anyone, including but not limited to consultants having a contract with contractor or a subcontract for part of the services), of anyone directly or indirectly employed by contractor or by any subcontractor, or of anyone for whose acts the contractor or its subcontractor may be liable, in connection with providing these services. This provision does not, however, require contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

Failure to maintain the required insurance in force may be cause for contract termination. In the event the Agency/Service fails to maintain and keep in force the required insurance or to obtain coverage from its subcontractors, the County shall have the right to cancel and terminate the contract without notice.



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services**

**ADDENDUM #4 - Issued June 24, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. The County has received the following questions and is providing a response:
  1. Where it references "require annual background checks, including child abuse and neglect screenings on all employees and volunteers", we wondered if that pertained to all employees of our organization (Central Missouri Community Action) or only to those who work directly with children and families. Some of our staff, including those from our finance/IT departments, who don't interact directly with our clientele, are at this time not required to undergo annual child abuse/background screenings. In order to be eligible for funding associated with this RFP, are we required to conduct those screens on non-project related employees and volunteers?

**Response: Any position funded by the Children's Services Fund in whole or in part, must complete an annual background check. Any volunteers associated with any programs funded by the Children's Services Fund must also complete an annual background check.**

2. The question is in regards to measurement in both RFP's. "Include copies of any evaluation tools you will be using". Some of the materials we will be proposing have not been purchased, some are quite lengthy and several use multiple methods. How should we approach these issues? We can easily include why we are using these tools as opposed to others and if it would be satisfactory I would be happy to put together a description of any evaluation tool we have not purchased or is overwhelming in length. And just to verify these evaluation tools do NOT count towards are page limit, correct?

**Response: Copies of the evaluation tools do not count towards the page limit. If there are no examples of the evaluation tools, please provide a description of the evaluation tool and why it will be utilized.**



3. Regarding the Financial Information Attachment sheets. If our agency runs only one program, wouldn't the information be exactly the same for both sheets? If so, do we fill them both out?

Response: **If the agency and program budget are the same, please fill out only one worksheet and provide detailed information in the Budget Narrative.**

4. When looking at the timeline of implementation, what is the approximate date for funding? If we are looking to implement our pilot project in a school year, I am not sure if we should say our implementation would begin this fall (2014 - 15 school year) or the next school year?

Response: **The timeline will be determined during contract negotiations. For prudent planning, agencies could plan on the next school year (2015-2016) but there may be an opportunity to receive funding prior to the next school year.**

5. In both of the above referenced RFPs there is a statement "Revenues collected and deposited in the children's services fund **may not be expended** . . . or, for transportation services".

While we do not intend to propose a transportation service per se in serving youth in the County's bedroom communities there will be expenses incurred in staff reaching out to them and transporting participants to proposed services and activities. Are these costs in anyway allowable? Can expenses incurred while using existing vehicles for gas, insurance and maintenance be included in the unit cost? How about mileage reimbursement for proposed staff?

Response: **All expenses incurred by staff in providing services are allowed and should be included in the unit cost. However, the costs of transporting participants cannot be reimbursed through the Children's Services Fund.**

6. Am I correct in understanding staffing for the proposed project may not exceed 15 % of the total project request? For example, if the total project were \$1000, \$150 would be the maximum allowable for personnel.

Response: **For the Pilot Programs for Innovative Services RFP, the 15% of salary expenses is referring strictly to indirect expenses. Salary expenses include wages, payroll taxes, unemployment, and worker's comp. Indirect expenses include general organizational expenses such as executive management time, finance, human resources or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc.**

7. Will the 15% administration percentage be based on the "Personnel Costs" line on the budget or strictly just the salary portion of that line?

Response: **The 15% administrative percentage or indirect expenses are based on the salary expenses (salary expenses does not include benefits) only.**

8. What is included in Personnel expenses? Wages, payroll taxes, health insurance, and retirement are included but how about unemployment, work comp, and staff training?

Response: **Personnel expenses should include wages, payroll taxes, health insurance, retirement, unemployment, worker's comp and staff training. Please provide a detailed explanation in the Budget Narrative.**

By: Melinda Bobbitt  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #4 to Request for Proposal *28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children’s Services* receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 310 Jesse Hall, Columbia, MO 65211-1230

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E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 6-19-14

Authorized Representative Printed Name: Karen M. Geren, Pre-Award Lead, OSPA



**BOONE COUNTY, MISSOURI**  
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By: Melinda Bobbitt  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #4 to Request for Proposal *28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children’s Services* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services**

**ADDENDUM #3 - Issued June 16, 2014**

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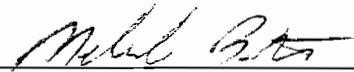
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By:



**Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing**

OFFEROR has examined copy of Addendum #3 to Request for Proposal *28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_

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a description of the project or work to be performed and provided for Commercial General Liability, Business Auto Liability, and Umbrella or Excess Liability (not on Workers Compensation). The Certificate of Insurance shall provide that there will be no cancellation or reduction of coverage without 30 days prior written notice to the Owner. In addition, such insurance shall be on occurrence basis and shall remain in effect until such time as the County has made final acceptance of the facility contracted.

**INDEMNITY AGREEMENT:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, officers, agents, and employees from and against all claims, damages, losses and expenses (including but not limited to attorney's fees) arising by reason of any act or failure to act, negligent or otherwise, of Contractor, of any subcontractor (meaning anyone, including but not limited to consultants having a contract with contractor or a subcontract for part of the services), of anyone directly or indirectly employed by contractor or by any subcontractor, or of anyone for whose acts the contractor or its subcontractor may be liable, in connection with providing these services. This provision does not, however, require contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

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**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children’s Services**

**ADDENDUM #2 - Issued May 28, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Change Bid Due Date and Opening Date to the following:

**Response Submission Deadline: July 10, 2014, 1:15 p.m. Central Time**  
**Proposal Opening: July 10, 2014, 1:30 p.m. Central Time**

- II. Attached for informational purpose are the pre-proposal conference sign-in sheets from the conferences that were held on May 23, 2014.
- III. Provided for informational purpose is the evaluation weighted criteria that will be used by the Children’s Services Board to evaluate the proposal responses received.

<b>Agency and Service Information</b>	<b>15%</b>
<b>Evaluation</b>	<b>50%</b>
<b>Budget</b>	<b>35%</b>

- IV. The County has received the following questions and is providing a response:

1. Can the “Board of Directors” be submitted as an attachment to our RFP response?

Response: **Yes. Any time you see the word “attached,” you may submit that requirement as an attachment.**

2. If our agency does not have a Board of Directors, is an advisory board acceptable?

Response: **Yes, please explain your agency’s organizational structure in your application narrative.**

3. The Thompson Center is affiliated with the University of Missouri. The Federal 990 is hundreds of pages. Can we submit a URL where that can be viewed rather than attach those pages?

Response: **The 990 should not be attached, it is, however, required to be available upon request.**

4. Will the Board consider proposals for programs that will not work directly with Boone County children, youth, and families, but instead will work with agencies that directly provide statutorily

defined services, such as home-based and community-based family intervention programs and psychological evaluations and mental health screening? The pilot program will facilitate the formation of collaborative action networks and will then mentor the networks and the participating agencies in the use of local data, agency outcomes data, and national research to identify practices that are especially effective and, through their use, confer larger and more meaningful benefits to Boone County children, youth and families.

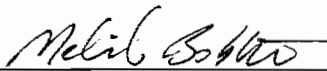
Response: **The offeror should thoroughly explain how the organization's proposed pilot program falls under a statutorily eligible service area in order for the BCCSB to make an informed decision. Please also see the "Examples of Types of Funding Classifications Envisioned" section of the Boone County Children's Services Board (BCCSB) Funding Policy which may be found at <http://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicyv.pdf>**

5. Should in-kind services supplied by a partner be included on Attachment C as revenue and expenses and, if so, would you like them to be identified as such?

Response: **No, do not include in-kind services on Attachment C. You should explain partner collaborations in the application narrative where appropriate.**

6. With respect to Measurement, could you further explain the difference between 2.d.iv. "Describe the approach that will be used to evaluate the pilot program" and 2.d.v. "Describe the approach that will be used to evaluate the effectiveness of the program"? Is iv about evaluating the process and v about evaluating the outcomes?

Response: **2.d.iv. is seeking information regarding the pilot program itself in regard to the principles expressed in the BCCSB Funding Policy, please see "Examples of Types of Funding Classifications Envisioned" section. 2.d.v. is seeking information regarding how the outcomes proposed will be measured.**

By:   
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #2 to Request for Proposal *28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

27-10JUN14 – Service Contracts for Boone County Children’s Services  
 May 23, 2014, 10:00 a.m. central time

28-24JUN14 – Pilot Programs that Provide Innovative Service Friday  
 May 23, 2014, 11:00 a.m. central time

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	Kelly Wallis	Children’s Services Board	886-7218	
3.	Joanne Nelson	Children’s Services Board	886-4298	
4.	Erika Waller	MU Psychological Services Clinic	882-2686	882-7583
5.	J. Arment	BBH	777-8397	
6.	Rachel Jones	BBH	777-6338	777-8300
7.	Julia Adani	GC	843-8331	-
8.	Carole Schatz	MUPC	424-2287	
9.	Cynthia Tubo	MU		
10.	Vicki Dault	T		
11.	Isabel Rife	Project LAUNCH		
12.	Jessica Wilkoy	I		
13.	Jack Jensen	First Chance for Children		
14.	Therese Isak	Great Circle		
15.	Paula Pagan	Preferred Family Health		
16.	WOSTON	"		
17.	Sara Mault	"		

Kelly Trotter "

18.	Jan Stock	Rainbow House	474-6600	474-5992
19.	Phyllis Peters	Cradle to Career	882-8274	
20.	Ryan Worley	Town Community Coalition	449-1993	268 0848
21.	Mark <del>Ken</del> House	Burrell	777 8336	
22.	Braig Valone	" " "	777 8451	
23.	Brian Martin	Patman Community Health	317-9100	
24.	Holly Staley	SSM Health Care	314-979-8462	314-912-5925
25.	Bryan White	Central MO Community Action	443 8206	
26.	Ric Douber	Seed	356-6397	
27.	Anna Drake	Heart of Missouri CABA	(573) 442-4670	NA
28.	Manissa Frazier	Assessment + Consultation Center	573-884-3101	573-884-3399
29.	Steve Hollis	City/County HHS	777-7777	
30.	Scott Mattingly	All Growth	573 268-7746	
31.	Heather Swift	Big Brothers Big Sisters	573-874-3627 x.201	
32.	GRANT BRACKEL	UPSTANDER INITIATIVE	573-999-9166	
33.	BONDI WOOD	THE THOMPSON CENTER FOR AUTISM	573-489-7312	
34.	Chuck Bordin	U. Missouri	573-882-4578	
35.	Nellma <del>Alford</del>	CMHCAT	573-353-0577	
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FAX

41.	Francy Talina	CMCA	443-8706	
42.	Pamela Berry	CMCA	443-8706	
43.	Randy Hill	Love (NC)	256-7662 ext. 29	256-7665
44.	Archie W. Brooks	CPS	214-3462	214-3402
45.	Megan Carrigan	MOJ ACC	573-884-4850	573-884-3319
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

27-10JUN14 – Service Contracts for Boone County Children’s Services  
 May 23, 2014, 10:00 a.m. central time

28-24JUN14 – Pilot Programs that Provide Innovative Service Friday  
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	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	Kelly Wallis	Children’s Services Board	886-7218	
3.	Joanne Nelson	Children’s Services Board	886-4298	
4.	Paulette Foerster	Lutheran Family and children’s services	815-9955	449-4640
5.	Christine Corcoran	"	"	"
6.	Paula Fleming	Great Circle	356-0022	442-8330
7.	Peppy Howard-Winters	Great Circle	314-623-1689	314-968-8308
8.	Harper Zidloka	Great Circle	314-606-6242	
9.	Misty O’Keefe	Child Care Aware of MD	314-752-9716	314-754-0320
10.	Shelly Lock	Child Care Aware of MD	573-353-1730	314-754-0330
11.	Wendy Jones	Youth Empowerment Zone	(733) 671-215	
12.	Chrissy Mayer	DCCCP / Tallgrass Family Services	(785) 841-4138 cmayer@tallgrass.org	785 841-5777
13.	Anita Kiestling-Cave	PCHAS	573-289-7590	
14.	Becky Markt	CHA Low Income Services	573-443-2556	
15.	Andrea Topoi	" HCV	" ext 140	
16.				
17.				



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services**

**ADDENDUM #1 - Issued May 23, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. If any Offeror is interested in obtaining a copy of the RFP in Word format and the Budget Worksheets in Excel, please e-mail request to [mpobbit@boonecountymo.org](mailto:mpobbit@boonecountymo.org).
- II. The County has received the following questions and is providing a response:

1. Can our organization apply as a lead organization with community collaborations as long as MOU's are in place?

**Response: Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies. The contracting agency must comply with terms for entering into subcontracts with other agencies.**

2. Is there a length of service established for both RFP's?

**Response: The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

3. Are there parameters around levels of funding? How much is available for each RFP? Funding ceiling or floor?

**Response: Parameters around levels of funding have not been established at this time.**

4. How are Innovative Pilot Services defined?

**Response: Further information regarding Pilot Programs may be found in the Boone County Community Service Board's (BCCSB) Funding Policy.**

- a. Would an evidence-based program already in place in another location, qualify for this RFP if we are adapting and implementing the program for the first time in Boone County?



**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy.**

5. Will evidence-based program training be funded under both of the RFP's?

**Response: Evidence-based program training may be considered for funding, provided the program training complies with the BCCSB's Funding Policy and the parameters established for funding by the Request For Proposal.**

- a. Are there any restrictions on the % of training costs?

**Response: No restrictions have been established at this time.**

- b. Are there any restrictions on the % of administration costs?

**Response: Administration costs/indirect expenses will be considered up to a maximum of 15% of salary expense only.**

7. Can funding be used for rent or the purchase of a physical building (i.e. a community center) in either RFP?

**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy. For Pilot Program proposals these expenses fall under indirect expenses. See above answer regarding allowance of indirect expenses.**

8. Can you explain the indirect cost 15% of salary expense that is allowable on pilot programs?

**Response: Agencies may be funded for indirect expenses up to 15% of the total salary expenses for direct staff positions for the project.**

9. Does the general liability insurance requirement and worker's compensation insurance requirement need to be in place before applying for the grant? Can this be an allowed expenditure in the budget of the request for funding proposal or is this at the expense of the organization? Do applicants need to provide an indemnity clause with their application, or only if selected for an award?

**Response: Insurance certificate does not have to be provided to submit a proposal response. It will be required at contract execution. The Offeror has discretion as to whether to itemize this expense or include it in their overall unit pricing. Indemnity clause may be provided with application or after selected for award.**

10. Can you clarify what specifically you are seeking in the anticipated outcomes, outcomes, indicators, and measurement sections (or how these differ)? Some of this information seems repetitive – is that okay?

Response: **There are excellent resources available on-line that provide detailed explanations of these terms. One resource to find this information is <http://www.cdc.gov/eval/resources/index.htm>.**

11. May we submit letters of support with our proposals?

Response: **Letters of support are not required. Letters of support will be considered as part of the Application Narrative. Consideration should be given to page limitations outlined in the Request for Proposals.**

12. Are the awarded contracts going to be fee for services (we get reimbursed for the services we provide) or cost-based? If they are fee for service, how are the rates determined?

Response: **For pilot program proposals, funding terms will be established during contract negotiation.**

13. Attachment B - Our fiscal year runs from July to June. With that in mind, here is how I feel the years should run: Prior Year- July 2012- June 2013, Current Year July 2013-June 2014, and Proposed Year July 2014-June 2015. Is this correct? If so, our July 2013- June 2014 information will be incomplete (missing May and June numbers), should we project those numbers to show 12 months? Our agency wide budget is not completed for the upcoming year (July 2014-June 2015). Should we provide a preliminary budget?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

14. Attachment C - Where do we include the funding we are requesting from the Children's Service Funds?

Response: **The amount requested from the Children's Services Fund should not be included on Attachment C.**

15. Attachment C - In the bottom box, what is the difference between "Actual" and "Current"?

Response: **The bottom box should read from left to right, "Prior Actual Year", "Current Year", and "Proposed Year". An amended Attachment C is attached.**

16. What is the maximum amount of funds that can be requested for each RFP? Is there a range of funding for each project/RFP that the evaluation/reviewers desire?

Response: **There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

17. Can funding be used to support services, or supportive services/wrap-around services to children and youth who are currently enrolled in a residential chemical dependency program?

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy.**

18. Should all proposals be for a twelve month period? I see that there is the option for negotiation to renew funded proposals, but in our original design for programming, should we limit programming to twelve months?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. Agencies should define proposed program terms in the application and budget narratives.**

19. How many times can organizations re-apply? Is it on an Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

20. When is the start date and end date of the funding?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

21. If a new non-profit organization has applied for their 501(3)(c) designation but it is still pending by the deadline date of the grant, will some consideration be given to the non-profits as long as they can document their application for 501(3)(c)?

Response: **Consideration may be given to a non-profit organization that has not yet obtained a 501(c)(3) designations; however, an organization must have obtained the 501(c)(3) designations prior to entering into a contract.**

22. Can an organization submit more than one pilot program?

Response: **Yes**

23. Can an organization apply for the pilot program and the purchase for services contracts?

Response: **Organizations may apply for both the pilot program and purchase of services contracts.**

24. What is the funding cap request per proposal for the pilot program? Is it a set amount or is it variable?

Response: **There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

25. Is there a list of “allowable expenditures” of what can be requested for the proposal? Or a list of things that are “not allowable”? That would be helpful to have if it is available.

Response: **There is not currently a list of “allowable” or “not allowable” expenditures.**

26. For the pilot program, can participants/subjects in the research pilot be paid for their participation for completing surveys, classes, etc. as part of the funding? For example, “each participant who completes the pre- and post surveys and the classes on advocacy will have their name entered into a drawing to win a \$100.00 gift card to \_\_\_\_\_.”

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB’s’s Funding Policy.**

27. If a new non-profit has just been certified the state and Jason Kander’s office sent a letter stating that their independent audit is not due to the state until August of 2015, is this letter allowable to present in lieu of doing an independent audit prior to submission as required by the grant?

Response: **Yes.**

28. Section I - Overview:

Must offerors submit proposals providing services throughout Boone County, or may proposals focus on certain geographic areas such as the City of Columbia?

Response: **Please reference the “Beneficiaries and Outcomes” section of the BCCSB’s Funding Policy.**

29. Attachment C Program Budget Worksheet

- a. Because Section VII - Term; Termination of Contract Agreement indicates that the initial term of contract will be negotiated, should the offeror assume that the Program Budget Worksheet is to be filled out on a calendar year basis?

Response: **As the contract term has not yet been established, agencies may use the agency’s fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

- b. The Worksheet requires Program Revenue and Expenses for Prior (2013), Current (2014), and Proposed Year (2015). Because revenue from certain sources (such as United Way) are contractually committed on calendar year basis, some revenue shown for Current year may not be available for Proposed Year. How should offerors treat this type of revenue on Exhibit C?

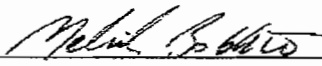
Response: **See above.**

30. My question is about the kinds of services that are eligible for funding. We would like to know whether funds could be awarded to a program that identifies key community-level student outcomes (such as kindergarten readiness and psycho-social well-being at the transition out of middle school), identifies local data with which to measure progress on those outcomes, and

assembles collaborative action networks of public and private entities to improve those community outcomes. We would apply under the RFP for pilot projects as a collaborative effort that will make a meaningful impact on children by fostering revision of existing services that target and building the capacity of local providers to use data in their decision-making. To you more detail, the collaborative action networks will collect, share, and analyze data on local newborn, child, and youth outcomes in order to identify local root causes, promising leverage points for improving youth outcomes, and strategies that are especially effective locally. The networks will create action plans based on that data and will measure the impact of their plans on student success to determine whether those strategies should be expanded, refined or replaced.

Our question is whether the organization that convenes these networks, provides the data assistance needed for the networks to do data-based decision-making, and publishes annual community report cards is eligible for partial funding, assuming that the proposal is otherwise meritorious?

Response: **The offeror should thoroughly explain how the organization's proposed pilot program falls under a statutorily eligible service area in order for the BCCSB to make an informed decision.**

By:   
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #1 to Request for Proposal *28-24JUN14 - Pilot Programs that Provide Innovative Service - Boone County Community Children's Services* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



# COUNTY OF BOONE - MISSOURI

**REQUEST FOR PROPOSAL (RFP) #: 28-24JUN14**  
**Pilot Programs that Provide Innovative Services**  
**Boone County Children's Services Fund**  
**2014 Application**

**BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:**

*To improve the lives of children, youth and families in Boone County  
by strategically investing in the creation and maintenance of integrated systems  
that deliver effective and quality services for children and families in need.*

**RFP TIMELINE:**

<b>Important Events</b>	<b>Location</b>	<b>Dates</b>
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	<b>May 9, 2014</b>
Written Questions Due By	<a href="mailto:mboobbitt@boonecountymmo.org">mboobbitt@boonecountymmo.org</a>	<b>May 21, 2014</b> <b>12:00 p.m. Central Time</b>
Pre-Proposal Conference - Information Session	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	<b>May 23, 2014</b> <b>11:00 a.m. Central Time</b>
Response Submission Deadline	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	<b>June 24, 2014</b> <b>9:15 a.m. Central Time</b>
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	<b>June 24, 2014</b> <b>9:30 a.m. Central Time</b>

**CONTACT INFORMATION:**

Boone County Purchasing  
Boone County Annex  
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
Phone: (573) 886-4391 Fax: (573) 886-4390  
Email: [mboobbitt@boonecountymmo.org](mailto:mboobbitt@boonecountymmo.org)

## I. Overview

On November 6, 2012, the citizens of Boone County passed County of Boone Proposition 1, which created a Children's Services Fund for children and youth nineteen years of age or less in Boone County. The Boone County Children's Services Board (BCCSB) has been appointed by the County Commission and entrusted to oversee this Fund. The Fund is created pursuant to RSMo §67.1775, RSMo §210.861, and the ballot language presented to the voters on November 6, 2012. RSMo §210.861 specifies the types of services that may be funded by the BCCSB. By statute, funds may be invested to address the following needs:

- up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
- respite care services
- unmarried parent services
- outpatient chemical dependency and psychiatric treatment programs
- counseling and related services as a part of transitional living programs
- home-based and community-based family intervention programs
- prevention programs which promote healthy lifestyles among children and youth and strengthen families
- crisis intervention services, inclusive of telephone hotlines
- individual, group, or family professional counseling and therapy services
- psychological evaluations
- mental health screenings.

Revenues collected and deposited in the community children's services fund **may not** be expended for inpatient medical, psychiatric, and chemical dependency services, or for transportation services.

## II. Funding Goals

The Board believes that it should invest in meaningful services to children, youth and families in a way that utilizes multiple effective strategies. To that end, the Board intends to invest its funding *appropriated for services* in the following general categories:

- Pilot programs that provide innovative services
- Purchase of service programs
- Match funding opportunities
- Strategic opportunities
- Contingency reserve to support other programs with circumstances requiring immediate attention

This RFP seeks applications for pilot programs that provide innovative services. Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth and families in need in Boone County. Preference will also be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.

### III. Minimum Eligibility Criteria

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit agency or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services
- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri

### IV. Funding Available

Applications for funding will be accepted to fund pilot programs that provide innovative services to children and youth nineteen years of age or less and their families in all service areas fundable pursuant to statute.

The proposed pilot programs may involve the creation of definitions for a class of children, youth and families, the creation of definitions for evidence-based services, and the creation of techniques to evaluate effectiveness. This may be a collaborative effort with other stakeholders to provide services that can make a meaningful impact on children that are not currently being provided. These programs could include funding to build capacity among appropriate service providers to provide these new, evidence-based practices.

For pilot programs the Board will consider indirect expenses up to a maximum of 15% of salary expense only (salary expense does not include benefits). Indirect expenses include general organizational expenses such as executive management time, finance, human resources or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc.



## V. Application

The Application Narrative cannot exceed 20 double-spaced pages, on standard white paper, with at least 12-point font and one-inch margins, excluding required attachments.

Please submit two original copies to:

Boone County Purchasing Department  
Attn: Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
Boone County Annex  
613 E. Ash, Rm. 110  
Columbia, MO 65201

Paper copies must be sealed in an envelope with RFP # and name of Offeror on the outside of the envelope. Proposals MUST be delivered no later than 9:15 a.m. central time, June 24, 2014. Proposals will not be accepted after this date and time and the County will return such late proposals to the Offeror.

Please submit an electronic copy after 9:30 a.m. central time June 24, 2014 and before 11:30 p.m. June 24 in Microsoft Word or PDF format to: [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org). Please do not submit the electronic copy prior to 9:30 a.m. central time, June 24, 2014.

## VI. Contracting Agency Requirements

**Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

- **Compensation Insurance:** The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all of their employees employed at the site of work. and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.
- Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$1,000,000.00 each employee, \$1,000,000.00 each accident, and \$1,000,000.00 policy limit.
- **Comprehensive General Liability Insurance:** The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether

such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$2,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

- The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$2,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.
- The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$2,000,000.00 and naming Boone County as additional insured.
- **Commercial Automobile Liability:** The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$2,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

**Indemnity Agreement:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

**Subcontracts :** The Contractor may enter into subcontracts for components of the consulting service as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.

In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

## **VII. Instructions and General Conditions**

**Delivery of Proposals:** Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received at the Boone County Purchasing office until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- If you have obtained this proposal document from our Web Page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addenda if we do not have you on our Vendor list for this proposal.
- The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- No negotiations, decisions, or actions shall be initiated by any agency as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

### **Ambiguity, Conflict, or Other Errors in the RFP:**

- If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the Request for Proposal, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the Request for Proposals prior to submitting the proposal or it shall be waived.
- Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

**Rejection of Proposals:** The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply

information in connection with respect to responsibility may be grounds for a determination of non-responsibility.

**Acceptance of Proposals:** The County will accept for evaluation all proposals that are submitted properly. However, the County reserves the right to request clarifications or corrections to proposals.

**Requests for Clarification of Proposals:** Requests by the Purchasing Department for clarification of proposals shall be in writing.

**Validity of Proposals:** Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

**Receipt and Opening of Advertised, Sealed Proposals:** The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful firm's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, Tuesday, June 24, 2014 at 9:30 a.m. Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at [www.showmeboone.com](http://www.showmeboone.com). Select "Purchasing", then "2014 Bid Tabulations".
- Proposal responses are due by Tuesday, June 24, 2014 at 9:15 p.m. No late proposals will be accepted.

**Withdrawal of Proposals:** Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

**Guidelines for Written Questions:** All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than 12:00 p.m., May 21, 2014. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, and Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet.

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
613 E. Ash Street, Room 110  
Columbia, Missouri 65201  
Phone: (573) 886-4391 Fax: (573) 886-4390  
E-mail: [mbobbitt@boonecountymmo.org](mailto:mbobbitt@boonecountymmo.org)

**Pre-Proposal Conference:** To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for May 23, 2014 at 11:00 a.m. Central Time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri 65201.

- All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.

**Term; Termination of Contract Agreement:**

- The initial term of the resulting contract agreement from this Pilot Programs that Provide Innovative Services Request for Proposal will be negotiated. The negotiated contract may have an option for renewal.
- The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 60 days prior written notice to the Contractor.

**Competitive Negotiation of Proposals:** The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or

to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

- Negotiations may be conducted in person, in writing, or by telephone.
- Negotiations will only be conducted with potentially acceptable proposals. The County reserves the right to limit negotiations to those proposals, which received the highest rankings during the initial evaluation phase.
- Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.
- The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- The County reserves the right to contact any and all references to obtain without limitation, information regarding the Offeror's performance on previous projects. A uniform sample of references may be checked for each short-listed Offeror.

**BOONE COUNTY CHILDREN'S SERVICES FUND  
2014 APPLICATION NARRATIVE FOR FUNDING:  
PILOT PROGRAMS THAT PROVIDE INNOVATIVE SERVICES**

**Agency Name:**

**Agency Address:**

**Agency Phone Number:**

**Primary Agency Contact (include title):**

**Email Address:**

**Contact Phone Number:**

**Amount Requested:**

**Federal Tax ID (or Social Security #):**

**Signature:**

**Date:**

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**1. AGENCY AND PROGRAM INFORMATION**

**a. Background Information:**

- i. Provide a summary of your agency, including your agency's mission statement.
- ii. Attach a list of your agency's Board of Directors.
- iii. Describe why your agency is interested in implementing a pilot program to provide innovative services to children, youth and families in Boone County.

**b. Target Population:**

- i. Describe the pilot program's target population.
- ii. Discuss the rationale for selection of this target population for a pilot program.
- iii. Please state the statutorily eligible service area (see page 2) the target population falls within.

**c. Innovative Service Idea:**

- i. Discuss the issue or problem the pilot program seeks to address.
- ii. Provide a detailed description of the idea for innovative services to be developed or that has been developed into a pilot program.

- iii. Discuss what other agencies you have collaborated with in the development of the idea for the innovative service(s).

**d. Implementation:**

- i. Describe how and with what agencies you will collaborate with to implement the pilot program.
- ii. Discuss the plan for the implementation of the pilot program including how the requested funds will be used for the program in the implementation process.
- iii. Outline the timeline for key steps in the implementation process.

## **2. EVALUATION**

**a. Performance Information:**

- i. Attach a Program Performance Measures Worksheet (see Attachment A).

**b. Outcomes:**

- i. Describe the outcomes of the pilot program (outcomes need to be measurable and time specific).

**c. Indicators:**

- i. Identify and describe the indicators which will measure the pilot program outcomes.
- ii. Identify your agency's performance target of these indicators.

**d. Measurement:**

- i. Discuss who will be responsible for the accomplishment of each of the outcome goals.
- ii. Discuss how the data will be collected.
- iii. Identify your agency's timeline for each outcome.
- iv. Describe the approach that will be used to evaluate the pilot program.
- v. Describe the approach that will be used to evaluate the effectiveness of the program.
- vi. Include copies of any evaluation tools you will be using and provide a description of why you are using these tools compared to other tools.

**e. Input**

**i. Clinical Expertise:**

- 1. Discuss the capacity of your agency to execute the proposed program.
- 2. Provide a list of key staff responsible for implementing the program.

**ii. Program Activity:**

- 1. Describe the innovative interventions and/or activities that will be implemented through the pilot program.
- 2. Identify and discuss the evidence-based practices that will be used and relevant research supporting the efficacy of the proposed interventions and/or activities.



3. If there is no research to support the efficacy of the proposed interventions and/or activities, please explain the rationale for utilizing the interventions and/or activities.

**f. Output:**

- i. Service to be provided.
- ii. Unit measurement, if applicable.
- iii. Unit cost, if applicable.
- iv. Amount requested.
- v. Number of individuals to be served.

**3. BUDGET**

**a. Budget Worksheets to be Attached:**

- i. Agency Financial Worksheet (see Attachment B).
- ii. Program Budget Worksheet (see Attachment C).

**b. Budget Narrative**

- i. Please explain each line of the budget worksheets from Attachments B and C.

**c. Staff Positions:**

- i. Provide a list of staff positions for the project, including direct and indirect.
- ii. State the role of each position and their qualifications.
- iii. State the proposed salary for each position.

**4. AGENCY ASSURANCE, CERTIFICATION, AND WORK AUTHORIZATION SHEETS**

Please review, sign, and return the Agency Assurance Sheet (see Attachment D), the Certification Sheet (See Attachment E), and the Work Authorization Sheet (see Attachment F) with the proposal. The sheets outline the expectations and requirements for any agencies requesting and/or receiving funds through the Boone County Children's Services Fund.

## ATTACHMENT A

### Program Performance Measures Information Worksheet

The following synonyms, definitions, and examples may help you completing the required program performance measures information:

	<b>Activity</b>	<b>Output</b>	<b>Outcome</b>	<b>Indicator</b>	<b>Method of Measurement</b>
<b>Synonyms</b>	<i>Activity = Service</i>	<i>Output = Product</i>	<i>Outcome = Change</i>	<i>Indicator = Measure</i>	<i>Method of Measurement = Information gathering instrument or technique</i>
<b>Definitions</b>	An <i>Activity</i> is the program service or sub service being provided	An <i>Output</i> is expressed as the NUMBER of things produced by an activity and the number people for whom it is provided	An <i>Outcome</i> describes a beneficial CHANGE in people	An <i>Indicator</i> is the specific item of information by which a program's LEVEL OF SUCCESS is measured	A <i>Method Of Measurement</i> is the instrument or technique used to gather the information needed to measure the program's success.
<b>Example</b>	Activity= Before/after school youth enrichment programming  Sub-Activity=Tutoring	150 hours of tutoring sessions for 30 children	Child's academic performance improves	Number and percent of participants who receive better grades following participation in program as compared to period prior to participation	Utilize school report card data pre and post participation in the program.

Activity	Output(s)	Outcome(s)	Indicator(s)	Method of Measurement

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**ATTACHMENT B**  
**AGENCY FINANCIAL INFORMATION**

**AGENCY NAME:**

<b>AGENCY REVENUE</b>	<b>PRIOR YEAR ACTUAL</b>	<b>CURRENT YEAR</b>	<b>PROPOSED YEAR</b>	<b>% OF PROPOSED TOTAL</b>	<b>% CHANGE CURRENT TO PROPOSED</b>
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way					
B. Other United Ways					
C. Capital Campaigns					
D. Grants (non-governmental)					
E. Fund Raising & Other Direct Support					
<b>TOTAL DIRECT SUPPORT (sub-totals)</b>					
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding					
B. Boone County - Other					
C. Other Counties					
D. City of Columbia - Social Service Funding					
E. City of Columbia - Other					
F. Other Cities					
G. Federal (Medicaid, Title III, etc.)					
H. State (Purchase of Services, Grants, etc.)					
I. Other (Schools, Courts, etc.)					
<b>TOTAL GOV'T CONTRACTS/SUPPORT (sub-totals)</b>					
3. Program Service Fees					
4. Investment Income (realized & unrealized)					
5. Other Revenue Items					
<b>TOTAL AGENCY REVENUE</b>					
<b>AGENCY EXPENSES</b>	<b>PRIOR YEAR ACTUAL</b>	<b>CURRENT YEAR</b>	<b>PROPOSED YEAR</b>	<b>% OF PROPOSED TOTAL</b>	<b>% CHANGE CURRENT TO PROPOSED</b>
Expenses for Program Services					
Expenses for Management and General					
Expenses for Fundraising					
<b>TOTAL AGENCY EXPENSES</b>					
% of Management and Fundraising Expenses					
<b>NET ASSETS</b>	<b>PRIOR YEAR ACTUAL</b>	<b>CURRENT YEAR</b>	<b>PROPOSED YEAR</b>	<b>% CHANGE CURRENT TO PROPOSED</b>	
Net Assets, End of Year					
<b>CASH FLOWS</b>	<b>PRIOR YEAR ACTUAL</b>	<b>CURRENT YEAR</b>	<b>PROPOSED YEAR</b>	<b>% CHANGE CURRENT TO PROPOSED</b>	
Cash, End of Year					

# ATTACHMENT C

## PROGRAM BUDGET WORKSHEET

**PROGRAM NAME:**

TOTAL PROGRAM REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way					
B. Other United Ways					
C. Capital Campaigns					
D. Grants (non-governmental)					
E. Fund Raising & Other Direct Support					
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding					
B. Boone County - Other					
C. Other Counties					
D. City of Columbia - Social Service Funding					
E. City of Columbia - Other					
F. Other Cities					
G. Federal (Medicaid, Title III, etc.)					
H. State (Purchase of Services, Grants, etc.)					
I. Other (Schools, Courts, etc.)					
3. Program Service Fees					
4. Investment Income (realized & unrealized)					
5. Other Revenue Items					
<b>TOTAL PROGRAM REVENUE</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		

PROGRAM EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
1. Personnel					
2. Non-Personnel					
<b>TOTAL PROGRAM EXPENSES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		

NUMBER OF DIRECT PROGRAM STAFF (FTE)	ACTUAL	CURRENT	PROPOSED
<i>FTE = number of direct program service hours worked by employee per year/2080 (e.g. 1040/2080= .5 FTE)</i>			

**ATTACHMENT D**

**2014 AGENCY ASSURANCE SHEET**  
**(Please complete and return with Proposal Response)**

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children’s Services Board (BCCSB) and any of the Boone County Children’s Services Fund’s conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Proof of 501(c)(3)
- Certificate of Corporate Good Standing
- Most Recent 990 Federal Form
- Agency Strategic Plan
- Copies of Agency Accreditations
- Most Recent Agency Independent Audit
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality
- Memorandums of Understanding (not currently needed for Contingency Funds Request)

\_\_\_\_\_  
Printed Name - Agency Executive Director/President/CEO

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Agency Executive Director/President/CEO

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name - Agency Board Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Agency Board Chair

\_\_\_\_\_  
Date

## ATTACHMENT E

**(Please complete and return with Proposal Response)**

Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR  
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, 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.
  
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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Name and Title of Authorized Representative

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Signature

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Date





# Individualized Service/Support Planning Teams: Checklist for Indicators of Practice and Planning (ChIPP)

Walker, Koroloff & Schutte<sup>1</sup> identify a series of necessary conditions for high quality implementation of Individualized Service/Support Planning (ISP). Necessary conditions are identified at the team, organization, and system levels (The system level is also called the policy and funding context.) At each level, the necessary conditions are grouped into five themes: practice model, collaboration/partnerships, capacity building/staffing, acquiring services/supports, and accountability.

The ChIPP provides a list of indicators of the extent to which teams demonstrate, during team meetings, that these conditions are present in their work. Information on the reliability of an earlier version of the ChIPP can be found in Walker, et al.<sup>1</sup> The ChIPP is intended to be used either as a self assessment, or as an observational tool for supervision or peer coaching. It is not expected that all indicators will be present at every meeting. It is expected, however, that over a series of meetings a team will demonstrate a repertoire of skills consistent with a spectrum of the listed indicators.

Many of the indicators have both an “a” and a “b” level. The “a” level indicators provide a higher level of confidence that the condition is in place. The “a” level indicator is a sign that teams are intentionally meeting the condition by using a defined technique or structured process. In contrast, the “b” level indicators are a sign that the condition is *possibly* being met in a more informal manner. In some cases, particularly where teams are functioning well, “b” level practice may be sufficient to fully meet a given condition. Using practice at the “b” level, however, should be a conscious choice made by team facilitators, and practice at the “a” level is usually considered more likely to contribute to team effectiveness.

The necessary conditions for high quality implementation of ISP at the team level are listed below. The checklist links each of the indicators to one or more of these conditions as they appear in the outline below. Details on the conditions and rationale for the listed links is provided in Walker, et al.<sup>1</sup>

## **A. Practice model**

- i. Team adheres to a practice model that promotes team cohesiveness and high quality planning in a manner consistent with the value base of ISP.
  1. Team adheres to meeting structures, techniques, and procedures that support high quality planning,
  2. Team considers multiple alternatives before making decisions,
  3. Team adheres to procedures, techniques and/or structures that work to counteract power imbalances between and among providers and families,
  4. Team uses structures and techniques that lead all members to feel that their input is valued,
  5. Team builds agreement around plans despite differing priorities and diverging mandates,
  6. Team builds an appreciation of strengths, and
  7. Team planning reflects cultural competence.

## **B. Collaboration/Partnerships**

- i. Appropriate people, prepared to make decisions and commitments, attend meetings and participate collaboratively.

## **C. Capacity building/ Staffing**

- i. Team members capably perform their roles on the team.

## **D. Acquiring services/ Supports**

- i. Team is aware of a wide array of services and supports and their effectiveness.
- ii. Team identifies and develops family-specific natural supports.
- iii. Team designs and tailor services based on families' expressed needs.

## **E. Accountability**

- i. Team maintains documentation for continuous improvement and mutual accountability.

## Individualized Service/Support Planning Teams: Checklist for Indicators of Process and Planning (ChIPP)

Definitions related to the practice indicators:

*Mission:* The purpose or long term goal for the team. (e.g. Michael will participate successfully in opportunities and activities that he chooses, and that will prepare him for a successful adulthood.)

*Intermediate goals:* The major strands of activity that the team undertakes in service of the mission. (e.g. Michael will get a job, and/or take training or classes to prepare him for employment.)

*Measures of progress:* Concrete indicators, selected by the team, used to measure progress towards each goal. (e.g. Michael is involved in work or educational activities 30 hours each week.)

*Strategies:* Method selected by the team to achieve an intermediate goal. (e.g. Michael will enroll in the community college program for web design.)

*Action steps:* Specific tasks to be carried out by team members to implement the strategies. (e.g. Michael and Marlon, his mentor, will complete the application prior to meeting with the community college admissions counselor on Thursday.)

*Community experience:* Opportunity to circulate in the community (e.g. go to a museum, attend a sporting event)

*Community service:* A class, course, or opportunity provided to the general community by a community organization (e.g. church youth group, soccer team, YMCA fitness)

*Informal support:* An unpaid individual undertakes specified activities with the family.

Note: Those interested in using the checklist should contact the authors for expanded definitions of the indicators.

	<b>Indicator and description</b> (Conditions indicated)	
1. Attendance	a. Key team members are present from start time to end of meeting. (A.i.1, B.i.)	Y N
	b. Key team members are present for sufficient portions of the meeting.	Y N
2. Agenda	a. Team generates a written agenda or outline for the meeting that provides an understanding of the overall purpose of the meeting as well as the purpose of the major sections of the meeting. (A.i.1)	Y N
	b. Team members share a strong implicit sense of the major sections of the meeting and the purpose of each section.	Y N
3. Meeting structure	a. Meeting follows an agenda or outline or clear implicit structure such that team members know the purpose of their activities at a given time. (A.i.1)	Y N
4. Team records	a. Team maintains a record of its work that is distributed to all members. (A.i.1)	Y N
5. Mission	a. Team discusses or has produced a mission. (A.i.1, B.i.)	Y N
6. Plan	a. Team creates/maintains a plan that guides its work. (A.i.1, A.i.3, A.i.5, A.i.7, B.i., E.i.)	Y N

7. Crisis Plan	a. Team has confirmed or is creating a crisis plan. (A.i.1)	Y N
8. Intermediate goals	a. Team plan contains specific intermediate goals. (A.i.1, A.i.3, A.i.5, B.i, E.i.)	Y N
	b. Planning provides evidence of a strong implicit goal structure.	Y N
9. Measures of progress	a. Intermediate goals are associated with concrete measures that can be used to assess progress toward, or achievement of, a goal. (A.i.1, A.i.2, D.i., E.i.)	Y N
	b. Team has a shared definition of a "good enough" outcome for specific activities.	Y N
10. Linkage	a. Tasks and strategies are explicitly linked to intermediate goals that the team has determined <i>prior</i> to discussion of tasks/strategies. (A.i.1)	Y N
	b. Strong implicit linkage of tasks to goal structure.	Y N
11. Create options	a. Team considers several different strategies for meeting a need or furthering a goal OR considers and prioritizes several different goals. (A.i.2, A.i.3, A.i.7, D.ii., D.iii.)	Y N
	b. Team considers options for tasks or action steps OR considers options for minor changes to services or supports.	Y N
12. Enhance creativity	a. Team uses structured process or procedure to generate options or choices.	Y N
13. Assign responsibility	a. Team explicitly assigns responsibility for action steps. (A.i.1, B.i., E.i.)	Y N
	b. Strong implicit understanding of who is responsible for action steps.	Y N
14. Monitor activity	a. Team conducts a systematic review of members' progress on assigned action steps.(A.i.1, B.i., E.i.)	Y N
	b. Team members report on activities relevant to the plan.	Y N
15. Evaluate strategies	a. Team assesses goals and strategies using measures of progress, and revises plan if necessary. (A.i.1, D.i.)	Y N
	b. Teams discusses adequacy of goals/activities with reference to outcomes.	Y N
16. Caregiver voice	a. Team uses specific techniques or processes to provide extra opportunities for caregivers to speak and offer opinions, especially during decision making. (A.i.3, A.i.6, A.i.7, D.ii., D.iii.)	Y N
	b. Caregiver speaks, or is invited to speak and/or offer opinions, on many occasions during the meeting, especially during decision making.	Y N
17. Youth voice	a. Team uses specific techniques or processes to provide extra opportunities for youth to speak and offer opinions, especially during decision making. (A.i.3, A.i.6, A.i.7, D.ii., D.iii.)	Y N
	b. Youth speaks, or is invited to speak and/or offer opinions, on many occasions during the meeting, especially during decision making.	Y N
18. Caregiver story	a. Caregiver is invited to speak in an open-ended way about current and past experiences and/or about hopes for the future. (A.i.3, A.i.6, A.i.7, D.ii., D.iii.)	Y N
19. Youth story	a. Youth is invited to speak in an open-ended way about current and past experiences and/or about hopes for the future.	Y N

	(A.i.3, A.i.6, A.i.7, D.ii., D.iii.)	
20. Caregiver Strengths	a. Team explicitly builds an understanding of how caregiver strengths contribute to the success of team mission or goals. (A.i.6, A.i.7)	Y N
	b. Team acknowledges or lists caregiver strengths.	Y N
21. Youth Strengths	a. Team explicitly builds an understanding of how youth strengths contribute to the success of team mission or goals. (A.i.6, A.i.7)	Y N
	b. Team acknowledges or lists youth strengths.	Y N
22. Inclusive process	a. Team provides multiple opportunities for community team members and natural support people to participate in significant areas of discussion and decision making. (A.i.3, A.i.4, A.i.7, D.ii., D.iii.)	Y N
	b. Team provides some role for community team members and natural support people.	Y N
23. Enhance equity	a. Team demonstrates awareness of how talking turns and quantity of speech is distributed across team members, and uses techniques or processes for enhancing equity in discussion and decision making. (A.i.4, A.i.5, B.i.)	Y N
	b. Talk is well distributed across team members and each team member makes an extended or important contribution.	Y N
24. Acknowledge input	a. Team explicitly recognizes each team member's input to a discussion or decision through verbal reflection or summary or written record. (A.i.4, A.i.5, B.i.)	Y N
	b. Team acknowledges each member's input at various points during the meeting.	Y N
25. Neutral facilitation	a. Facilitator focuses on process advocacy and rarely, if ever, evaluates input or decisions. (A.i.1, A.i.3, A.i.5, A.i.7)	Y N
	b. Facilitator reflection, summary, and process-oriented comments are much more prevalent than evaluative comments.	Y N
26. Collaboration	a. Team members demonstrate consistent willingness to compromise or explore further options when there is disagreement. (A.i.5, B.i.)	Y N
	b. Team members make decisions <i>after</i> having solicited information from several members or having discussed several options.	Y N
27. Decision process	a. Team adheres to an explicit process for making decisions. (A.i.1, B.i.)	Y N
	b. Strong implicit sense of process for decision making.	Y N
28. Successes	a. Team draws attention to and creates positive atmosphere around accomplishments or improvements. (A.i.6, B.i.)	Y N
	b. Team draws attention to improvements or accomplishments.	Y N
29. Responsive services	a. Formal services are significantly tailored as per team plan. (D.ii., D.iii.)	Y N
	b. Small changes to services are included in the plan.	Y N

30. Community experience	a. Team is facilitating access to community experience. (A.i.7, D.ii., D.iii.)	Y N
	b. Team discusses or is exploring access to community experience.	Y N
31. Community-based Service	a. Team is facilitating access to community-based service. (A.i.7, D.ii., D.iii.)	Y N
	b. Team discusses or is exploring access to community-based service.	Y N
32. Tailor Community Support	a. Team is facilitating the tailoring of community supports or services to meet unique needs of child and/or family. (A.i.7, D.ii., D.iii.)	Y N
	b. Team discusses or is exploring the tailoring of community supports or services.	Y N
33. Enhance Natural Support	a. Team is facilitating natural support activities for the child/family. (A.i.7, D.ii., D.iii.)	Y N
	b. Team discusses or is exploring natural support activities for the child/family.	Y N
34. Support Family	a. Planning includes action steps or goals for other family members, not just identified child. (D.ii, D.iii.)	Y N

1 Walker, J.S., Koroloff, N. and Schutte, K. (2003) *Implementing high-quality collaborative individualized service/support planning: Necessary conditions*, Research and Training Center on Family Support and Children's Mental Health.

## Assessment of Organizational Supports for Individualized Service/Support Planning

This tool assesses the organizational support for Individualized Service/Support Planning (ISP) from the perspective of team members. It should be completed by team facilitators and other individuals who are on several teams sponsored by this agency (e.g. family advocate, child welfare worker assigned to this agency, teacher in a facility-based classroom).

This assessment is not intended to provide a rating or grade to agencies. Instead, the purpose of the assessment is to provide data that can help agencies clarify their understanding of the conditions that are necessary for local implementation, the extent to which these conditions are in place, and the priorities for action to improve implementation.

Lead agency is the organization which hires, trains and supervises team facilitators.

Partner agencies refer to all other organizations whose staff participate as team members.

For each feature, you are asked to rate two things:

1. The extent to which you believe this feature is in place to support your work. (Use the columns on the left to rate this.)
2. Your rating of whether working to put this feature in place should be a high, medium, or low priority for your agency. (Use the columns on the right to rate this.)

## Practice model

**i. The lead agency provides training, supervision, and support for a clearly-defined practice model.** This section focuses on the extent to which the lead agency supports a clearly defined practice model for ISP. The practice model specifies the techniques, processes and structures that teams should use to ensure that planning will be effective as well as family centered, individualized, culturally competent, and strengths and community based. For example, the practice model would include specific skills and techniques for: resolving conflicts, increasing the input of families and informal supports into decision making, reinforcing family strengths, deriving goals that address the family's unique needs, etc.

This feature is currently...			Feature	I rate the priority for improvement of this feature as...		
In Place	Partially in Place	Not in Place		High	Med	Low
			1. Trainers, supervisors, and facilitators share a common understanding of the <i>specific techniques, processes and structures</i> that make up the ISP practice model.			
			2. Supervisors and trainers are experts in the specific techniques, processes and structures that make up the practice model.			
			3. On-going training, coaching, and/or supervision focus <i>in a structured way</i> on building the skills required by the practice model.			
			4. Supervisors incorporate first-hand information (e.g. direct observation, audio or video tapes) into supervisory sessions.			
			5. Facilitators receive sufficient training in the practice model, and have the opportunity to observe and/or co-facilitate teams before being asked to lead a team.			
			6. Other team members with special roles (parent advocate, resource developer) receive training and supervision that focuses in a structured way on the specific skills and techniques they need to carry out their roles in the practice model.			
			7. All team members receive orientation to the basic processes and structures in the practice model, and to their roles on the team.			

### Practice model (continued)

**ii. The lead agency demonstrates its commitment to the values of ISP.** This section asks about the extent to which the lead agency is committed to the idea that services and supports should be individualized, family centered, and community based. It also asks about the extent to which the lead agency values the idea that interpersonal interactions—including those between and among staff—should be strengths-based, and should reflect respect for diverse cultures.

This feature is currently...			Feature	I rate the priority for improvement of this feature as...		
In Place	Partially in Place	Not in Place		High	Med	Low
			8. Managers in the lead agency (e.g. program director, executive director, financial officer) have a solid knowledge of the values of ISP and the ISP practice model.			
			9. Managers of the lead agency “walk the walk”—they work to infuse the <u>values</u> of ISP throughout the agency (e.g. by ensuring staff do not engage in family blaming when families are not present, by engaging the agency in ongoing efforts to increase cultural competence).			
			10. Managers in the lead agency <u>model the ISP values</u> in their interactions <u>with agency staff</u> , and expect that other staff members will do the same (e.g. that supervision will be strengths based, that staff respect each others’ cultures).			
			11. Managers in the lead agency make an effort to inform and educate their peers at other agencies about the values of ISP and the basics of the practice model.			



### Practice model (continued)

**iii. Partner agencies support the core values underlying the team-based ISP process.** This section asks about the extent to which people from partner agencies act in ways that indicate they are committed to the values of ISP. It also asks about whether partner agencies believe that ISP is an effective way to meet the needs of children and families. Partner agencies are agencies—other than the lead agency--whose staff participate on ISP teams.

This feature is currently...			Feature	I rate the priority for improvement of this feature as...		
In Place	Partially in Place	Not in Place		High	Med	Low
			12. <u>ISP team members</u> from partner agencies understand the basic elements of the ISP practice model and believe it is an effective way to support children and families.			
			13. <u>Supervisors and managers</u> in partner agencies understand the basic elements of the ISP practice model and believe it is an effective way to support children and families.			
			14. Partner agencies encourage and support staff members who participate on ISP teams in learning about the ISP practice model (e.g. agencies provide time and pay the costs of ISP training or orientation).			
			15. Supervisors and managers in partner agencies participate in workshops or training to learn about the ISP practice model.			

## Collaboration/partnerships

**i. Lead and partner agencies collaborate around the plan and the team.** Because ISP teams work “between” agencies, they face special challenges. Most importantly, the team plan needs to be respected at each agency. If the team plan does not serve as the case plan for each participating agency, teams need assurance at least that various partner agencies will respect the goals and services/supports as decided by the team, and will not develop separate goals and plans that are inconsistent with or undermine the team plan or ISP values. Additionally, to prevent team members from getting overwhelmed, managers at the lead agency need to work with partner agencies to reduce and streamline unnecessary or redundant demands on team members.

This feature is currently...			Feature	I rate the priority for improvement of this feature as...		
In Place	Partially in Place	Not in Place		High	Med	Low
			16. A family's ISP team plan serves as a basis for service/support planning at the lead and partner agencies (i.e. other plans which may be maintained at partner agencies are the same as--or at least consistent with--the goals and strategies expressed in the ISP plan).			
			17. Lead and partner agencies work to develop a common format for plans so that the team plan can serve as the case plan for each agency to the greatest extent possible.			
			18. Lead and partner agencies work to reduce inefficient or redundant requirements for paperwork and rules (e.g. developing common consent forms, reducing redundant documentation of needs, etc.)			
			19. Lead and partner agencies work together to develop mechanisms for sharing non-confidential information (e.g. information on all services received by a family, up-to-date information about types of assistance offered by various agencies).			

### Collaboration/partnerships (continued)

**ii. Lead agencies support team efforts to get necessary members to attend meetings and participate collaboratively.** Lead agencies need to do what they can to ensure that important team members from their own agency and from partner agencies are encouraged to attend team meetings. The lead agency also needs to help people from partner agencies understand that collaboration requires that they will be open-minded about how to satisfy mandates and about what goals the team should pursue.

This feature is currently...			Feature	I rate the priority for improvement of this feature as...		
In Place	Partially in Place	Not in Place		High	Med	Low
			20. Supervisors and managers in the lead agency encourage <u>all their own staff who need to be on ISP teams</u> to attend meetings and be active on the team.			
			21. Supervisors and managers in the lead agency support <u>all their own staff who are members of ISP teams</u> by flexing their work time so that they can attend ISP meetings or complete other team tasks during off-hours.			
			22. The lead agency gives its staff authority to make decisions during team meetings about access to services and funding at the lead agency.			
			23. Managers in the lead agency support team efforts to get necessary <u>people from partner agencies</u> to join teams and attend regularly.			
			24. When team members from partner agencies who are needed don't attend meetings, managers from the lead agency will work with the partner agency to find a solution.			
			25. When a team member from a partner agency is not being reasonably open-minded or flexible with mandates, managers from the lead agency will work with the partner agency to find a solution.			

### Collaboration/partnerships (continued)

**iii. Partner agencies support their staff as team members and empower them to make decisions.** This section asks about whether or not the partner agencies encourage their workers to attend team meetings and allow them to make meaningful decisions during the meetings. It also asks about whether partner agencies encourage their workers to be open-minded in finding ways to satisfy mandates, determining goals, and seeking solutions.

This feature is currently...			Feature	I rate the priority for improvement of this feature as...		
In Place	Partially in Place	Not in Place		High	Med	Low
			26. Partner agencies demonstrate willingness to be flexible about their regular procedures to support the needs of the ISP process.			
			27. Partner agencies demonstrate willingness to be reasonably open-minded and flexible around how to satisfy mandates.			
			28. Team members from partner agencies get support from their agencies for attending meetings and being an active part of the team.			
			29. Partner agencies allow staff to flex their time so they can attend ISP meetings during off hours.			
			30. Partner agencies give their staff authority to make decisions during team meetings about access to services and funding at the partner agency.			
			31. Partner agencies recognize that being a member of an ISP team requires a time commitment beyond attendance at ISP meetings.			

## Capacity building/staffing

**i. Lead and partner agencies provide working conditions that enable high quality work and reduce burnout.** This section asks about the whether the agency that hires, trains and supervises team facilitators acts in ways that shows it values and rewards the special skills that team facilitators need. This section also asks whether or not the partner agencies and the agencies which hire and pay other team members with special roles (e.g. family advocate, resource developer, care coordinator) also demonstrate that they value the skills that these people bring to teamwork.

This feature is currently...			Feature	I rate the priority for improvement of this feature as...		
In Place	Partially in Place	Not in Place		High	Med	Low
			32. The lead agency has set a reasonable benchmark for facilitators' team workload (number of teams that a facilitator is involved with) and sticks to that benchmark.			
			33. Agencies set and stick to benchmarks for the team workload of other team members with special roles (family advocate, resource developer, care coordinator if not also the facilitator).			
			34. Higher pay and promotion opportunities are available to facilitators as they increase their capacity in the special skills needed to implement the ISP practice model.			
			35. People who act as professional parent partners or parent advocates receive compensation which reflects their value in the ISP process.			
			36. Partner agencies value and reward the skills gained by staff who participate on ISP teams.			

## Acquiring services/supports

**i. The lead agency has clear policies and makes timely decisions regarding funding for costs required to meet families' unique needs.** This section asks about whether teams are able to quickly get the funding they need to pay for costs required to meet families' unique needs (special equipment, non-traditional, or non-categorical services and supports, etc.) as called for by the ISP plan. Most frequently, but not always, these funds come from a pool of money specifically designated as "flexible funds"; however, your agency may provide access to funding for the special needs of a team plan through other channels.

This feature is currently...			Feature	I rate the priority for improvement of this feature as...		
In Place	Partially in Place	Not in Place		High	Med	Low
			37. Funds to pay for costs required to meet families' unique needs (special equipment, non-traditional, and/or non-categorical services or supports, etc.) are readily available to teams who require them for the ISP plan.			
			38. The procedure for requesting funds for unique costs is clear and followed by everyone in the agency.			
			39. Within specified limits, facilitators have the authority to immediately approve expenditures for unique costs.			
			40. Team members and lead agency managers share a common understanding regarding which sorts of unique costs are legitimate to fund under and ISP plan.			
			41. Managers in the lead agency are aware of potential community concerns about paying for unusual services or items, and they take steps to buffer facilitators from that reaction.			

### Acquiring services/supports (continued)

**ii. The lead agency encourages teams to develop plans based on child/family needs and strengths, rather than service fads or financial pressures.** This section asks whether the lead agency helps teams get services and supports that are called for in the ISP plan. It also asks whether the lead agency works to develop new services and supports when teams request them.

This feature is currently...			Feature	I rate the priority for improvement of this feature as...		
In Place	Partially in Place	Not in Place		High	Med	Low
			42. The lead agency expects that teams will develop ISP plans that are directly related to the family's needs and preferences.			
			43. The lead agency buffers teams from <u>pressures within the lead agency</u> (e.g. service providers whose caseloads are not full, lack of providers for desired service) that might otherwise shape the services called for in the plan.			
			44. The lead agency buffers teams from pressures <u>within the services system</u> (e.g. over- or under-supply of certain services, relative costs of desired services) that might otherwise shape the services called for in the plan.			
			45. Team members are encouraged and given support to locate and/or individualize services and supports when called for by an ISP plan.			
			46. The lead agency works strategically to respond to emerging needs for services and supports that tend to be identified by ISP teams (e.g. mentoring, respite, behavior support, community-based recreation).			

<b>Acquiring services/supports (continued)</b>						
<b>iii. The lead agency demonstrates its commitment to developing culturally competent services and supports.</b> This section asks whether the lead agency acts in ways that show it is committed to developing cultural competence, and to helping teams provide culturally competent services and supports.						
<b>This feature is currently...</b>			<b>Feature</b>	<b>I rate the priority for improvement of this feature as...</b>		
<b>In Place</b>	<b>Partially in Place</b>	<b>Not in Place</b>		<b>High</b>	<b>Med</b>	<b>Low</b>
			47. The lead agency has initiated an inclusive process for identifying the service and support needs of diverse families receiving ISP services.			
			48. The lead agency has a specific plan, developed through an inclusive process, for increasing cultural competence in the work of its ISP teams.			
			49. When hiring people who will perform special roles on teams (facilitators, family advocates, care coordinators), the lead agency places an emphasis on finding people who are connected to the community (e.g. have history living or working in the community, have many community ties, represent the diversity and/or speak the languages of the community).			



### Acquiring services/supports (continued)

**iv. The lead agency supports teams in effectively including community and natural supports.** This section asks about whether or not the lead agency supports teams in attracting and maintaining community and natural supports.

This feature is currently...			Feature	I rate the priority for improvement of this feature as...		
In Place	Partially in Place	Not in Place		High	Med	Low
			50. The lead agency encourages team members with special roles (resource developers, care coordinators, family advocates) to increase their knowledge of diverse resources within the community, and to apply this knowledge in the ISP process.			
			51. The lead agency has dedicated resources to developing new community supports or adapting existing ones.			
			52. Supervisors are knowledgeable about specific strategies for increasing the participation of community and natural supports in the ISP process.			

### Acquiring services/supports (continued)

**v. The lead agency demonstrates its commitment to developing an array of effective providers.** This section asks whether the lead agency acts in ways that show it is committed to ensuring that the services and supports available for ISP teams are of the highest available quality. Effective providers are those who adhere to evidence-based approaches, who conform to best practices, and/or who demonstrate effectiveness through other means. Effective providers can provide formal (psychotherapy, substance abuse treatment), non-traditional (tundra walking), or community services (mentoring, recreation, behavior support).

This feature is currently...			Feature	I rate the priority for improvement of this feature as...		
In Place	Partially in Place	Not in Place		High	Med	Low
			53. The lead agency has knowledge about effectiveness considerations across a range of services and supports.			
			54. The lead agency obtains accurate information about the effectiveness of available services and supports, and makes this information available to its staff and to teams.			
			55. If the team or family feels that a provider is not working effectively with the family, the lead agency supports the team in finding another provider.			
			56. The lead agency actively encourages local providers to increase their effectiveness (e.g. by adopting best practices or evidence-based approaches).			

## Accountability

**i. The lead agency monitors adherence to the practice model, implementation of plans, and cost and effectiveness.** This section asks whether the lead agency collects information to make sure that teams are using the ISP practice model, and to document how children and families are doing.

This feature is currently...			Feature	I rate the priority for improvement of this feature as...		
In Place	Partially in Place	Not in Place		High	Med	Low
			57. The lead agency performs quality management studies or program evaluation to see if teams are successfully implementing the ISP values and practice model.			
			58. The lead agency ensures that supervision for facilitators incorporates data on the extent to which the facilitators' teams are adhering to the ISP values and practice model.			
			59. The lead agency has a mechanism for monitoring whether supervision focuses in a structured way on building skills required by the ISP practice model.			
			60. The degree to which ISP plans are implemented is considered an important outcome by the lead agency.			
			61. The lead agency keeps accurate records of the costs associated with teams' plans and the ISP program.			
			62. The lead agency monitors data on the outcomes associated with ISP teams and uses this data in programmatic decisions.			
			63. In addition to outcomes related to child functioning, the lead agency values outcomes associated with the family (e.g. family satisfaction, caregiver burden).			

# Assessment of the Policy and Funding Context for Individualized Service/Support Planning

*(Sometimes referred to as the “system context”)*

The purpose of this checklist is to provide a structured way to assess the policy and funding context that surrounds Individualized Service/Support Planning teams (ISP teams) and the lead agency that houses these teams. This assessment is to be completed by individuals responsible for managing the ISP program in your agency. This might include individuals who supervise team facilitators, as well as program managers and administrators of the agency or agencies that are primarily responsible for implementing ISP.

This assessment is not intended to provide a rating or grade to people or agencies in the policy and funding context. Instead, the purpose of the assessment is to provide data that can help stakeholders clarify their understanding of the conditions that are necessary for local implementation, the extent to which these conditions are in place, and the priorities for action to improve implementation.

The ability to produce good ISP services is affected by the decisions and actions of higher-level individuals from outside the lead organization. The *policy and funding context* is the term we use to refer to this larger political and economic context that surrounds the lead agency and the teams. It includes those individual leaders and groups that:

1. Make decisions about funding for ISP teams, ISP training, or administrative costs;
2. Audit, certify, accredit or review the ISP program or related parts of the lead organization (e.g. business office);
3. Make laws, rules or set procedures that affect the functioning of the teams or the lead organization (e.g. how long services and supports will continue, how flexible dollars can be spent); or
4. Prepare contract language that affects the way that ISP teams function or are supported.

The policy and funding context will be different for each organization that hosts ISP teams. It may include all or some of the following: inter-organizational committees at state, regional or community levels; leaders at state or county departments of mental health, child welfare, education and juvenile justice; and accounting or billing offices or others with the power to control funds or team activities.

Please use the space below to write down the major groups or individuals you think comprise your policy and funding context.

**NOTE:**

IF YOU FEEL that an item is not applicable to your situation, or that you do not have enough information or knowledge to respond to an item, feel free to leave it blank.

<b>Practice model</b>						
<p><b>i. Leaders in the policy and funding context actively support the ISP practice model.</b> This section focuses on the extent to which leaders in the policy and funding context make rules and allocations of resources that support the essential elements of ISP. By "practice model," we mean a team process that is driven by the needs of the family, uniquely tailored to meet these needs, and grounded in community and natural supports and services.</p>						
<b>To what extent is this feature present?</b>			<b>Feature</b>	<b>I rate the priority for improvement of this feature as...</b>		
A lot	Some	Very little		High	Med	Low
			1. There are some influential leaders in the policy and funding environment who actively advocate for the needs of ISP teams. (In some sites these leaders are called "ISP champions.")			
			2. Leaders from the policy and funding context understand the basic components of the ISP practice model.			
			3. When policies or agreements that support ISP <u>are</u> in place but <u>are not</u> actually being implemented, leaders in the policy and funding context will work actively for implementation.			
			4. When leaders in the policy and funding context make decisions, they are able to foresee how their choices will have direct and indirect impacts on ISP teams' ability to function.			
			5. When leaders in the policy and funding context make decisions, they choose options which are supportive of the needs of ISP teams.			
			6. Leaders in the policy and funding context make an effort to educate their peers about the components and values of ISP.			

## Collaboration/partnerships

**i. The policy and funding context encourages interagency cooperation around the team and the plan.** To encourage partner agencies to cooperate with the team-based ISP process, there must be active support and/or pressure for them to work together. This requires various incentives, as well as flexibility in both the funding mechanisms and the way policies are written.

To what extent is this feature present?			Feature	I rate the priority for improvement of this feature as...		
				High	Med	Low
A lot	Some	Very little				
			7. The policy and funding context encourages agencies to collaborate to deliver ISP more effectively. (For example, by encouraging mechanisms for sharing information about services and assistance offered at different agencies, by encouraging co-training or co-funding of staff positions, or by encouraging mechanisms to share client information in ways that do not violate confidentiality).			
			8. Policies and funding guidelines are written in ways that support team members' attendance at team meetings. (For example, allowing team members flexible hours to attend meetings, reimbursing attendance as a legitimate service cost, or allowing several team members from the same agency to attend a meeting).			
			9. Policies and funding guidelines are written in ways that support team members' carrying out tasks assigned by the team. (For example, reimbursing time spent on tasks, or writing up team documentation).			
			10. Leaders from the policy and funding context work to ensure that ISP teams aren't required to do redundant work to satisfy the requirements of various partner agencies. (For example, by consolidating requirements for documenting plans, or by supporting streamlining of consent process).			

### Collaboration/partnerships (Continued)

**ii. Leaders in the policy and funding context play a problem-solving role across service boundaries.** In order to identify and solve mutual problems, there needs to be a recognized way—at the state, county, or regional level—to address policy issues that span agencies and that affect the ability of teams to work effectively. This function can be performed by an individual or key individuals acting mostly informally, or it can be performed by an individual or group that is formally charged with this responsibility. Regardless, the individual or group must have sufficient decision-making authority to be effective in resolving problems.

To what extent is this feature present?			Feature	I rate the priority for improvement of this feature as...		
				High	Med	Low
A lot	Some	Very little				
			11. There is a person or group with sufficient decision-making authority who acts to resolve problems that are encountered by ISP teams or programs and that arise from insufficient inter-agency collaboration. (For example: problems about who will pay for what, problems about access and different eligibility criteria, problems stemming from conflicting rules).			
			12. Individuals involved in ISP teams and/or programs feel comfortable bringing their complaints and concerns to this problem-solving individual or group.			
			13. When this individual or group has made a decision, follow-through is monitored to ensure that the decision is implemented.			

## Capacity building/staffing

**i. The policy and funding context supports development of the special skills needed for key roles on ISP teams.** The skills needed by people in key roles on ISP teams (facilitator, parent advocate, resource developer, care coordinator) are in many ways different from the skills needed for service delivery in traditional models. Policies and contracts must reflect an understanding of the value of these roles and their importance to the effective functioning of ISP teams.

To what extent is this feature present?			Feature	I rate the priority for improvement of this feature as...		
				High	Med	Low
A lot	Some	Very little				
			14. The policy and funding context reflects an understanding of the need for hiring people to fill the special roles on ISP teams. (For example, facilitator, parent advocate, community resource developer).			
			15. The policy and funding context encourages agencies that hire people for these special roles to provide compensation that reflects their value to ISP teams.			
			16. Leaders in the policy and funding context support reasonable team workloads for people who perform these special roles.			



## Acquiring services/supports

**i. The policy and funding context grants autonomy and incentives to develop effective services and supports consistent with the ISP practice model.** This section asks whether the policy and funding context provides incentives or erects barriers affecting the agencies' ability to respond to the needs that emerge from the individualized planning process. It also asks about the extent to which agencies are supported in developing new or modified services and supports. It also asks whether ISP teams and programs are supported in their efforts to ensure that the services and supports acquired by ISP teams are of the highest possible quality (i.e. the providers conform to evidence-based approaches, adhere to best practices and/or support the value base of ISP).

To what extent is this feature present?			Feature	I rate the priority for improvement of this feature as...		
				High	Med	Low
A lot	Some	Very little				
			17. Incentives in the policy and funding context clearly encourage community-based placements over other placements (residential care, detention, hospital) whenever possible.			
			18. When ISP teams or programs are able to save money by avoiding out-of-community placements, the resources saved are returned to the community to support further development of needed services and supports.			
			19. The policy and funding context provides incentives that encourage the development of services and supports consistent with the ISP practice model.			
			20. Policies and contracts allow flexibility in (sub)contracting so that ISP teams and programs can seek out the most effective providers.			
			21. Policies and contracts do not provide incentives to over-purchase certain kinds of "standard" services (e.g. psychotherapy, psychiatry) and/or under-purchase other kinds of services and supports (e.g. respite, behavioral support, mentoring, sweat ceremonies).			
			22. Contracts for funding contain language that require elements of ISP (e.g. family involvement, natural supports).			
			23. Policies and contracts recognize the costs associated with training providers in the ISP values and practice model.			

## Acquiring services/supports (Continued)

**ii. The policy and funding context supports fiscal policies that allow the flexibility needed by ISP teams.** ISP teams thrive in a funding context that supports flexible fiscal policies such as blended funding and flexible funds. ISP teams need to have access to funds to pay for the costs required to meet families' unique needs as called for in the plan (e.g. for special events or equipment, or for non-traditional or non-categorical services or supports). The policy and funding context must recognize these as legitimate costs and must support teams in accessing funds to pay the costs in a timely manner.

To what extent is this feature present?			Feature	I rate the priority for improvement of this feature as...		
				High	Med	Low
A lot	Some	Very little				
			24. Leaders in the policy and funding context identify and encourage the use of funding streams that can be blended.			
			25. Children who are not Medicaid eligible have access to ISP, flexible funds and most other services.			
			26. The policy and funding context supports paying for costs to meet unique needs by encouraging blended funding or other mechanisms.			
			27. Leaders in the policy and funding context understand that costs to meet unique needs are legitimate expenditures.			
			28. Leaders in the policy and funding context help to educate other stakeholders (politicians, the public) about why ISP funds are expended for items, services, and/or supports that are non-traditional, unique, or "different."			

### Acquiring services/supports (Continued)

**iii. The policy and funding context actively supports family and youth involvement in decision making.** Inclusion of family voice at all levels is a key principle of the ISP philosophy and monitoring this inclusion within the policy and funding context is important. Inclusion of family members on policy and funding decision-making bodies encourages greater attention to family and youth input at the organizational and team levels.

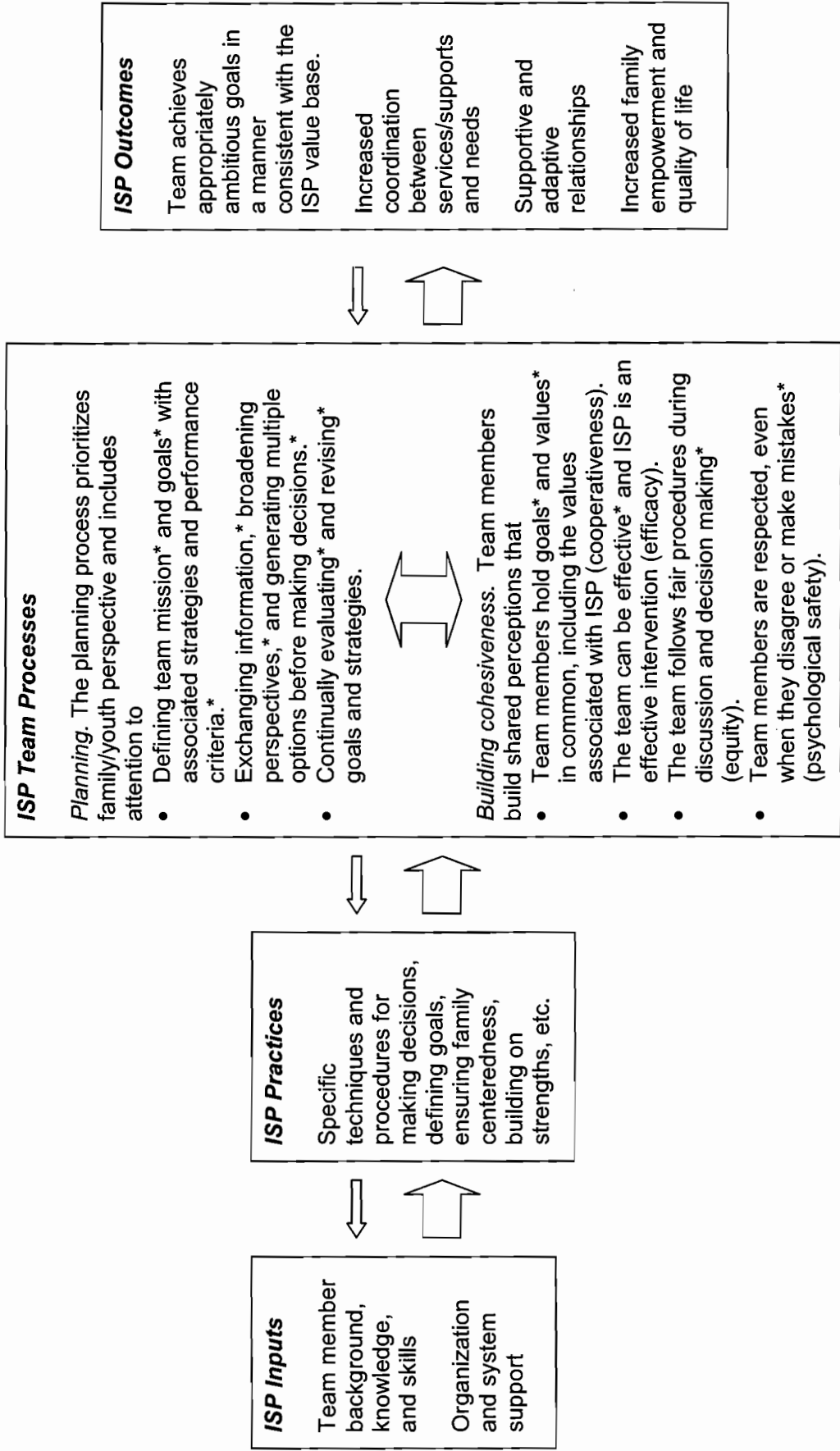
To what extent is this feature present?			Feature	I rate the priority for improvement of this feature as...		
A lot	Some	Very little		High	Med	Low
			29. Policy and funding arrangements recognize the costs of partnering with families and youth in the ISP process (e.g. reimbursing travel or child care costs).			
			30. Family members are included on major policy-making bodies or groups involved in making fiscal decisions that impact ISP teams.			
			31. Policy and funding arrangements recognize the costs associated with including family members and youth on policy-making bodies (e.g. stipends, reimbursement for travel and child care).			
			32. Agencies are recognized and rewarded for doing an outstanding job of including family members and youth on policy-making bodies and on teams.			
			33. Policies and funding arrangements recognize that family members and youth will need training and orientation in order to participate most effectively in policy and funding decision making.			
			34. The policy and funding context supports the inclusion of a variety of representative youth and family members across different opportunities to participate in decision making (e.g. not always the same people, not just a single "token" person, people with a diversity of backgrounds and opinions).			

## Accountability

**i. Documentation requirements meet the needs of policy makers, funders, and other stakeholders.** Leaders in the policy and funding context will need information on aggregated cost and outcome data so that they can determine whether team-based ISP is cost and outcome neutral (at a minimum) as compared to alternate arrangements. In order to reflect the ISP practice model, which may differ substantially from the goals of other service delivery arrangements, different strategies and instruments may be needed for measuring outcomes. For example, greater reliance on strengths-based instruments, measures of family satisfaction and assessment of caregiver strain are concepts important to team-based ISP. Teams, agencies, and providers should also have access to data that will help them deliver ISP more effectively.

To what extent is this feature present?			Feature	I rate the priority for improvement of this feature as...		
				High	Med	Low
A lot	Some	Very little				
			35. Policies and funding arrangements require that ISP programs provide evidence that they are adhering to a practice model for ISP.			
			36. The documentation for ISP programs required by the policy and funding context provides sufficient data to evaluate the costs and the effectiveness of ISP.			
			37. Measures of family satisfaction, reduction in caregiver strain, and other family-oriented outcomes are accepted as legitimate indicators of the effectiveness of ISP.			
			38. Leaders in the policy and funding context use data to diagnose challenges and barriers to the effective functioning of ISP teams and programs.			
			39. Leaders in the policy and funding context use data to educate peers and build support and build recognition for successes of ISP (e.g. among members of the state legislature or the public).			
			40. Documentation required by the funding and policy context is realistic and not burdensome for teams or lead organization.			
			41. Policy and funding arrangements recognize the costs associated with collection of data on costs and outcomes.			
			42. Documentation required by the policy and funding context is coordinated with documentation maintained for organizational and team needs.			
			43. Policies and funding arrangements support sharing cost and outcome data with lead and partner agencies, and with providers.			
			44. Leaders in the policy and funding context communicate realistic expectations about the costs of ISP programs, what sorts of outcomes can be expected from ISP programs, and how long it will take to achieve results.			

**FIGURE 2: A MODEL OF ISP TEAM EFFECTIVENESS**



\*These attributes of process have been linked to team effectiveness in studies across a variety of contexts.

**Illinois Statewide Technical Assistance Center (ISTAC)  
Systematic Information Management for Educational Outcomes (SIMEO)  
Educational Information Tool (EI-T): FY09**

<b>Time 1/Baseline</b> Collected no later than 30 days from referral and before first meeting	<b>Time 2</b> Collected anywhere from a maximum of monthly from the point of initial assessment to a minimum of once at three months following initial assessment, or before the school year ends	<b>Time 3</b> Collected anywhere from a maximum of monthly from the point of Time 2 assessment to a minimum of once at six months following initial assessment, or before the school year ends	<b>Time 4</b> Collected anywhere from a maximum of monthly from the point of Time 3 assessment to a minimum of once at 9 months after initial meeting, or before the school year ends
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**How to complete this form:**

- Classroom teacher or lead teacher for student completes the form
- If more than one teacher is involved in the classroom functioning evaluation, see group scoring options
- Answers to the survey should reflect the teacher(s) experience with youth over the last three months

1) Date tool was completed: \_\_\_\_\_

2) Student Name: \_\_\_\_\_ 3) Student ID: \_\_\_\_\_

4) Please identify the period of assessment:

- Time 1/Baseline     Time 2     Time 3     Time 4     Time 5     Time 6  
 Time 7     Time 8     Time 9     Time 10     Discharge

5) This tool was filled out by:  an individual teacher     a team of teachers

6) Please check if you are a:  general education teacher     special education teacher     family focus facilitator-Autism  
 ISTAC Coordinator     PBIS Coach     other (please specify): \_\_\_\_\_

7) How many months has this student been in your class or classes (write in number of months): \_\_\_\_\_

8) How well do you know this child?  Not Well     Moderately Well     Very Well

9) Has this student transferred during the past year (circle all that apply)?    School    District    N/A

10) Is this student attending the school they would attend if they did not have a disability (please circle)?    YES    NO    N/A

**CLASSROOM FUNCTIONING**

**Never= Display of this functional behavior never occurs**

**Sometimes= Display of this functional behavior occurs less than one time per week**

**Frequently= Display of this functional behavior occurs between one to four times a**

**Always= Display of this functional behavior occurs daily or more than one time per day**

<b>SECTION I: (ALL ISTAC PROGRAMS)</b> Based on your expectations of children in your classroom, please indicate the extent to which the above student...	<b>Never</b>	<b>Sometimes</b>	<b>Frequently</b>	<b>Always</b>	<b>Not Applicable</b>
11) Attends school	1	2	3	4	N/A
12) Completes class assignments on time	1	2	3	4	N/A
13) Works independently	1	2	3	4	N/A
14) Completes homework on time	1	2	3	4	N/A
15) Passes quizzes and tests	1	2	3	4	N/A
16) Completes subjects with a passing grade	1	2	3	4	N/A
17) Participates in classroom discussions and activities	1	2	3	4	N/A
18) Pays attention in class	1	2	3	4	N/A
19) Participates in extracurricular activities	1	2	3	4	N/A
20) Has friends	1	2	3	4	N/A
21) Engages in socially appropriate behavior with peers	1	2	3	4	N/A
22) Engages in socially appropriate behavior in unsupervised settings	1	2	3	4	N/A
23) Engages in appropriate classroom behavior with adults	1	2	3	4	N/A

<b>SECTION II: CHOICES PROGRAM ONLY</b>	<b>Never</b>	<b>Sometimes</b>	<b>Frequently</b>	<b>Always</b>	<b>Not Applicable</b>
24) Student follows same routine as other students	1	2	3	4	N/A
25) Student participates in lessons that are differentiated for all students through out the day.	1	2	3	4	N/A
26) Student participates with same age peers without disabilities in non-academic classes throughout the school day.	1	2	3	4	N/A
27) The student is given individual accommodations to meet his/her learning needs.	1	2	3	4	N/A
28) Interactions between student and regular education teacher occur at frequencies similar to other students in the classroom.	1	2	3	4	N/A
29) Student has individual daily schedule visible (if needed).	1	2	3	4	NA
30) Student has a system for communicating with peers and adults, across settings, throughout the school day.	1	2	3	4	NA
31) Student's work is monitored for progress and understanding during activities.	1	2	3	4	NA
32) Student follows directions independently.	1	2	3	4	NA
33) Student follows directions with supports.	1	2	3	4	NA
34) Student completes work independently.	1	2	3	4	NA
35) Student completes work with supports.	1	2	3	4	NA
36) Student transitions between activities and environments independently.	1	2	3	4	NA
37) Student transitions between activities and environments with supports.	1	2	3	4	NA
<b>SECTION III</b>	<b>Never</b>	<b>Sometimes</b>	<b>Frequently</b>	<b>Always</b>	<b>Not Applicable</b>
38) Youth needs academic assistance in excess of the assistance expected with classroom instruction	1	2	3	4	NA
39) This youth needs behavioral interventions beyond the classroom routine	1	2	3	4	NA

**ACADEMIC PERFORMANCE**

40) Has student repeated a grade *(please circle)*?      **YES**      **NO**

41) Is child's overall performance commensurate with his/her ability *(please circle)*?      **YES**      **NO**

42) Please rate the student's academic performance *(circle one)*:

**Failing**  
(GPA 0-59%)

**Below Average**  
(GPA 60-69%)

**Average**  
(GPA 70-79%)

**Above Average**  
(GPA 80-89%)

**Superior**  
(GPA 90-100%)

43) Number of students in your class: \_\_\_\_\_

44) How often is this student in your classroom *(please circle)*?

50% of less of day

51-100% of day

2-3 times per week

Once a week

Less than once a week

**Illinois Statewide Technical Assistance Center (ISTAC)  
Systematic Information Management for Educational Outcomes (SIMEO)  
Home, School, Community Tool (HSC-T): FY09**

<b>Time 1/Baseline</b> Collected no later than 30 days from referral and before first meeting	<b>Time 2</b> Collected at a maximum of once a month from the point of initial assessment to once at three months after initial assessment, or before school year ends	<b>Time 3</b> Collected at a maximum of once a month from the point of Time 2 assessment to once at six months after initial assessment, or before school year ends	<b>Time 4</b> Collected at a maximum of once a month from the point of Time 3 assessment to once at nine months after initial assessment, or before school year ends
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How to complete this form:

- Answers to the survey should reflect the team's experience over the past month or past three months, depending on frequency of assessment
- Youth's facilitator and parent or caregiver completes the form together during the initial conversation or the initial child and family meeting
- Youth's school teacher is asked to provide input for completing school section of needs and strengths

- 1) Date tool was completed: \_\_\_\_\_
- 2) Please identify the period of assessment:  Time 1/Baseline  Time 2  Time 3  Time 4  Time 5  Time 6  Time 7  Time 8  Time 9  Time 10  Discharge
- 3) Who filled out this tool:  Individual  Team
- 4) If an individual, indicate role:  Parent/Caregiver  Teacher  ISTAC Coordinator  Family Focus Facilitator-Autism  PBIS Coach  Other
- 5) Student Name: \_\_\_\_\_ 6) Student ID: \_\_\_\_\_

**High Need** = student demonstrates significant and/or extreme challenge and need in this area of functioning, potentially leading to failure of the home, school, and/or community placement.  
**Somewhat Need** = student demonstrates challenge and need in this area of functioning but not enough to warrant failure of home, school, and/or community placement.  
**Somewhat Strength** = student demonstrates growth and maturation in this area of functioning, and at times still needs guidance and direction.  
**High Strength** = student demonstrates above average or excellent growth and maturation in this area of functioning requiring no additional guidance or direction.

Needs/Strengths	COMMUNITY HOME						SCHOOL							
	high 1	somewhat 2	somewhat 3	high 4	high 1	somewhat 2	high 1	somewhat 2	somewhat 3	high 4	high 1	somewhat 2	somewhat 3	high 4
<b>Safety/Medical/Basic Needs</b>														
7) Health does not limit child's activity														
8) Sees a doctor or nurse when needed														
9) Is safe from violence/crime														
10) Has adequate/safe physical environment														
11) Has life/survival skills														
12) Has enough to do (age-appropriate activities)														
13) Has enough to eat (well-balanced meals)														
14) Has transportation														



Name of Student \_\_\_\_\_ /Date \_\_\_\_\_

Needs/Strengths	COMMUNITY HOME						SCHOOL					
	need		strength		need		strength		need		strength	
	high 1	somewhat 2	somewhat 3	high 4	high 1	somewhat 2	somewhat 3	high 4	high 1	somewhat 2	somewhat 3	high 4
<b>Social Relationships</b>												
15) Has friends												
16) Is accepted by other children												
17) Gets along with children												
18) Gets along with adults												
19) Respects adults in authority												
<b>Emotional Functioning</b>												
20) Controls his/her anger												
21) Feels that he/she belongs												
22) Knows when to ask for help												
23) Knows how to ask for help												
24) Handles disagreements												
25) Responds like other youth to emotional situations												
<b>Behavioral</b>												
26) Seeks attention in appropriate ways												
27) Follows rules												
28) Controls him/herself												
29) Cares for own personal safety												
30) Participates in activities												
31) Is usually on time												
32) Accomplishes chores/assignments/jobs/tasks on time												
33) Accomplishes chores/assignments/jobs/tasks successfully												
34) Pays attention to directions												
35) Works independently												
36) Behaves appropriately in unsupervised settings												

Needs/Strengths	COMMUNITY HOME						SCHOOL					
	need		strength		need		strength		need		strength	
	high 1	somewhat 2	somewhat 3	high 4	high 1	somewhat 2	somewhat 3	high 4	high 1	somewhat 2	somewhat 3	high 4
37) Likes to get better at the things he/she does												
<b>Cultural/Spiritual</b>												
38) Cultural needs are met												
39) Spiritual needs are met												
40) Feels accepted												

**Illinois Statewide Technical Assistance Center (ISTAC)  
Systematic Information Management for Educational Outcomes (SIMEO)  
Family/Caregiver Satisfaction Tool (FS-T): FY09**

<b>Time 1/Baseline</b> Collected no later than 30 days from referral and before first meeting	<b>Time 2</b> Collected 3 months after initial meeting or before the school year ends	<b>Time 3</b> Collected 6 months after initial meeting or before the school year ends	<b>Time 4</b> Collected 9 months after initial meeting or before the school year ends
--	--	--	--

**How to complete this form:**

- Parent or caregiver completes the form
- When completed at baseline, survey is intended to reflect parent or caregiver's experience with a previous team (if any) such as a special education IEP team
- At Time 2,3, & 4 survey is intended to reflect parent or caregiver's experience with the current child and family wraparound team

1) Date tool was completed: \_\_\_\_\_

2) Please identify the period of assessment:

- Time 1/Baseline     Time 2     Time 3     Time 4     Time 5     Time 6  
 Time 7     Time 8     Time 9     Time 10     Discharge

3) Student Name: \_\_\_\_\_ 4) Student ID: \_\_\_\_\_

5) What type of team have you worked with in the past? (*Answer only at baseline*)

- Child and family wrap team                       Other agency led team  
 Special Ed/IEP team                                       Other School Team  
 Other: \_\_\_\_\_

6) What is your relationship with this child?

- biological/adoptive parent                       primary childcare worker  
 foster parent     therapist  
 relative     other: \_\_\_\_\_

**We are interested in your thoughts about this service/process. Please answer each question as honestly as you can.**

To what extent have members on your team provided the following...	not at all	slightly	some-what	a great deal
7) scheduled meetings at convenient times for you to meet?	1	2	3	4
8) returned phone calls in a timely manner?	1	2	3	4
9) included you in decisions about your child and family?	1	2	3	4
10) asked you about the needs and strengths of your entire family?	1	2	3	4
11) treated you with respect?	1	2	3	4
12) improved your family's quality of life overall?	1	2	3	4
13) improved your ability to care for your child?	1	2	3	4

Name of Youth \_\_\_\_\_/Date \_\_\_\_\_

To what extent have members on your team provided the following...	not at all	slightly	some-what	a great deal
14) eased your worries about the future well-being of your child?	1	2	3	4
15) given you information about your community resources?	1	2	3	4
16) helped you understand your child's strengths?	1	2	3	4
17) helped you understand your child's needs?	1	2	3	4
18) helped you understand your family's strengths?	1	2	3	4
19) helped you understand your family's needs?	1	2	3	4
20) helped you understand how to use strengths and needs to work with your child?	1	2	3	4
21) helped you obtain services for your child and family that you were unable to get before?	1	2	3	4
22) increased your ability to get involved with your child's school?	1	2	3	4

23) If a friend were to ask you about this experience what would you tell him or her?

	very unlikely			very likely
24) How likely would you repeat this process if your family needed assistance in the future	1	2	3	4
25) How likely would you recommend this process to a friend?	1	2	3	4

We appreciate your comments.

Thank you! 😊

**Facilitator Instructions:** *Please assist or read to respondent who may need help reading or understanding items.*

**Illinois Statewide Technical Assistance Center (ISTAC)  
Systematic Information Management for Educational Outcomes (SIMEO)  
ISBE Parent Survey: FY09**

**Time 1/Baseline (Autism Only)**

Collected no later than 30 days from referral and before first meeting

**Time 2/Discharge (All Initiatives)**

Collected at case close or end of the intervention process.

**How to complete this form: Form should only be completed for students who are special education identified and have an IEP. Answers to survey should reflect the parent or guardians perspective at discharge or close of participation in the initiative. IATTP Families should also complete at baseline.**

- 1) Date tool was completed: \_\_\_\_\_
- 2) Please identify the period of assessment:  Baseline-1 (IATTP Only)  Discharge-2 (All Other Initiatives)
- 3) If indicate the role of individual filling out form:  Biological Parent (s) -1  Caregiver-2  Legal Guardian-3  Other-4
- 4) Student Name: \_\_\_\_\_ 5) ID#: \_\_\_\_\_ 6) Student's Date of Birth: \_\_\_/\_\_\_/\_\_\_

<b>Schools Effort to Partner with Parent</b> <i>Place an X in the column that matches the correct rating</i>	<b>1</b> Very Strongly Disagree	<b>2</b> Strongly Disagree	<b>3</b> Disagree	<b>4</b> Agree	<b>5</b> Strongly Agree	<b>6</b> Very Strongly Agree
<b>7)</b> I am considered an equal partner with teachers and other professionals in planning my child's program.						
<b>8)</b> I was offered special assistance (such as child care) so that I could participate in the IEP meeting.						
<b>9)</b> At the IEP meeting, we discussed how my child would participate in statewide assessments.						
<b>10)</b> At IEP meetings, we discussed accommodations and modifications that would meet my child's needs.						
<b>11)</b> All of my concerns and recommendations were documented on the IEP.						
<b>12)</b> Written justification was given for the extent that my child would not receive services in the regular classroom.						
<b>13)</b> I was given information about organizations that offer support for parents of students with disabilities.						
<b>14)</b> I have been asked my opinion about how well special education services are meeting my child's needs.						
<b>15)</b> My child's evaluation report is written in terms I understand.						
<b>16)</b> Written information I receive is written in an understandable way.						
<b>17)</b> Teachers are available to speak with me.						
<b>18)</b> Teachers treat me as a team member.						

<b>Teachers and Administrators</b>	<b>1</b> Very Strongly Disagree	<b>2</b> Strongly Disagree	<b>3</b> Disagree	<b>4</b> Agree	<b>5</b> Strongly Agree	<b>6</b> Very Strongly Agree
<i>Place an X in the column that matches the correct rating</i>						
<b>19)</b> Teachers and Administrators seek out parent input.						
<b>20)</b> Teachers and Administrators show sensitivity to the needs of students with disabilities.						
<b>21)</b> Teachers and Administrators encourage me to participate in the decision making process.						
<b>22)</b> Teachers and Administrators respect my cultural heritage.						
<b>23)</b> Teachers and Administrators ensure that I have fully understood the Procedural Safeguards (the rules in federal law that protect the rights of parents).						

<b>The School</b>	<b>1</b> Very Strongly Disagree	<b>2</b> Strongly Disagree	<b>3</b> Disagree	<b>4</b> Agree	<b>5</b> Strongly Agree	<b>6</b> Very Strongly Agree
<i>Place an X in the column that matches the correct rating</i>						
<b>24)</b> The school has a person who is available to answer parent's questions.						
<b>25)</b> The school communicates with me regularly regarding my child's progress on IEP goals.						
<b>26)</b> The school gives me choices with regard to services that address my child's needs.						
<b>27)</b> The school offers parents training about special education issues.						
<b>28)</b> The school offers parents a variety of ways to communicate with teachers.						
<b>29)</b> The school gives parents the help they may need to play an active role in their child's education.						
<b>30)</b> The school provides information on agencies that can assist my child in the transition from school.						
<b>31)</b> The school explains what options parents have if they disagree with a decision of the school.						

**Illinois Statewide Technical Assistance Center (ISTAC)  
Systematic Information Management for Educational Outcomes (SIMEO)  
COMPLEX FBA/BIP Student Disposition Tool (SD-T): FY09**

**Facilitator is REQUIRED to complete the following tracking information every time data are collected:**

Time 1/Baseline	Time 2	Time 3	Time 4
Collected no later than 30 days from referral and before first meeting	Collected anywhere from a maximum of monthly from the point of initial assessment to a minimum of once at three months following initial assessment, or before the school year ends	Collected anywhere from a maximum of monthly from the point of Time 2 assessment to a minimum of once at six months following initial assessment, or before the school year ends	Collected anywhere from a maximum of monthly from the point of Time 3 assessment to a minimum of once at 9 months after initial meeting, or before the school year ends

1) Date Completed: \_\_\_\_\_

2) Student Name: \_\_\_\_\_ 3) Student ID: \_\_\_\_\_

4) Please identify the period of assessment:

- Time 1/Baseline     Time 2     Time 3     Time 4     Time 5     Time 6  
 Time 7     Time 8     Time 9     Time 10     Discharge

5) This tool was filled out by:     an individual     a team

6) If an individual, indicate role:     Parent/Caregiver     Teacher     Wrap Facilitator     Family Focus Facilitator-Autism  
 Social Worker     Guidance Counselor     PBIS Coach  
 Other: \_\_\_\_\_

7) Please identify all ISTAC Initiatives involved with this student and family:

- CHOICES     IATTP     ISRC     PBIS     Other

8) If PBIS, is this tool being filled out as:     Part of a Secondary Intervention or simple FBA  
 Part of an Individual Intervention or complex FBA     Part of a Wraparound Process

**SECTION 1: Fill out at time of referral**

9) Date of referral: \_\_\_\_\_ 10) Name of person making referral: \_\_\_\_\_

11) Phone: \_\_\_\_\_ 12) Email: \_\_\_\_\_

13) Job Title:     Parent     Special Ed Director     TA Specialist     Agency Social Worker  
 Teacher     Case Manager     PBIS Coach     Behavior Consultant  
 Principal     Resource Teacher     School Social Worker     Therapist  
 ISTAC Coordinator/Team Member     School Psychologist  
 Other: \_\_\_\_\_

14) Name of individual entering SIMEO data into database: \_\_\_\_\_

15) Quarter:     One (July 1-Sept. 30)     Two (Oct 1-December 31)     Three (January 1- March 31)     Four (April 1-June 30)

16) State Fiscal Year \_\_\_\_\_

17) Date of Initial Conversation with Parent/Guardian \_\_\_\_\_ 18) Anticipated Date of First Team Mtg \_\_\_\_\_

19) Name of Person Facilitating Team and Individualized Plan: \_\_\_\_\_

20) Phone: \_\_\_\_\_ 21) Email: \_\_\_\_\_

22) Job Title:     Parent     Special Ed Director     TA Specialist     Agency Social Worker  
 Teacher     Case Manager     ISTAC Coordinator/Team Member     Behavior Consultant  
 Principal     Resource Teacher     School Social Worker     Therapist  
 Family Focus Facilitator-Autism     School Psychologist     PBIS Coach  
 Other:

**(PBIS Only) External Coach to School**

23) Is there an identified external coach for this school?     Yes     No

24) Name: \_\_\_\_\_

25) Phone: \_\_\_\_\_ 26) Email: \_\_\_\_\_

**Demographics of School Student Attends**

- 27) School Name: \_\_\_\_\_ 28) District Number: \_\_\_\_\_
- 29) Special Education Coop (If applicable): \_\_\_\_\_ 30) County: \_\_\_\_\_
- 31) School Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 32) Contact: \_\_\_\_\_ 33) Phone: \_\_\_\_\_
- 34) Is this student in a PBIS school?  Yes  No
- 35) Grade:  0-3 Services  K  2  4  6  8  10  12  Drop-Out  Post 12 Transition  
 Pre-K  1  3  5  7  9  11  Not Enrolled  Home Schooling

**SECTION 2: Fill out during all rating periods (baseline, quarterly, and discharge) unless otherwise indicated.**

- 36) Is this student currently identified as a special education student with an IEP?  Yes  No
- 37 and 38) Please select disabilities as Identified on IEP: (Please indicate primary disability with 1 and secondary disability with 2)
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Mental Retardation      | <input type="checkbox"/> Hearing Impairment              | <input type="checkbox"/> Emotional Disturbance |
| <input type="checkbox"/> Visual Impairment       | <input type="checkbox"/> Speech &/or Language Impairment | <input type="checkbox"/> Developmental Delay   |
| <input type="checkbox"/> Deafness                | <input type="checkbox"/> Multiple Disabilities           | <input type="checkbox"/> No Disability         |
| <input type="checkbox"/> Other Health Impairment | <input type="checkbox"/> Traumatic Brain Injury          | <input type="checkbox"/> 504 Plan              |
| <input type="checkbox"/> Autism                  | <input type="checkbox"/> Specific Learning Disability    |  |
| <input type="checkbox"/> Orthopedic Impairment   | <input type="checkbox"/> Deaf-Blind                      |  |
- 39) The current educational placement is:
- General ed classroom 100% of the day-FACTS Code 01
  - General ed classroom with special ed consultation-FACTS Code 01
  - General ed classroom with inclusion support-FACTS Code 01
  - Special ed instruction and/or related services 1-20% of the day OUTSIDE the general ed classroom-FACTS Code 01
  - Special ed instruction and/or related services 21-60% of the day OUTSIDE the general ed classroom-FACTS Code 02
  - Special ed instruction and/or related services more than 60% of the day OUTSIDE general ed-FACTS Code 03
  - Special ed 100% in a separate public day school-FACTS Code 04
  - Special ed 100% in a separate public day school in conjunction with a separate residential component-FACTS Code 05
  - County or municipal detention center or jail-FACTS Code 07
  - IYC – Jail-FACTS Code 07
  - Private day school-FACTS Code 08
  - Private residential-FACTS Code 09
  - Alternative education setting
  - Homebound-FACTS Code 11
  - Hospital-FACTS Code 12
  - Regular education Pre-school
  - Special education Pre-school/Early Childhood
  - Community Child Care
  - Partial Day School
  - Other \_\_\_\_\_
- 40) Has educational placement changed in the past three months?  Yes  No

**Student Demographics**

- 41) Caregiver primary language:  English  Spanish  Chinese  French  German  Other: \_\_\_\_\_
- 42) Caregiver relationship to student:  Mother  Father  Grandparent  Step-parent  Foster Parent  Two Parents  
 Other Relative  Other: \_\_\_\_\_
- 43) Student race:  Asian  African-American  Biracial  Caucasian  Hispanic/Latino  Other: \_\_\_\_\_
- 44) Student Gender:  Male  Female
- 45) Student DOB: \_\_\_\_\_
- 46) Student Age: \_\_\_\_\_
- 47) LAN # of LAN where student resides: \_\_\_\_\_



**SECTION 2 (cont) Review Assessment: Fill out during all rating periods following time of referral (quarterly and discharge)**

- 48) Has this student been referred for support through their LAN?
- 49) If yes, have flexible funds been requested?  Yes  No
- 50) Student primary language:  English  Spanish  Chinese  French  German  Other: \_\_\_\_\_
- 51) Are there other agencies currently involved with the student and/or family?  Yes  No
- 52) If yes, indicate agencies currently involved:  DCFS  Probation  CMHC  Public Aid  Other: \_\_\_\_\_
- 53) Does this student have DCFS legal involvement?  Yes  No
- 54) If the student has taken the State performance test since the last RD-T assessment, please identify the student's score:  
 Exceeded Standards  Met Standards  Below Standards  Academic Warning  
 Did not take test within this assessment period

**School Related Risk Factors: Fill out during all rating periods (baseline, quarterly, and discharge).**

- 55) Risk of failure in home placement:  no risk  minimal risk  moderate risk  high risk
- 56) Risk of failure in school placement:  no risk  minimal risk  moderate risk  high risk
- 57) Risk of failure in community placement:  no risk  minimal risk  moderate risk  high risk
- 58) Has the student had any disciplinary referrals in the past three months?  Yes  No 59) If so, how many? \_\_\_\_\_
- 60) Has the student received any in-school suspensions in the past three months?  Yes  No 61) If so, how many? \_\_\_\_\_
- 62) Has the student received any out-of-school suspensions in the past three months?  Yes  No 63) If so, how many? \_\_\_\_\_
- 64) Has the student received any expulsions in the past three months?  Yes  No 65) If so, how many? \_\_\_\_\_

**Other School Related Risk Factors: Fill out during all rating periods following time of referral (quarterly and discharge).**

- 66) School attendance:  59% or below  60-69%  70-79%  80-89%  90-100%
- 67) Please rate the approximate Grade Point Average of the student:  
 59% or below  60-69%  70-79%  80-89%  90-100%  Not applicable
- 68) Has student dropped out of school?  Yes  No
- 69) Has student graduated from High School?  Yes  No 70) Date student graduated: \_\_\_\_\_
- 71) If graduated, with what?  High School Diploma  Certificate  GED
- 72) Have the individualized supports and services through the ISTAC Initiative diverted the student from a more restrictive placement?  
 Yes  No  Not applicable-Baseline
- 73) Has the student been discharged from the ISTAC Initiative this semester?  Yes  No
- 74) If yes, please identify reason for discharge:  
 success completion of Initiative  student transition (moved, changed schools or district)  student graduated  
 team dissolved  student/parent opted out  
 other: \_\_\_\_\_
- 75) If yes, please rate the overall success of the ISTAC Initiative (Discharge only):  
 Poor  Unsatisfactory  Satisfactory  Above Average  Excellent

**Illinois Statewide Technical Assistance Center (ISTAC)  
Systematic Information Management for Educational Outcomes (SIMEO)  
Student Disposition Tool (SD-T): FY09**

**Facilitator is REQUIRED to complete the following tracking information every time data are collected:**

Time 1/Baseline	Time 2	Time 3	Time 4
Collected no later than 30 days from referral and before first meeting	Collected anywhere from a maximum of monthly from the point of initial assessment to a minimum of once at three months following initial assessment, or before the school year ends	Collected anywhere from a maximum of monthly from the point of Time 2 assessment to a minimum of once at six months following initial assessment, or before the school year ends	Collected anywhere from a maximum of monthly from the point of Time 3 assessment to a minimum of once at 9 months after initial meeting, or before the school year ends

- 1) Date Completed: \_\_\_\_\_
- 2) Student Name: \_\_\_\_\_ 3) Student ID: \_\_\_\_\_
- 4) Please identify the period of assessment:
- Time 1/Baseline     Time 2     Time 3     Time 4     Time 5     Time 6  
 Time 7     Time 8     Time 9     Time 10     Discharge
- 5) This tool was filled out by:     an individual     a team
- 6) If an individual, indicate role:  Parent/Caregiver     Teacher     Wrap Facilitator     Family Focus Facilitator-Autism  
 Social Worker     Guidance Counselor     PBIS Coach  
 Other: \_\_\_\_\_
- 7) Please identify all ISTAC Initiatives involved with this student and family:
- CHOICES     IATTP     ISRC     PBIS     Other
- 8) If PBIS, is this tool being filled out as:     part of a secondary intervention or simple FBA  
 part of an individual intervention or complex FBA     part of a wraparound process

**SECTION 1: Fill out at time of referral**

- 9) Date of referral: \_\_\_\_\_ 10) Name of person making referral: \_\_\_\_\_
- 11) Phone: \_\_\_\_\_ 12) Email: \_\_\_\_\_
- 13) Job Title:     Parent     Special Ed Director     TA Specialist     Agency Social Worker  
 Teacher     Case Manager     PBIS Coach     Behavior Consultant  
 Principal     Resource Teacher     School Social Worker     Therapist  
 ISTAC Coordinator/Team Member     School Psychologist  
Other: \_\_\_\_\_
- 14) Name of individual entering SIMEO data into database: \_\_\_\_\_
- 15) Quarter:     One (July1-Sept.30)     Two (Oct 1-December 31)     Three (January 1- March 31)     Four (April 1-June 30)
- 16) State Fiscal Year \_\_\_\_\_
- 17) Date of Initial Conversation with Parent/Guardian \_\_\_\_\_ 18) Anticipated Date of First Team Mtg \_\_\_\_\_
- 19) Name of Person Facilitating Team and Individualized Plan: \_\_\_\_\_
- 20) Phone: \_\_\_\_\_ 21) Email: \_\_\_\_\_
- 22) Job Title:     Parent     Special Ed Director     TA Specialist     Agency Social Worker  
 Teacher     Case Manager     ISTAC Coordinator/Team Member     Behavior Consultant  
 Principal     Resource Teacher     School Social Worker     Therapist  
 Family Focus Facilitator-Autism     School Psychologist     PBIS Coach  
 Other:

**(PBIS Only) External Coach to School**

- 23) Is there an identified external coach for this school?     Yes     No
- 24) Name: \_\_\_\_\_
- 25) Phone: \_\_\_\_\_ 26) Email: \_\_\_\_\_

**Demographics of School Student Attends**

- 27) School Name \_\_\_\_\_ 28) District Number: \_\_\_\_\_
- 29) Special Education Coop (if applicable): \_\_\_\_\_ 30) County: \_\_\_\_\_
- 31) School Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 32) Contact: \_\_\_\_\_ 33) Phone: \_\_\_\_\_
- 34) Is this student in a PBIS school?  Yes  No
- 35) Grade:  0-3 Services  K  2  4  6  8  10  12  Drop-Out  Post 12 Transition  
 Pre-K  1  3  5  7  9  11  Not Enrolled  Home Schooling

**SECTION 2: Fill out during all rating periods (baseline, quarterly, and discharge) unless otherwise indicated.**

- 36) Is this student currently identified as a special education student with an IEP?  Yes  No
  - 37 and 38) Please select disabilities as Identified on IEP: (Please indicate primary disability with 1 and secondary disability with 2)
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Mental Retardation      | <input type="checkbox"/> Hearing Impairment              | <input type="checkbox"/> Emotional Disturbance |
| <input type="checkbox"/> Visual Impairment       | <input type="checkbox"/> Speech &/or Language Impairment | <input type="checkbox"/> Developmental Delay   |
| <input type="checkbox"/> Deafness                | <input type="checkbox"/> Multiple Disabilities           | <input type="checkbox"/> No Disability         |
| <input type="checkbox"/> Other Health Impairment | <input type="checkbox"/> Traumatic Brain Injury          | <input type="checkbox"/> 504 Plan              |
| <input type="checkbox"/> Autism                  | <input type="checkbox"/> Specific Learning Disability    |  |
| <input type="checkbox"/> Orthopedic Impairment   | <input type="checkbox"/> Deaf-Blind                      |  |
- 39) (IATTP Only) Please identify the DSM diagnosis of the student (only one per student):
- |  |  |                                  |  |                                 |
|--|--|----------------------------------|--|---------------------------------|
| <input type="checkbox"/> Childhood Disintegrative Disorder | <input type="checkbox"/> Rett Disorder | <input type="checkbox"/> PDD/NOS | <input type="checkbox"/> Asperger Disorder | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Other (please specify) _____      |  |                                  |  |                                 |

- 40) The current educational placement is:
- General ed classroom 100% of the day-FACTS Code 01
  - General ed classroom with special ed consultation-FACTS Code 01
  - General ed classroom with inclusion support-FACTS Code 01
  - Special ed instruction and/or related services 1-20% of the day OUTSIDE the general ed classroom-FACTS Code 01
  - Special ed instruction and/or related services 21-60% of the day OUTSIDE the general ed classroom-FACTS Code 02
  - Special ed instruction and/or related services more than 60% of the day OUTSIDE general ed-FACTS Code 03
  - Special ed 100% in a separate public day school-FACTS Code 04
  - Special ed 100% in a separate public day school in conjunction with a separate residential component-FACTS Code 05
  - County or municipal detention center or jail-FACTS Code 07
  - IYC – Jail-FACTS Code 07
  - Private day school-FACTS Code 08
  - Private residential-FACTS Code 09
  - Alternative education setting
  - Homebound-FACTS Code 11
  - Hospital-FACTS Code 12
  - Regular education Pre-school
  - Special education Pre-school/Early Childhood
  - Community Child Care
  - Partial Day School
  - Other \_\_\_\_\_

- 41) Has educational placement changed in the past three months?  Yes  No
- 42) (ISRC Only) Has a Home School Team been established?  Yes  No  Not applicable

**Student Demographics**

- 43) Caregiver primary language:  English  Spanish  Chinese  French  German  Other: \_\_\_\_\_
- 44) Caregiver relationship to student:  Mother  Father  Grandparent  Step-parent  Foster Parent  Two Parents  
 Other Relative  Other: \_\_\_\_\_
- 45) Student race:  Asian  African-American  Biracial  Caucasian  Hispanic/Latino  Other: \_\_\_\_\_

**SECTION 2 (cont) Review Assessment: Fill out during all rating periods following time of referral (quarterly and discharge)**

46) Student Gender:  Male  Female

47) Student DOB: \_\_\_\_\_

48) Student Age: \_\_\_\_\_

49) LAN # of LAN where student resides: \_\_\_\_\_

50) Has this student been referred for support through their LAN?

51) If yes, have flexible funds been requested?  Yes  No

52) Student primary language:  English  Spanish  Chinese  French  German  Other: \_\_\_\_\_

53) Are there other agencies currently involved with the student and/or family?  Yes  No

54) If yes, indicate agencies currently involved:  DCFS  Probation  CMHC  Public Aid  Other: \_\_\_\_\_

55) Does this student have DCFS legal involvement?  Yes  No

56) (ISRC only) Does student have cochlear implant?  Yes  No  Not applicable

57) How many student/family team meetings were held since last SIMEO review or assessment, to include baseline? \_\_\_\_\_

58) (PBIS only) Were SWISS data used in any student/family meetings during the reporting period?  Yes  No

59) Were SIMEO data used in any student/family meetings during the reporting period?  Yes  No

60) If yes, please indicate how data were used (check as many as apply):

- to engage team members       to ensure voice of family       to design interventions  
 to revise actions of team       to celebrate success       data not used

61) Does student have a BIP?  Yes  No  Not applicable

62) If student is enrolled in grade 3-8 or 11 (or the educational equivalent) this year, will they be participating in ISBE State Performance Testing?  Yes  No

63) If yes, please identify the Performance test taken or to be taken by the student:  ISAT  IAA  Other: \_\_\_\_\_

64) If the student has taken the State performance test since the last RD-T assessment, please identify the student's score:

- Exceeded Standards       Met Standards       Below Standards       Academic Warning  
 Did not take test within this assessment period

**School Related Risk Factors: Fill out during all rating periods (baseline, quarterly, and discharge).**

65) Risk of failure in home placement:  no risk       minimal risk       moderate risk       high risk

66) Risk of failure in school placement:  no risk       minimal risk       moderate risk       high risk

67) Risk of failure in community placement:  no risk       minimal risk       moderate risk       high risk

68) Has the student had any disciplinary referrals in the past three months?  Yes  No      69) If so, how many? \_\_\_\_\_

70) Has the student received any in-school suspensions in the past three months?  Yes  No      71) If so, how many? \_\_\_\_\_

72) Has the student received any out-of-school suspensions in the past three months?  Yes  No      73) If so, how many? \_\_\_\_\_

74) Has the student received any expulsions in the past three months?  Yes  No      75) If so, how many? \_\_\_\_\_

**Other School Related Risk Factors: Fill out during all rating periods following time of referral (quarterly and discharge).**

76) School attendance:  59% or below       60-69%       70-79%       80-89%       90-100%

77) Please rate the approximate Grade Point Average of the student:

- 59% or below       60-69%       70-79%       80-89%       90-100%       Not applicable

78) Has student dropped out of school?  Yes  No

79) Has student graduated from High School?  Yes  No      80) Date student graduated: \_\_\_\_\_

81) If graduated, with what?  High School Diploma       Certificate       GED

82) Have the individualized supports and services through the ISTAC Initiative diverted the student from a more restrictive placement?  
 Yes  No  Not applicable-Baseline

83) Has the student been discharged from the ISTAC Initiative this semester?  Yes  No

**SECTION 2 (cont) Review Assessment: Fill out during all rating periods following time of referral (quarterly and discharge)**

**84) If yes, please identify reason for discharge:**

- success completion of Initiative
- student transition (moved, changed schools or district)
- student graduated
- team dissolved
- student/parent opted out
- other: \_\_\_\_\_

**85) If yes, please rate the overall success of the ISTAC Initiative (Discharge only):**

- Poor
- Unsatisfactory
- Satisfactory
- Above Average
- Excellent

**SECTION 3 Services Provided through Individualized Plan**

**86-89) Services Utilized: Fill out during all rating periods following time of referral.**

Please check if services are currently being utilized and in the spaces provided please use the following codes to rate frequency and duration of services.

Frequency Scale: 1 = 1 time in the last 3 months      2 = 1 time per month      3 = 1 time per week  
 4 = More than 1 time per week      5 = 1 time per day      6 = More than 1 time per day

Duration Scale: Please use a numeric value (number) to reflect the number of units (hours) of service the student received during the identified frequency period. For example, if the student received 6 hours of discrete trial format- applied behavioral analysis teaching, two times per week the numeric rating for frequency would be 4 and the numeric rating for duration would be 6.

**Home**

Fam    Child	Frequency	Duration		Frequency	Duration
<input type="checkbox"/> <input type="checkbox"/> Child Care	_____	_____	<input type="checkbox"/> <input type="checkbox"/> In-Home Services	_____	_____
<input type="checkbox"/> <input type="checkbox"/> Child Protective Services	_____	_____	<input type="checkbox"/> <input type="checkbox"/> Individual Aide	_____	_____
<input type="checkbox"/> <input type="checkbox"/> Counseling - Couples	_____	_____	<input type="checkbox"/> <input type="checkbox"/> Medical Services	_____	_____
<input type="checkbox"/> <input type="checkbox"/> Counseling - Group	_____	_____	<input type="checkbox"/> <input type="checkbox"/> Medicare Services	_____	_____
<input type="checkbox"/> <input type="checkbox"/> Counseling - Individual	_____	_____	<input type="checkbox"/> <input type="checkbox"/> Medication	_____	_____
<input type="checkbox"/> <input type="checkbox"/> Counseling – Substance Abuse	_____	_____	<input type="checkbox"/> <input type="checkbox"/> Medication Evaluation	_____	_____
<input type="checkbox"/> <input type="checkbox"/> Domestic Violence Intervention	_____	_____	<input type="checkbox"/> <input type="checkbox"/> Mental Health Assessment	_____	_____
<input type="checkbox"/> <input type="checkbox"/> Employment Assistance	_____	_____	<input type="checkbox"/> <input type="checkbox"/> Mentoring	_____	_____
<input type="checkbox"/> <input type="checkbox"/> Financial Support	_____	_____	<input type="checkbox"/> <input type="checkbox"/> Parenting Education	_____	_____
<input type="checkbox"/> <input type="checkbox"/> Homemaking Services	_____	_____	<input type="checkbox"/> <input type="checkbox"/> Parent Supports	_____	_____
<input type="checkbox"/> <input type="checkbox"/> Hospitalization	_____	_____	<input type="checkbox"/> <input type="checkbox"/> Pre-natal Care	_____	_____
<input type="checkbox"/> <input type="checkbox"/> Housing Assistance	_____	_____	<input type="checkbox"/> <input type="checkbox"/> Public Aid/TANF	_____	_____
<input type="checkbox"/> <input type="checkbox"/> Recreation Plan	_____	_____	<input type="checkbox"/> <input type="checkbox"/> Transportation	_____	_____
<input type="checkbox"/> <input type="checkbox"/> Respite	_____	_____	<input type="checkbox"/> <input type="checkbox"/> Vocational Training	_____	_____
<input type="checkbox"/> <input type="checkbox"/> Service Coord./Case Mgmt.	_____	_____	<input type="checkbox"/> <input type="checkbox"/> Personal Assistant	_____	_____
			<input type="checkbox"/> Other _____		

**School**

Child	Frequency	Duration		Frequency	Duration
<input type="checkbox"/> Academic Interventions	_____	_____	<input type="checkbox"/> Occupational Therapy	_____	_____
<input type="checkbox"/> Academic Tutoring	_____	_____	<input type="checkbox"/> Orientation and Mobility Services	_____	_____
<input type="checkbox"/> After School Program	_____	_____	<input type="checkbox"/> Personal Assistant/Aide or Individual Aide	_____	_____
<input type="checkbox"/> Anger Management Interventions	_____	_____	<input type="checkbox"/> Peer Mentor	_____	_____
<input type="checkbox"/> Assistive Technology Services or Devices – Low Tech	_____	_____	<input type="checkbox"/> Peer Support Strategies	_____	_____
<input type="checkbox"/> Assistive Technology Services or Devices – High Tech	_____	_____	<input type="checkbox"/> Physical Therapy	_____	_____
<input type="checkbox"/> Audiology Services	_____	_____	<input type="checkbox"/> Reader or Interpreter	_____	_____
<input type="checkbox"/> Auditory Integration Therapy	_____	_____	<input type="checkbox"/> Recreation Therapy	_____	_____
<input type="checkbox"/> Case Management Services	_____	_____	<input type="checkbox"/> Nursing Care	_____	_____
<input type="checkbox"/> Child Care	_____	_____	<input type="checkbox"/> Relaxation & Self-Modulation Training	_____	_____
<input type="checkbox"/> Counseling - Group	_____	_____	<input type="checkbox"/> Social Skills Instruction	_____	_____
<input type="checkbox"/> Counseling - Individual	_____	_____	<input type="checkbox"/> Sensory Plan	_____	_____

**School con't**

Child	Frequency	Duration		Frequency	Duration
<input type="checkbox"/> Crisis/Safety Plan	_____	_____	<input type="checkbox"/> Special Education Referral	_____	_____
<input type="checkbox"/> Curriculum Modification	_____	_____	<input type="checkbox"/> Speech and Language Therapy	_____	_____
<input type="checkbox"/> Discrete Trial Format or Applied Behavioral Analysis teaching	_____	_____	<input type="checkbox"/> Substance Abuse Treatment	_____	_____
<input type="checkbox"/> FBA/BIP	_____	_____	<input type="checkbox"/> Summer School Program-Not part of IEP	_____	_____
<input type="checkbox"/> Functional Curriculum	_____	_____	<input type="checkbox"/> Transition Planning	_____	_____
<input type="checkbox"/> Language Training	_____	_____	<input type="checkbox"/> Visual Communication Systems	_____	_____
<input type="checkbox"/> Leisure and Community Training	_____	_____	<input type="checkbox"/> Visual Environment Supports	_____	_____
<input type="checkbox"/> Life Skills Instruction	_____	_____	<input type="checkbox"/> Vocational Assessment	_____	_____
<input type="checkbox"/> Medication	_____	_____	<input type="checkbox"/> Vocational/Post-Secondary Planning	_____	_____
<input type="checkbox"/> Medication Evaluation	_____	_____	<input type="checkbox"/> ESY-As part of IEP	_____	_____
<input type="checkbox"/> Mentor/Advocate	_____	_____	<input type="checkbox"/> Other:	_____	_____
<input type="checkbox"/> Motor Skills Therapy	_____	_____	_____	_____	_____
<input type="checkbox"/> Nursing Care	_____	_____	<input type="checkbox"/> Other	_____	_____
			_____	_____	_____

**Community**

Fam	Child	Frequency	Duration		Frequency	Duration
<input type="checkbox"/>	<input type="checkbox"/> After School Programming	_____	_____	<input type="checkbox"/>	<input type="checkbox"/> Peer Mentor	_____
<input type="checkbox"/>	<input type="checkbox"/> Child Care	_____	_____	<input type="checkbox"/>	<input type="checkbox"/> Recreation Services	_____
<input type="checkbox"/>	<input type="checkbox"/> Community Mentoring	_____	_____	<input type="checkbox"/>	<input type="checkbox"/> Respite	_____
<input type="checkbox"/>	<input type="checkbox"/> Cultural/Spiritual Supports	_____	_____	<input type="checkbox"/>	<input type="checkbox"/> Youth Support Groups	_____
<input type="checkbox"/>	<input type="checkbox"/> Employment Assistance	_____	_____	<input type="checkbox"/>	<input type="checkbox"/> Other	_____
<input type="checkbox"/>	<input type="checkbox"/> Outward Bound Experience	_____	_____	_____	_____	_____

**Illinois Statewide Technical Assistance Center (ISTAC)  
Systematic Information Management for Educational Outcomes (SIMEO)  
Youth Satisfaction Tool (YS-T): FY09**

<b>Time 1/Baseline</b> Collected no later than 30 days from referral and before first meeting	<b>Time 2</b> Collected 3 months after initial meeting or before school year ends	<b>Time 3</b> Collected 6 months after initial meeting or before school year ends	<b>Time 4</b> Collected 9 months after initial meeting or before school year ends
--	--	--	--

**How to complete this form:**

- Youth completes the form
- When completed at baseline, survey is intended to reflect youth's experience with a previous team (if any) such as a special education IEP team
- At Time 2, 3, & 4 survey is intended to reflect youth's experience with his/her current child and family wraparound team

1) Date tool was completed: \_\_\_\_\_

2) Please identify the period of assessment:

- Time 1/Baseline   
 Time 2   
 Time 3   
 Time 4   
 Time 5   
 Time 6  
 Time 7   
 Time 8   
 Time 9   
 Time 10   
 Discharge

3) Student Name: \_\_\_\_\_ 4) Student ID: \_\_\_\_\_

To what extent have members on your team...	not at all	slightly	some-what	a great deal
5) included you in the team meetings?	1	2	3	4
6) included you in decisions?	1	2	3	4
7) asked you about your needs?	1	2	3	4
8) treated you with respect?	1	2	3	4
9) asked you about your strengths?	1	2	3	4
10) asked you about your family's strengths?	1	2	3	4
11) asked you about your family's needs?	1	2	3	4
12) helped you understand how to use your strengths and needs?	1	2	3	4
13) involved you in activities and programs that were beneficial?	1	2	3	4
14) increased your ability to get involved with your school?	1	2	3	4

**Facilitator Instructions:** *Please assist or read to youth who may need help reading or understanding items.*

# Wraparound Integrity Tool (WIT) Version 1.0

## Assessment Methods

### I. Assessment with Family (without Team)

#### Assessment 1

##### Time Frame:

Within the **first thirty days** of engagement of family and before first team meeting

Participation: Family (always), Wrap Facilitator (always), Tertiary Coach (if needed for modeling), PBIS TA Staff (if needed for modeling)

##### Method:

Within the **first thirty days of engagement** with family and prior to the first meeting, PBIS TA Coordinator, Tertiary Coach and or the Wrap Facilitator meet with the family to review family's perception of their involvement with teams prior to Tertiary wrap or teaming process. **Review as many phases on WIT with family as applicable.**



**Assessment 2**

**Time Frame:**

After **second team meeting** but before first WIT review meeting by Team

**Participation:** Family (always), Wrap Facilitator (always), Tertiary Coach (if needed for modeling), PBIS TA Staff (if needed for modeling)

**Method:**

Anytime after **second team meeting** but before first WIT meeting review by Team, the Tertiary Coach along with the Team Facilitator meets with the family to review family's perception of **Phase I** of the Wrap teaming process.

**Assessment 3**

**Time Frame:**

After **fourth team meeting** and before team reviews WIT for second assessment.

**Participation:** Family (always), Wrap Facilitator (always), Tertiary Coach (if needed for modeling), PBIS TA Staff (if needed for modeling)

**Method:**

Anytime after **fourth team meeting** but before second Team WIT meeting, the Tertiary Coach along with the Team Facilitator meets with the family to review family's perception of **Phase II and III** of the Wrap teaming process. **Revisit Phase I ratings with family to identify further progress.**

**Assessment 4**

Time Frame:

Within thirty days of the last team meeting or when transitioning of student from wrap is complete.

Participation: Family (always), Wrap Facilitator (always), Tertiary Coach (if needed for modeling), PBIS TA Staff (if needed for modeling)

Method:

Within **30 days of the last team meeting**, the Tertiary Coach along with the Team Facilitator meets with the family to review family's perception of **Phase IV** of the Wrap teaming process. **Revisit Phase I, II and III ratings with family to identify further progress.**

## **II. Assessment with Team (to include Family)**

### **Assessment 1**

#### **Time Frame:**

After **second team meeting**, conducted in a separate meeting held with team and family to review WIT

**Participation:** Family (always), Team (always) Wrap Facilitator (always), Tertiary Coach (if needed for modeling), PBIS TA Staff (if needed for modeling)

#### **Method:**

Within 1-2 weeks after the **second team meeting**, the WIT team (to include the family) meets to provide a consensus rating of **Phase I** of the Wrap teaming process. It is recommended that the PBIS TA staff assigned to the District will facilitate the first team consensus building process. All other assessments will be conducted with Wrap Facilitator (and Tertiary Coach when applicable).

Items within the assessment identified in need of improvement or further consideration should be listed on the action planning document attached. Once listed, the team should identify the steps necessary to improve the fidelity of the team process.

## **Assessment 2**

### **Time Frame:**

After **fourth team meeting**, conducted in a separate meeting held with team and family to review WIT

**Participation:** Family (always), Team (always) Wrap Facilitator (always), Tertiary Coach (if needed for modeling), PBIS TA Staff (if needed for modeling)

### **Method:**

Within 1-2 weeks after the **fourth team meeting**, the WIT team (to include the family meets) to provide a consensus rating of **Phase II and III** of the Wrap teaming process. Items within the assessment identified in need of improvement or further consideration should be listed on the on the action planning document attached. Once listed, the team should identify the steps necessary to improve the fidelity of the team process.

Team should also **revisit Phase I** for purposes of documenting rating progress along with any action steps documented for change during the last meeting.

### **Assessment 3**

#### **Time Frame:**

After **last team meeting**, conducted in a separate meeting held with team and family to review WIT

**Participation:** Family (always), Team (always) Wrap Facilitator (always), Tertiary Coach (if needed for modeling), PBIS

TA Staff (if needed for modeling)

#### **Method:**

Within **thirty days of the last team meeting**, the WIT team to include the family meets to provide a consensus rating of Phase IV of the Wrap teaming process.

Items within the assessment identified in need of improvement or further consideration should be listed on the on the action planning document attached. Once listed, the team should identify the steps necessary to improve the fidelity of the team process.

Team should also **revisit Phase I, II and III** for purposes of documenting rating progress along with any action steps documented for change during the last meeting.

**WIT Administration Timelines**

Participants	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	4 <sup>th</sup> Assessment
<b>Family (without team)</b>	Within 30 days of engagement of family	After 2 <sup>nd</sup> team meeting	After 4th team meeting	After last team meeting and student transition from wrap
<b>Team (with Family)</b>	After 2 <sup>nd</sup> team meeting	After 4th team meeting	After last team meeting and student transition from wrap	

## AARON M. THOMPSON

Assistant Professor

University of Missouri, School of Social Work

719 Clark Hall, Columbia, MO 65211-4470

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### EDUCATION

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May, 2012	PhD	University of North Carolina at Chapel Hill, School of Social Work
May, 2005	M.Ed	Southern Illinois University at Carbondale, School of Ed Admin
May, 2001	MSW	Southern Illinois University at Carbondale, School of Social Work
May, 1996	B.S.	Southern Illinois University, School of Legal & Paralegal Studies

### TEACHING

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#### University of Missouri, School of Social Work, Columbia, Missouri

- 2012 – present
  - Theory and Practice of Social Work Groups
  - Evaluative Research in Clinical Social Work Practice

#### University of North Carolina, School of Social Work, Chapel Hill, North Carolina

- 2009 – 2011
  - Evaluation of Social Work Interventions
  - School Social Work Practice (Invited Lecturer)
  - Human Behavior and the Social Environment
  - Statistics Camp & STATA Workshop (PhD level mini-course)
  - Child Mental Health (Co-teaching Practicum)

#### Southern Illinois University at Carbondale, Carbondale, Illinois

- 2008-2005
  - School Social Work Field Instructor

### AREAS OF SPECIALIZATION

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- School-based mental and behavioral health services
- Origins and prevention of challenging behaviors in childhood and adolescence
- Development and design of school-based interventions
- School-based information systems and tiered response intervention models
- Education and Training of school social work professionals

### PROFESSIONAL EXPERIENCE

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#### University of Missouri, School of Social Work, Columbia, Missouri

- 2012 – present, Assistant Professor

#### University of North Carolina, School of Social Work, Chapel Hill, North Carolina

- 2010-2011, Research Assistant: *Multi-System Partners to Promote School Mental Health*
- 2010-2011, Adjunct Teaching Faculty
- 2008-2010, Research Assistant: *Longitudinal Test of the Elementary School Success Profile Model Of Assessment and Prevention*

#### Tri-County Special Education, Murphysboro, Illinois

- 2006-2007, *Principal*
- 2005-2006, *Assistant Principal*

- 2000-2005, *School Social Worker*  
**Southern Illinois University Clinical Center, Carbondale, Illinois**
- 1999-2000, *Evaluation Specialist*  
**Paul Petzoldt Outdoor Leadership School, Raymond, Maine**
- 1999, *Leadership Instructor*  
**Illinois Ninth Judicial Circuit, Galesburg, Illinois**
- 1996-1999, *Classroom Educator and Counselor*

## **RESEARCH EXPERIENCE**

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### **Principal Investigator, Assistant Professor**

- January, 2013 – current
- University of Missouri
- Objective: Examining the effectiveness of a community-wide book distribution program on the effects of parent and child emergent literacy interactions, social emotional health, and school readiness.

### **Co-Principal Investigator, Assistant Professor**

- January, 2013 – current
- University of Missouri
- Objective: National survey to examine practice-based strategies and evaluation methods currently in use by school social workers engaged in school-based mental health.

### **Principal Investigator, Assistant Professor**

- January, 2013 – current
- University of Missouri
- Objective: Campbell Collaboration approved systematic review and meta-analysis on the effects of self-monitoring for school-aged children with challenging behaviors.

### **Co-Principal Investigator, Assistant Professor**

- September, 2012 – May, 2013
- University of Missouri
- Objective: Examine the feasibility of an assessment-driven social emotional learning intervention system for children, birth - 8.

### **Principal Investigator, PhD Candidate**

- August, 2011 – May 2012
- UNC Chapel Hill
- Objective: Examined the feasibility and effects of self-management and self-monitoring training program for students with challenging classroom behaviors.

### **Principal Investigator, PhD Candidate**

- July, 2011 – May, 2012
- UNC Chapel Hill
- Objective: Examining the effects of teacher training in classroom management strategies and on mindset and efficacy of classroom management.

### **Research Practicum, PhD. Student**

- January 2009 - May, 2009
- UNC Chapel Hill
- Objective: Secondary data analysis using person-centered methods to examine the effects of a social information processing intervention on the transitions of students between social behavioral profiles.



**Research Assistant, PhD Student**

- August, 2008 - May 2010
- UNC Chapel Hill
- Objective: To test the longitudinal effects of the Elementary School Success Profile Model of Assessment and Prevention on student end of grade test scores.

**Principal Investigator, First Year PhD Student**

- January, 2008 - May, 2009
- UNC Chapel Hill
- Objective: Test the effects of a cognitive behavioral intervention using self-management and self-monitoring strategies.

**Project Manager, School Social Worker**

- February, 2002 - May, 2002
- Murphysboro School District #186
- Objective: Observational study of after school programs to inform consultation and training of program staff to improve supervision and positive responses to misbehavior.

**Project Manager, School Social Worker**

- February 2000 - May 2000
- Tri-County Special Education
- Objective: Survey/needs assessment to understand teachers' perceptions on role of school social workers, results used to develop job descriptions for local school districts.

**Research Assistant, MSW Student**

- September, 1999 - May, 2000
- Attucks Community Service Board
- Objective: Survey/needs assessment of low income community members on their access to mental health services.

**Research Assistant, MSW Student**

- November, 1999 - December, 1999
- Jackson County Health Department & SIU School of Social Work
- Objective: Observation of five local school districts to collect data on the frequency of student to student bullying behavior during the school day.

**SCHOLARLY WORK**

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1. Thompson, A. M., Reinke, W. M., & Herman, K. C. (*in press*). The value, practice, and evaluation of teaching social emotional learning to students with and without disabilities. In C. R. Massat, M. S. Kelly, and R. Constable (Eds.), *School Social Work: Practice, Policy, and Research* (8<sup>th</sup> ed.). New York: Oxford.
2. Maynard, B. R., Brendel, K. E., Bulanda, J. J., Thompson, A. M., & Pigott, T. D. (*in press*). Psychosocial interventions for school refusal behavior with elementary and secondary school students: A systematic review. *Psychosocial Interventions for School Refusal Behavior in Elementary and Secondary School Students: A Systematic Review. The Campbell Collaboration*.
3. Edwards, J. E., Powers, J. D., Thompson, A. M., Rutten-Turner, B. (*in press*). The value of teaching preparation during doctoral studies: Student and mentor perspectives of a teaching practicum. *Academic Leadership*.
4. Thompson, A. M., Ruhr, L. R., Maynard, B. R., Pelts, M., & Bowen, N. K. (2013) Self-management interventions for reducing challenging behaviors among school-age students: A

- systematic review. *Campbell Collaboration, Review Protocol*. Available online, November 6, 2013, <http://campbellcollaboration.org/lib/project/264/>
5. Thompson, A. M. (2014). Randomized trial of the Self-management Training And Regulation Strategy (STARS) disruptive students. *Research on Social Work Practice*, Available online, November, 2013, <http://rsw.sagepub.com/content/early/recent>
  6. Maras, M., Thompson, A. M., Thornburg, K. R., Hawks, J. S., Lewis, C. (*in press*). The transprofessional integration of behavior, academic, and social emotional learning. *Journal of Educational & Psychological Counseling*.
  7. Thompson, A. M. The Self-Management Training And Regulation Strategy (STARS). (*in press*) A selective social work intervention to address disruptive classroom behaviors. In P. A. Meares (Ed.), *Social Work Desk Reference*, (2nd ed). New York: Oxford University Press.
  8. Maynard, B. R., Kjellstrand, E. & Thompson, A. M. (2013). A randomized trial of the effects of Check n' Connect on dropout and academic performance. *Research on Social Work Practice*.
  9. Fraser, M. W., Thompson, A. M., Day, S. H. & Macy, R. J. (2013). A latent profile transition analysis of third grade students exposed to the Making Choices Program. *Elementary School Journal*, 114, 354-379.
  10. Thompson, A. M., & Alvarez, M. (2013). Considerations for integrating school resource officers into school-based mental health models. *Children & Schools*, 35, 131-136.
  11. Powers, J. D., & Thompson, A. M. (2013). Evidence-based programs for schools: Relationships between effect sizes and resource requirements. *Journal of Evidence-Based Social Work*., 299-307.
  12. Thompson, A. M., Maynard, B. R., Bowen, N. K., & Pelts, M. (2013, March). Self-management interventions for reducing challenging behaviors among school-age students: A systematic review. *Campbell Collaboration, Title Proposal*. Available online, 2013 March: <http://www.campbellcollaboration.org/library.php>
  13. Bowen, N. K., Thompson, A. M., & Powers, J. D. (2012). A quasi-experimental test of the elementary school success profile model of assessment and prevention. *Journal for the Society for Social Work Research*, 3, 178-196.
  14. Thompson, A. M. (2012). Improving classroom conflict management through positive behavior supports. In C. Franklin, M. B. Harris, & P. Allen-Meares (Eds.), *The school services sourcebook: A guide for school-based professionals* (2nd ed). New York: Oxford University Press.
  15. Thompson, A. M. (2012). *A randomized trial of the Self-management Training And Regulation Strategy (STARS): A selective intervention for students with disruptive classroom behaviors*. ProQuest: Ann Arbor, MI.
  16. Thompson, A. M., Macy, R. J., & Fraser, M. F. (2012). Assessing person-centered outcomes in prevention research: A latent transition profile framework. *The Journal of Community Psychology*, 39, 987-1002.
  17. Fraser, M. W., Guo, S., Ellis, A. R., Thompson, A. M., Wike, T. L., Li, J. (2011). Outcome studies of social, behavioral, and educational interventions: Emerging issues and challenges. *Research on Social Work Practice*, 17, 1-17.
  18. Thompson, A. M. (2011). A systematic review of evidence-based classroom interventions for students with challenging behaviors in school settings. *Journal of Evidence-Based Social Work*, 8, 304-322.

19. Wegmann, K. W., Thompson, A. M., & Bowen, N. K. (2010). A confirmatory factor analysis of the parent behavior scales on the ESSP for parents. *Social Work Research, 35*, 117-127.
20. Thompson, A. M. & Webber, K. C. (2010). Reconnecting student and teacher perceptions of school rules: A reasonable approach to managing students with difficult behaviors. *Children and Schools, 32*, 29-40.
21. Thompson, A. M. (2001). The casual relationship between learning disabilities and juvenile delinquency. *School Social Work Journal, 26*, 30-40.

*Manuscripts IN PROGRESS:*

- Thompson, A. M. Effects of the Imagination Library on parent and child reading interactions, school readiness, and emergent literacy. *Manuscript in progress.*
- Thompson, A. M. & Piester, J. *Evidence-Based School Social Work Practice: Scientifically Supported Strategies and Implementation Issues*. Invited Contribution to Dominican University's International School Social Work textbook. *Manuscript in progress.*
- Herman, K. C., Reinke, W. M., & Thompson, A. M. A confirmatory factor analysis of the Parent Involve Scale for assessing parent-teacher bonding and parent-school involvement. *Manuscript in progress.*
- Thompson, A. M., Vaughn, M., & Maynard, B. R. A confirmatory factor analysis of the School Dropout Risk Inventory: Concurrent and predictive validity of student engagement. *Manuscript in progress.*
- Thompson, A. M. The role of autonomy, relations, and social competency training for improving disruptive behaviors: A mediation model of the theoretical underpinnings of the Self-management Training And Regulation Strategy (STARS). *Manuscript in progress.*

**PROFESSIONAL PRESENTATIONS**

*REFERRED CONFERENCE PRESENTATIONS*

*Pending:* Thompson, A. M. & Kelly, M. S. (2014, July). *Connecting school mental health and evidence-based practice: Results from the second national school social work survey*. Paper accepted for the 3<sup>rd</sup> International Symposium on Decisions, Assessment, Risk and Evidence in Social Work. University of Ulster, Templepatrick, Ireland.

*Pending:* Maras, M., Thompson, A. M., Warmbold, K. & Oram, L. (2014, Sept). *Integrating social-emotional learning into a comprehensive tiered framework of support*. Paper accepted for the 19<sup>th</sup> Annual Conference on Advancing School Mental Health, Sept 18-20, Pittsburg, PA.

1. Thompson, A. M. (2014, Jan). *Randomized trial of the Self-management Training And Regulation Strategy (STARS) disruptive students*. Paper presented at the 18<sup>th</sup> Annual Society for Social Work and Research, San Antonio, TX.
2. Maynard, B. R., Kjellstrand, E. K., & Thompson A. M. (2014, Jan). *Effects of Check & Connect on attendance, behavior, and academics: A randomized effectiveness trial*. Paper presented at the 18<sup>th</sup> Annual Society for Social Work and Research, San Antonio, TX.
3. Maynard, B. R., Kjellstrand, E. K., & Thompson A. M. (March 2014). *Effects of Check & Connect on Attendance, Behavior, and Academics: A Randomized Effectiveness Trial*. Poster to be presented at the Society for Research on Educational Effectiveness, Washington, DC.

4. Bowen, N. K., Thompson, A. M., & Powers, J. D. (2013, Feb). Positive School-Level Effects of the Elementary School Success Profile Model of Assessment & Prevention. Paper submitted to the National Association of School Psychologists.
5. Bowen, N. K., Thompson, A. M., & Powers, J. D. (2013, Jan). Quasi-Experimental Test of the Elementary School Success Profile Model of Assessment & Prevention: Empowering Stakeholders to Improve Academic Success. Paper submitted to the 17<sup>th</sup> Annual Society for Social Work and Research, San Diego, CA.
6. Thompson, A. M., Macy, R. J., & Fraser, M. F. (2012, Jan). *Overview of Longitudinal Person-Centered Methods for Intervention Research*. Paper submission for the 16th Annual Society for Social Work and Research conference, Washington, DC.
7. Thompson, A. M., Macy, R. J., Fraser, M. F., & Day, S. H. (2012, Jan). *Person-Centered Effects of the Making Choices Program: Results from a Sequential Cohort Trial*. Paper submission for the 16th Annual Society for Social Work and Research conference, Washington, DC.
8. Thompson, A. M., Macy, R. J., Fraser, M. F., & Day, S. H. (2011, April). *A latent profile transition analysis of third grade students exposed to the Making Choices Program*. Paper presented for the American Education Research Association Annual conference, New Orleans, Louisiana.
9. Fraser, M. F., Guo, S., Ellis, A. R., Thompson, A. M., Wike, T. L., & Li, J. (2011, February). *Outcome studies of social, behavioral, and educational interventions: Emerging issues and challenges*. Paper presented for the 2011 Stockholm conference on Outcome Studies in Social, Behavioral, and Educational Interventions, Lejdodals slot, Stockholm.
10. Thompson, A. M., Wegmann, K. M., & Bowen, N. K. (2011, January). *Assessing Parent Perceptions of the Home Environment and Children's Social Behavior to Inform School Interventions*. Society for Social Work Research Annual Conference, Tampa, Florida.
11. Bowen, N. K., Thompson, A. M., & Webber, K. C. (2011, January). *Workshop on Regression Discontinuity: A Design Solution*. A workshop presentation given at The Society for Social Work Research Annual Conference, Tampa, Florida.
12. Thompson, A. M., & Webber, K. C. (2010, January). *Reconnecting Student and Teacher Perceptions of School Rules*. Paper presented at the Society for Social Work Research Annual Conference, San Francisco, California.
13. Thompson, A. M., & Webber, K. C. (2009, November). *Reconnecting Student and Teacher Perceptions of School Rules*. Paper presented at the Annual Conference for the Council on School Mental Health, St. Paul, Minnesota.
14. Webber, K.C., Thompson, A., Wegmann, K., Bowen, N. K., & Bower, H.A. (2009, November). *Elementary School Success Profile Model of Assessment and Prevention*. Poster presented at the Center for School Mental Health's annual conference on Advancing School Mental Health, Minneapolis, Minnesota.
15. Powers, J. D., Bower, H., Webber, K. C., Wegmann, K., & Thompson, A. M. (2009, April). *Overview of the ESSP MAP Project*. Paper presented for panel discussion at the annual School of Education Symposium, Chapel Hill, North Carolina.
16. Webber, K.C., Thompson, A.M., Wegmann, K., Bowen, N. K., & Bower, H.A. (2009, March). *Elementary School Success Profile Model of Assessment and Prevention*. Poster presented at the University of North Carolina at Chapel Hill University Research Day. Chapel Hill, North Carolina.

17. Thompson, A. M., & Webber, K. C. (2009, March). *Reconnecting Student and Teacher Perceptions of School Rules*. Poster presented at the University of North Carolina at Chapel Hill University Research Day. Chapel Hill, North Carolina.
18. Thompson, A. M. (2001, October). *The Casual Relationship Between Learning Disabilities and Juvenile Delinquency*. Paper presented at the Illinois Association of School Social Workers (IASSW) Conference. Arlington Heights, Illinois.

#### INVITED PROFESSIONAL TRAININGS

1. Thompson, A. M. (2014, Apr). *United Ways of Missouri & University of Missouri School of Social Work: Partners in Community Impact*. Presentation to the Executive Directors of Missouri United Ways, Jefferson City, MO.
2. Thompson, A. M. (2014, Apr). *Analyzing data for program evaluation*. United Way Board of Directors, Columbia Missouri. <http://www.uwheartmo.org/resources-funded-partners> & <https://www.youtube.com/watch?v=3mjBYwL7kLA&feature=youtu.be>
3. Thompson, A. M. (2014, Mar). *Developing measurement models for program efforts-to-outcomes evaluation*. United Way Board of Directors, Columbia MO. <http://www.uwheartmo.org/resources-funded-partners> & <https://www.youtube.com/watch?v=6i0hjER0kco&feature=youtu.be>
4. Thompson, A. M. (2014, Jan). *Developing logic models for program efforts-to-outcomes evaluation*. United Way Board of Directors, Columbia MO.. <http://www.uwheartmo.org/resources-funded-partners> & <https://www.youtube.com/watch?v=bUF1OrMPp2c&feature=youtu.be>
5. Thompson, A. M. (2013, Oct). *Regression discontinuity: A great idea with a terrible name*. Presentation for The Missouri Prevention Center, The University of Missouri-Columbia.
6. Thompson, A. M. (2013, May). *The Self-Monitoring Training and Regulation Strategies (STARS): A progress monitoring and autonomy support intervention*. School Social Work Association of America. Webinar. Available, <https://umconnect.umn.edu/p26217564/>
7. Thompson, A. M. (2013, April). *The Self-Management Training and Regulation Strategy (STARS): From conceptualization to dissemination*. Presentation for The Missouri Prevention Center, The University of Missouri-Columbia.
8. Thompson, A. M. (2012, Jan-May). *A response to intervention framework for behavior support in elementary schools*. Invited presentation for Durham Public School District Ongoing Professional Development Seminars, Durham, NC.
9. Thompson, A. M. (2012, March). *Child and adolescent behavioral and mental health: Identifying the signs and intervening with help early*. Invited presentation for Parent University, Chapel Hill Carrboro Community School District, Chapel Hill, NC.
10. Thompson, A. M. (2011, Sept-Oct). *Research-based strategies and promising practices for managing difficult student behavior*. Invited presentation prepared for Durham Public School District Ongoing Professional Development Seminars, Durham, NC.
11. Thompson, A. M. (2011, August). *Children's Classroom Behavior: Cultivating Children & Creating Sustainable, Supportive Classrooms*. Invited presentation prepared for the Durham Public School District's Summer Institute Teacher Training, Durham, NC.
12. Thompson, A. M. (2011, August). *The Self-management Training And Regulation Strategy (STARS): A Feasible Behavior Intervention for 4<sup>th</sup> and 5<sup>th</sup> Grade Students*. Invited Presentation prepared for Wake County School District Pupil Support Personnel Professional Development Institute, Raleigh, NC.

13. Thompson, A. M. (2011, July). *Culturally Responsive Schools*. Invited presentation prepared for the Durham Public School District Response to Intervention Coordinators, Durham, NC.
14. Thompson, A. M. (2011, April). *Elementary School Success Profile: Results and Implications of Social Behavioral Assessment*. Invited presentation for the Central Park School for Children, Durham, NC.
15. Thompson, A. M. (2009, February). *Contracting with Children*. Invited parent training offered at Frank Porter Graham Elementary School. Carrboro, North Carolina
16. Thompson, A. M. (January, 2011). *Professional Learning Communities and Classroom Management Using Creative Conflict Resolution and Positive Behavior Incentives*. Invited presentation prepared for the Durham Public School District staff at C.C. Spaulding Elementary School
17. Thompson, A. M. (2008, May). *School Based Recreational Therapy and Classroom Learning*. Invited professional development workshop presented at Williamson County Special Education Cooperative. Marion, Illinois.
18. Thompson, A. M. (2004, May). *Violence Prevention and Conflict Resolution among Adolescents and Teenagers*. Invited professional development Workshop presented at Shawnee School District. Wolf Lake, Illinois.
19. Thompson, A. M. (2003, March). *Creative Conflict Resolution in Schools*. Invited professional development workshop presented at Murphysboro Community Unit School District. Murphysboro, Illinois.

## **COMPETITIVE GRANT FUNDED PROJECTS**

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### ***Under Review: Evaluation of a Self-Monitoring Training Program for Elementary School Students (\$2,779,546 in direct costs).***

- Proposed Dates: 7/1/2015-6/30/2019
- Funding Agency: U.S. Department of Education Institute of Education Sciences
- Objective: To test the effects of a self-monitoring training program on social emotional, behavioral, and academic achievement outcomes.
- Role: Principal Investigator. Proposed Effort: 50%.

### **Principal Investigator, The Effects of the Imagination Library on Emergent Literacy Skills, School Readiness and Social Behavior of Children Entering Kindergarten**

- Date of Funding: 2013-2014
- Funding Agency: University of Missouri Research Council
- Total Funded: \$7,500
- Objective: Testing the effects of an early childhood book distribution program on emergent literacy skills, school readiness and social behavior of a community sample of children entering Kindergarten.

### **Co-Principal Investigator, Promoting Social Emotional and Behavioral Health: Early Childhood through Elementary School**

- Date of Funding: 2013-2014
- Funding Agency: Mangel Research Catalyst Award
- Total Funded: \$2,480
- Objective: Testing a framework to inform a data-driven model to improve delivery of the Missouri Counseling and Comprehensive Guidance Social Emotional Curriculum.

### **Principal Investigator, Effectiveness & Feasibility of the STARS Program**

- Date of Funding: 2010-2012

- Funding Agency: Armfield-Reeves Innovation Fund
- Total Funded: \$10,300
- Objective: Testing a manualized training program designed for school social workers to teach self-regulation strategies to students.

**Project Manager, Positive Behavioral Incentives and Supports (PBIS)**

- Date of Funding: Four grants funded for school years of August, 2001 – May, 2005
- Funding Agency: Illinois State Board of Education
- Total Funded: \$7,000
- Objective: Developing data systems to track building wide student behavior and train teachers in the use of data to reduce disruptive student behavior.

**Project Manager, Paul Petzoldt Outdoor Leadership Program**

- Date of Funding: Three grants funded for school years of August, 2000 – May, 2004
- Funding Agency: Illinois Conservation Foundation
- Total Funded: \$7,500
- Objective: Fund recreational activities to provide experiential learning for students with learning disabilities and emotional disturbances.

**Project Manager, Santa’s Workshop**

- Date of Funding: November & December of 2004, 2005 & 2006
- Funding Agency: Rochman Community Foundation
- Total Funded: \$1,500
- Objective: Improve positive school climate and parent involvement through support during the holiday season.

**Project Manager, Student and Teacher Lunch Program**

- Date of Funding: Two grants funded for school years of 2001-2002 and 2004-2005
- Funding Agency: Illinois Association of School Social Workers (IASSW)
- Total Funded: \$4,000 (75% matching funds provided by Tri-County Special Education)
- Objective: Reinforce students; pro-social choice making and increase teacher mentoring of students by providing an opportunity for teachers to take students to lunch.

**HONORS AND AWARDS**

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- 2012 Dissertation with Distinction, University of North Carolina
- 2012 Outstanding Doctoral Student Award, University of North Carolina
- 2010 John B. Turner Dissertation Award, University of North Carolina
- 2007 Student Focused Leadership Award, Tri-County Special Education Teachers
- 2001 NASW Graduate Student of the Year Award, Southern Illinois NASW Chapter
- 2001 Marguerite Tiefenthal Symposium, Illinois IASSW Essay Competition
- 1991 Carl Sandburg College, Honorable Mention Essay Award

**PROFESSIONAL AFFILIATIONS**

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- 2013 to present, Mental Health-Education Integration Consortium
- 2008 to present, Society for Social Work and Research
- 2008 to present, School Social Work Association of America
- 2001 to present, National Association of Social Workers
- 2005 to present, Type 75, Administrative Certification, Illinois State Board of Ed
- 2001 to present, Type 73, School Social Work Certification, Illinois State Board of Ed
- 2000 to present, Outdoor Instructor Certification, Wilderness Education Association
- 2004-2008, Illinois Principals’ Association

2004-2008, Illinois Alliance of Administrators of Special Education  
2001-2007, Illinois Association of School Social Workers

## **STATISTICAL TRAINING**

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STATA. (2013). Stata Statistical Software, Version 12.0.

MPLUS (2013). *Mplus*, Version 7.0.

SPSS. (2013). Statistical Programming for the Social Sciences, Version 20.0.

### Regression Models

- Linear, Logistic, Logit & Multilevel Linear Models

### Latent Variable Models

- Exploratory & Confirmatory Factor Analysis Models
- Latent Variable Growth Curve Modeling
- General Growth Curve, Mixture
- Piecewise Latent Growth Curve Models
  - Person-Centered Models (Latent Class, Profile, & Transition Models)

## **SERVICE**

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### University

- **Student Doctoral Committee**
  - David Rorher, Counseling Psychology, Committee Member
  - Sarah Owens, Counseling Psychology, Committee Member
  - Abigail Jordan Rolbiecki, Social work, Committee Member
  - Rebekah Freese, Social Work, Committee Member
- **School of Social Work**
  - MU, School of Social Work, MSW Program Committee
  - MU, School of Social Work, Research Subcommittee
  - MU, School of Social Work, Curriculum Committee
  - MU, School of Social Work Heart of Missouri United Way Ambassador
- **Harry S. Truman School of Public Policy, Columbia, MO**
  - Research Scholar
- **Missouri Prevention Center, Columbia MO**
  - Research Scientist
- **The Violence & Injury Prevention Center, St. Louis, MO**
  - Faculty Affiliate

### Community

- 2013-present, Columbia, MO Strive & Cradle to Career Committee Advisory Board
- 2013-present, United Way Fundraising Campaign Spokesperson ([link](#))
- 2013-present, Columbia Children's Board Service Advisory Panel
- 2012-present, Imagination Library Efforts to Impact Evaluation Team
- 2010-2012, Positive Behavior Systems & Supports Team Coach, Durham Public Schools
- 2011, Program Consultant for Central Park School for Children, Durham, North Carolina
- 2010-2011, UNC School of Social Work Doctoral Program Committee Member
- 2010, Education Expert Witness for UNC Law Center on Poverty, Work, & Opportunity
- 2009-2011, Board of review member, Boy Scouts #821, Durham, North Carolina
- 2009, Volunteer Instructor at KIPP Charter School
- 2006-2007, Youth Mentor, Illinois First Judicial Circuit Probation, Murphysboro, Illinois,



- 2002-2007, Tutor, Department of Human Services, Carbondale, Illinois,
- 2002-2003, Admissions Committee, Lincoln's Challenge Program, Rantoul, Illinois
- 2000-2001, Admissions Committee, School of Social Work, Carbondale, Illinois
- 1999, Board Member, Raymond Youth Coalition, Raymond, Maine
- 1996-1999, Mentor, Odyssey Mentoring Program, Galesburg, Illinois
- 1996-1999, Assistant Troop Leader, Boy Scouts of America #206, Knoxville, Illinois

#### **State**

- 2012-present, School Social Work Certification Exploratory Committee, Missouri
- 2013-present, Center for Violence and Injury Prevention—Faculty Affiliate ([link](#))

#### **National**

- 2014-present, Key Informant for Vanderbilt Medical Center AHRQ Evidence-Based Practice Center for Disruptive Behavior Disorders Topic
- 2012-present, NASW Editorial Board, *Children & Schools*
- 2013-present, Assistant Editor, *Social Workers Desk Reference, 3<sup>rd</sup> Edition*
- 2010-present, Reviewer for NASW, *Children & Schools*
- 2011-present, Reviewer for NASP, *Journal of Community Psychology*
- 2011-present, reviewer for SSWR, *Journal for the Society of Social Work Research*
- 2011, Reviewer for *Journal of Advances in School Mental Health Promotion*

## WENDY M. REINKE, PH.D.

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### EDUCATION AND DEGREES

Johns Hopkins Bloomberg School of Public Health

**Prevention Science Postdoctoral Fellow**, Baltimore, MD, 2007

Kennedy Krieger Institute/ Johns Hopkins School of Medicine

**APA-approved Clinical Psychology Intern**, Pediatric Behavioral Psychology, Baltimore, MD, 2005

University of Oregon

**Doctor of Philosophy**, School Psychology (APA accredited), Eugene, OR, 2005

Co-Chairs: Kenneth Merrell, Ph.D. & Teri Lewis-Palmer, Ph.D.

Committee Members: Thomas Dishion, Ph.D., Randy Sprick, Ph.D., & George Sugai, Ph.D.

Dissertation Title: *The Classroom Check-up: A Brief Intervention to Reduce Current and Future Student Problem Behaviors through Classroom Teaching Practices*

**Master of Science**, Special Education, Eugene, OR, 2003

University of Houston

**Bachelor of Science**, *Magna Cum Laude*, Psychology, Houston, TX, 1995

### PROFESSIONAL EXPERIENCE

- 2012- present Associate Professor, School Psychology, Department of Educational, School, & Counseling Psychology, University of Missouri
- 2007- present Co-director, Missouri Prevention Center, University of Missouri
- 2007- 2012 Assistant Professor, School Psychology, Department of Educational, School, & Counseling Psychology, University of Missouri
- 2005- 2007 Indicated Treatments Coordinator, Center for Prevention and Early Intervention, Johns Hopkins University, Bloomberg School of Public Health
- 2005-2007 NIMH Post-Doctoral Fellow, Prevention Research Training in Mental Health, National Institutes of Health, 5T32MH018834-18, PI: Nicholas Ialongo, PhD
- 2004-2005 Pediatric Clinical Psychology Intern. Kennedy Krieger Institute/Johns Hopkins School of Medicine
- 2003-2004 Licensed School Psychologist. 4j School District, Eugene, Oregon
- 2000-2004 Graduate Research Fellow. University of Oregon
- 1999-2000 Research Assistant. Brown University/ Bradley Hospital
- 1997-1999 Senior Research Assistant. Brown University/ Butler Hospital
- 1995-1996 Research Assistant. University of Texas Medical Branch, Galveston, TX

## **CURRENT PROFESSIONAL CREDENTIALS**

Licensed Psychologist (MO #2009007245 – active)

## **HONORS & AWARDS**

Nominated Member, Society for the Study of School Psychology, 2013  
Lightner Witmer Early Career Scholar Award, APA, Division of School Psychology, 2011  
Isabelle Lyda Professorship, College of Education, University of Missouri. 2011  
Junior Faculty of the Year, Trainers of School Psychologist, 2011  
Outstanding Graduate Mentor (Nominated), Graduate School, University of Missouri, 2011  
Advisor/Mentor of the Year (Nominated), College of Education, University of Missouri, 2010  
Presidential Strand Symposium, National Association of School Psychologists, 2010  
Early Career Scholar, Society for the Study of School Psychology, 2009  
Outstanding Teaching Award (Nominated), Graduate Student Network, 2009  
High Flyer Award for Outstanding Teaching, College of Education, University of Missouri, 2007  
Child Intervention Prevention & Service Fellow, National Institute of Mental Health, 2006  
Outstanding Graduate Service Award, University of Oregon, 2003  
Liz Guillion Award, Oregon School Psychologists Association, 2003  
Phi Kappa Phi Honors Society, University of Houston, 1995  
Magna Cum Laude, University of Houston, 1995

## **PROFESSIONAL AFFILIATIONS**

American Psychological Association (APA)  
APA Division 16, School Psychology  
National Association of School Psychologists (NASP)  
Society for Prevention Research (SPR)  
Association for Positive Behavior Supports (APBS)  
Society for the Study of School Psychology (SSSP)

## **RESEARCH ACTIVITIES**

### Peer-reviewed Articles

† indicates student co-author

1. Stormont, M., **Reinke, W.M.**, Newcomer, L., †Darney, D. & Lewis, C. (in press). Coaching teachers' use of social behavior interventions to improve children's outcomes: A review of the literature. *Journal of Positive Behavior Interventions*
2. Stormont, M., Herman, K.C., & **Reinke, W. M.** (in press). The overlooked children: How teachers can support children with internalizing behavior. *Beyond Behavior*.
3. †Borden, L., Herman, K.C., Webster-Stratton, C., Stormont, M., †Darney, D., †Goel, N., & **Reinke, W.M.** (in press). Latent profile analysis of observed parenting behaviors in a clinic sample. *Journal of Abnormal Child Psychology*.
4. Wang, Ze, †Roher, D., †Fujiki, M., †Chuang, C., Herman, K.C., & **Reinke, W.M.** (in press). Five methods to score the teacher observation of classroom adaptation checklist and to examine group differences. *The Journal of Experimental Education*.

5. **Reinke, W.M.** Stormont, M., Herman, K.C., Wang, Z., Newcomer, L., & King, K. (2014). Use of coaching and behavior support planning for students with disruptive behavior within a universal classroom management program. *Journal of Emotional and Behavioral Disorders*, 74-82.
6. Farmer, T., **Reinke, W.M.**, & Brooks, D. (2014). Managing classrooms and challenging behavior: Theoretical considerations and critical issues. *Journal of Emotional and Behavioral Disorders*, 67-73.
7. Stormont, M. & **Reinke, W.M.** (2014). Providing performance feedback for teachers to increase treatment fidelity. *Intervention in School and Clinic*, 49, 219-224.
8. **Reinke, W.M.** Stormont, M., Herman, K.C., & Newcomer, L. (2014). Using coaching to support teacher implementation of classroom-based interventions. *Journal of Behavioral Education*, 23, 150-167.
9. **Reinke, W.M.**, Herman, K.C., Stormont, M., Newcomer, L., & †David, K. (2013). Illustrating the multiple facets and levels of fidelity of implementation to a teacher classroom management intervention. *Administration and Policy in Mental Health and Mental Health Services Research*, 40, 494-506.
10. Stormont, M., Herman, K.C., **Reinke, W.M.**, †David, K., & †Goel, N. (2013). Latent profile analysis of teachers' perceptions of parent contact and comfort. *School Psychology Quarterly*, 28, 195-209.
11. Herman, K.C., Wang, K., †Trotter, R., **Reinke, W.M.**, & Ialongo, N. (2013). Developmental trajectories of maladaptive perfectionism during adolescence. *Child Development*, 84, 1633-1650.
12. Kerr, D., **Reinke, W.M.**, & Eddy, M. (2013). Co-occurring depressive symptoms and externalizing problems in adolescence: Associations with histories of suicide attempt and ideation in young adulthood. *Suicide and Life-threatening Behavior*, 43, 50-66.
13. Stormont, M & **Reinke, W.M.** (2013). Implementing Tier 2 social behavioral interventions: Current issues, challenges, and promising approaches, *Journal of Applied School Psychology*, 29, 121-125.
14. **Reinke, W.M.**, Stormont, M., †Clare, A., †Latimore, T. & Herman, K.C. (2013). Differentiating tier 2 interventions according to function of behavior. *Journal of Applied School Psychology*, 29, 148-166.
15. †Darney, D., **Reinke, W.M.**, Herman, K.C., Stormont, M., & Ialongo, N. (2013). Children with co-occurring academic and behavior problems in 1st grade: Distal outcomes in 12th grade. *Journal of School Psychology*, 51, 117-158.
16. McIntosh, K., **Reinke, W.M.**, Bennett, J., & Sadler, C. (2013). Gender differences in reading skills and problem behavior in elementary school. *Journal of Positive Behavior Interventions*, 15, 51-60.
17. **Reinke, W.M.**, Herman, K.C., & Stormont, M. (2013). Classroom level positive behavior supports in schools Implementing SW-PBIS: Identifying areas for enhancement. *Journal of Positive Behavior Interventions*, 15, 39-50.
18. Herman, K.C., Riley-Tillman, T. C., & **Reinke, W.M.** (2012). The role of assessment in a prevention science framework. *School Psychology Review*, 41, 306-314

19. **Reinke, W.M.**, Eddy, M., Dishion, T., & Reid, J. (2012). Joint trajectories of symptoms of conduct problems and depressive symptoms during early adolescence and adjustment problems during emerging adulthood. *Journal of Abnormal Child Psychology*, *40*, 1123-1136.
20. **Reinke, W.M.**, Herman, K.C. & Ialongo, N. (2012). Developing and integrating school-based mental health interventions. *Advances in School Mental Health Promotion*, *5*, 158-160.
21. **Reinke, W.M.**, Herman, K.C., †Darney, D., Pitchford, J., Becker, K., Domitrovich, C., & Ialongo, N. (2012). Using the Classroom Check-up to support implementation of PATHS to PAX. *Advances in School Mental Health Promotion*, *5*, 220-232.
22. Herman, K.C., **Reinke, W.M.**, Bradshaw, C., Lochman, J., Boxmeyer, C. L., Powell, N., Dunn, K., Cox, J., Stephan, S. & Ialongo, N. (2012). Integrating the family check-up and the parent coping power program. *Advances in School Mental Health Promotion*, *5*, 108-129.
23. **Reinke, W.M.**, Stormont, M., Webster-Stratton, C., Newcomer, L., & Herman, K.C. (2012). The Incredible Years Teacher Training: Using coaching to support generalization to real world classroom settings. *Psychology in the Schools*, *49*, 416-428.
24. Stormont, M. & **Reinke, W.M.** (2012). Using coaching to improve classroom implementation fidelity within school-wide positive behavior support systems. *Beyond Behavior*, *21*, 11-19.
25. Herman, K. C., †Bi, Y., †Borden, L. A., & **Reinke, W. M.** (2012). Latent classes of psychiatric symptoms among Chinese children living in poverty. *Journal of Child and Family Studies*, *21*, 391-402.
26. Stormont, M., **Reinke, W.M.**, & Herman, K.C. (2011). Teachers' Importance Ratings for Evidence-Based Behavioral Interventions. *Behavioral Disorders*, *37*, 19-29.
27. Webster-Stratton, C., **Reinke, W.M.**, Herman, K.C., & Newcomer, L. (2011). The Incredible Years Teacher Classroom Management Training: The methods and principles that support fidelity of training delivery. *School Psychology Review*, *40*, 509-529.
28. Cappella, E., **Reinke, W.M.**, & Hoagwood, K. (2011). Advancing intervention research in school psychology: Finding the balance between process and outcome for social and behavioral interventions. *School Psychology Review*, *40*, 455-464.
29. Herman, K. C., †Borden, L., **Reinke, W.M.**, & Webster-Stratton, C. (2011). The impact of the Incredible Years Parent, Child, and Teacher Training Programs on children's co-occurring internalizing symptoms. *School Psychology Quarterly*, *26*, 189-201.
30. Riley-Tillman, T.C. & **Reinke, W.M.** (2011). Commentary on building local capacity for training and coaching data-based problem solving with Positive Behavior Intervention and Support Teams. *Journal of Applied School Psychology*, *27*, 246-251.
31. Herman, K. C., †Trotter, R., **Reinke, W.M.**, & Ialongo, N. (2011). Developmental origins of perfectionism among African American youth. *Journal of Counseling Psychology*, *58*, 321-334.
32. Herman, K.C., †Borden, L., †Hsu, C., †Schultz, T., †Strawsine, M., Brooks, C. & **Reinke, W.M.** (2011). Enhancing family engagement in interventions for mental health problems in youth. *Residential Treatment for Children & Youth*, *28*, 102-119.
33. Stormont, M., **Reinke, W.M.**, & Herman, K.C. (2011). Teachers' knowledge of evidence-based interventions and available school resources for children with emotional or behavioral problems. *Journal of Behavioral Education*, *20*, 138-147.

34. **Reinke, W.M.**, Stormont, M., Herman, K.C., †Puri, R., & †Goel, N. (2011). Supporting children's mental health in schools: Teacher perceptions of needs, roles, and barriers. *School Psychology Quarterly*, 26, 1-13.
35. Herman, K.C., **Reinke, W.M.**, Stormont, M., †Puri, R., & †Agarwal, G. (2010). Using prevention science to promote children's mental health: Founding of the Missouri Prevention Center. *Counseling Psychologist*, 38, 652-690.
36. **Reinke, W.M.**, Herman, K.C., Stormont, M., Brooks, C., & †Darney, D. (2010). Training the next generation of school professionals to be prevention scientists: The Missouri Prevention Center model. *Psychology in the Schools*, 47, 101-110.
37. Stormont, M., **Reinke, W.M.**, & Herman, K.C. (2010). Using prevention science to address mental health issues in schools. *Psychology in the Schools*, 47, 1-4.
38. Stormont, M., & **Reinke, W.M.** (2009). The importance of precorrection and behavior specific praise strategies. *Beyond Behavior*, 18, 26-32.
39. Herman, K.C., **Reinke, W.M.**, †Traylor, K., †Parkin, J., & †Agarwal, G. (2009). Childhood depression: Rethinking the role of the school. *Psychology in the Schools*, 46, 433-446.
40. **Reinke, W.M.**, †Splett, J., †Robeson, E., & Offutt, C. (2009). Combining school and family interventions for the prevention and early intervention of disruptive behavior problems in children: A public health perspective. *Psychology in the Schools*, 46, 33-43.
41. **Reinke, W.M.**, & Ostrander, R. (2008). Heterotypic versus homotypic continuity: The moderating effects of gender and age. *Journal of Abnormal Child Psychology*, 36, 1109-1121.
42. **Reinke, W.M.**, Lewis-Palmer, T., & Merrell, K. (2008). The Classroom Check-up: A classwide consultation model for increasing praise and decreasing disruptive behavior. *School Psychology Review*, 37, 315-332.
43. Herman, K. C., Lambert, S. F., **Reinke, W.M.**, & Ialongo, N. S. (2008). Academic incompetence in first grade as a risk factor for depressive cognitions and symptoms in middle school. *Journal of Counseling Psychology*, 55, 400-410.
44. **Reinke, W.M.**, Herman, K.C., Petros, H., & Ialongo, N. (2008). Empirically-derived subtypes of child academic and behavior problems: Co-Occurrence and distal outcomes. *Journal of Abnormal Child Psychology*, 36, 759-777.
45. Bradshaw, C. P., **Reinke, W.M.**, Brown, L.D., Bevans, K.B., & Leaf, P.J. (2008) Examining the process of Positive Behavioral Interventions and Supports implementation. *Education and Treatment of Children*, 31, 1-26.
46. **Reinke, W.M.**, Lewis-Palmer, T., & Martin, E. (2007). The effect of visual performance feedback on teacher behavior-specific praise. *Behavior Modification*, 31, 3, 247-263.
47. **Reinke, W.M.** & Lewis-Palmer, T. (2007). Improving classroom management. *Principal- Can Public Education Survive?- Web Exclusive*, 86 (4), March/April. [www.naesp.org/principal](http://www.naesp.org/principal).
48. **Reinke, W. M.**, Herman, K. C., & Tucker, C. (2006). Building and sustaining communities that prevent mental disorders: Lesson from the field of education. *Psychology in the Schools*, 43, 313-329.
49. Mesa, J., Lewis-Palmer, T., & **Reinke, W.M.** (2005). Providing teachers with performance feedback on praise to reduce student problem behavior. *Beyond Behavior*, Fall, 45-55.

50. Tucker, C. M., Porter, T., **Reinke, W.M.**, Herman, K. C., Ivery, P., Mack, C., & Jackson, E. (2005). Promoting teacher efficacy for working with culturally diverse students. *Preventing School Failure, 50*, 29-34.
51. Herman, K. C., Merrell, K., **Reinke, W.M.**, & Tucker, C. M. (2004). The role of school psychology in preventing and treating internalizing disorders. *Psychology in the Schools, 41*, 763-775.
52. Caraway, K., Tucker, C., **Reinke, W.M.**, & Hall, C. (2003). Self-efficacy, goal orientation, and fear of failure as predictors of school engagement. *Psychology in the Schools, 40*, 417-427.
53. **Reinke, W.M.** & Herman, K. C. (2002). Research agenda for school violence prevention. *American Psychologist, 57*, 796-797.
54. **Reinke, W.M.** & Herman, K. C. (2002). Creating school environments that deter antisocial behaviors in youth. *Psychology in the Schools, 39*, 549-559.
55. Tucker, C. M., Zayco, R. A., Herman, K. C., **Reinke, W.M.**, Trujillo, M., Caraway, K., et al. (2002). Teacher and child variables as predictors of academic engagement among African American children. *Psychology in the Schools, 39*, 477-488.
56. Tucker, C. M., Vogel, D. L., Keefer, N. L., Reid, A. D., Caraway, K., **Reinke, W.M.**, & Herman, K. C. (2002). Maladaptive behavior by African American children: A self-regulation theory based approach. *Educational Forum, 66*, 220-227.
57. Tucker, C. M., Herman, K. C., Petersen, T., Vogel, D., & **Reinke, W.M.** (2000). Student-generated solutions to enhance the academic success of African American youth. *Child Study Journal, 30*, 205-22.

#### Book Chapters

58. Herman, K. C., **Reinke, W. M.**, Bradshaw, C., Lochman, J., †Borden, L., & †Darney, D. (2014). Increasing parental engagement in school-based preventive interventions: The integration of the Family Check-up and the Parent Coping Power Program. In M. Weist, N. Lever, C. Bradshaw, & J. Owens (Eds.), *Handbook of School Mental Health (2nd Edition)*. (pp.223-236). New York: Springer.
59. **Reinke, W.M.**, Frey, A., Herman, K.C., & Thompson, C.V. (2014). Improving Engagement and Implementation of Interventions for Children with Behavior Problems in Home and School Settings. In H. Walker & F. Gresham (Eds.), *Handbook of Evidence-Based Practices for Students Having Emotional and Behavioral Disorders*. (pp. 432-445). New York: Guilford Press.
60. McIntosh, K., **Reinke, W.M.**, & Herman, K.C. (2010). School-wide analysis of data for social behavior problems: Assessing outcomes, selecting targets for intervention, and identifying need for support. In G. Peacock, R. Ervin, E. Daly, & K. Merrell (Eds.), *Practical handbook of school psychology: Effective practices for the 21<sup>st</sup> Century*. (pp. 135-156). New York: Guilford Press.
61. **Reinke, W.M.**, Sprick, R., & Knight, J. (2008). Coaching classroom behavior management. In J. Knight (Ed.), *Coaching Approaches and Perspectives*. (pp. 91-112). Corwin Press: Thousand Oaks, CA.

62. **Reinke, W.M.**, & Walker, H. (2006). Deviant Behavioral Contagion in Education. In K. Dodge, T. Dishion, & J. Lansford (Eds.). *Deviant Peer Influences in Programs for Youth: Problems and Solutions*. (pp. 122-140). New York: Guilford Press.

Books

63. Herman, K.C. & **Reinke, W.M.** (in press). *Stress and Coping for Teachers*. New York: Guilford Press.
64. Keperling, J., **Reinke, W.M.**, †Darney, D., & Ialongo, N. (in press). *A Guide to Facilitating Group Interventions in Schools*. Guilford Press.
65. Herman, K.C., **Reinke W.M.**, Frey, A., & Shepard, S. (2013). *Motivational Interviewing in Schools: Strategies for Engaging Parents, Teachers, and Students*. New York: Springer
66. Stormont, M., **Reinke, W.M.**, Herman, K.C., & Lemke, E. (2012). *Academic and Behavior Supports for At-Risk Students: Tier 2 Interventions*. New York: Guilford Press.
67. **Reinke, W.M.**, Herman, K.C., & Sprick, R. (2011). *Motivational Interviewing for Effective Classroom Management: The Classroom Check-up*. New York: Guilford Press.
68. Sprick, R., Knight, J., **Reinke, W.M.**, Skyles, T., & Barnes, L. (2010). *Coaching Classroom Management: Strategies and Tools for Administrators and Coaches*. (2<sup>nd</sup> ed.). Eugene, OR: Pacific Northwest Publishing.

Under Review

1. Herman, K. C., †Cohen, D., **Reinke, W. M.**, Ostrander, R., Burrell, L., & Duggan, A. (under review). Using latent profile and transition analyses to understand patterns of informant ratings of child depression. *Journal of Clinical Child and Adolescent Psychology*.
2. Herman, K. C., & **Reinke, W. M.** (under review). A latent transition analysis of parent school involvement patterns: Can training improve teacher comfort with difficult families and students? *Journal of Consulting and Clinical Psychology*
3. **Reinke, W.M.**, Stormont, M., Herman, K.C., †Wachsmuth, S. & Newcomer, L. (under review) The Brief Classroom Interaction Observation-Revised: An observation system to inform and increase teacher use of universal classroom management practices. *Journal of Positive Behavior Interventions*.
4. Maras, M., †Splett, J., **Reinke, W.M.**, Stormont, M. & Herman, K.C. (under review). School practitioners perspective on planning, implementing, and evaluating evidence-based practices. *Journal of Educational and Psychological Consultation*.
5. †Oram, L., Maras, M., **Reinke, W.M.**, & Neier, L. (under review). Pre-service teachers' perceptions and attitudes towards evidence-based interventions for students with emotional and behavioral concerns. *Psychology in the Schools*.
6. Herman, K.C., & **Reinke, W.M.** (under review). Contextual positive psychology: Environmental antecedents to human flourishing. *Counseling Psychologist*.
7. Lee, J., Frey, A., Herman, K.C., & **Reinke, W.M.** (under review). Motivational Interviewing as a framework to guide school-based coaching and consultation. *Administration and Policy in Mental Health and Mental Health Services Research*.
8. Jenkins, L. N., Floress, M. T., & **Reinke, W.M.** (under review). Rates and types of teacher praise: A review and future directions. *Psychology in the Schools*.



9. Stormont, M., Herman, K.C., **Reinke, W.M.**, †Owens, S. & King, K. (under review). The Kindergarten Academic and Behavior Readiness Screener: The utility of single item teacher ratings of kindergarten readiness, *School Psychology Quarterly*.

Manuscripts in Preparation:

1. Herman, K.C., †Hickman-Rosa, J., & **Reinke, W.M.** (in preparation). Empirically derived profiles of teacher stress, burnout, self-efficacy, and coping and associated student outcomes.
2. †Chuang, C., Stormont, M., **Reinke, W.M.**, Herman, K.C. (in preparation). An investigation of aggression as a predictor of children's academic achievement.

**EXTRAMURAL SPONSORSHIP**

Current Grants

Principal Investigator. **The Classroom Check-up: Supporting Elementary Teachers in Classroom Management Using a Web-based Coaching System (2013-2016)**. Funded by the Institute for Education Sciences, (Development) R305A130375. Total amount funded: \$1,496,990.

Co-Principal Investigator. **Evaluation of a Classroom Management Training Program for Middle School Teachers (2013-2017)**. Funded by the Institute of Education Sciences (IES; Efficacy and Replication) R305A130143. Total amount funded: \$2,998,365.

Principal Investigator. **Evaluation of a Video-based Modeling Program to Promote Effective Classroom Management Teaching Practices (2010-2014)**. Funded by Institute for Education Sciences, (Efficacy and Replication Trial) R305A100342. Total amount funded: \$2,915,757.

Principal Investigator. **Center for Prevention and Early Intervention subcontract with Johns Hopkins University (2009-2014)**. (Center P.I., Nicholas Ialongo; Campus P.I., Wendy Reinke,), Funded by National Institute of Mental Health, P30 MH066247. Total amount funded: \$644,837.

Completed

Principal Investigator. **The Classroom Check-up Collaboration Project (2011-2012)**. Funded by the University of Missouri Richard Wallace Research Incentive Fund. Awarded to Wendy Reinke and Dana Darney. Total amount funded: \$2,000.

Co-Principal Investigator. **Building for Positive Behavioral Intervention Supports (2010-2011)**. Funded by Missouri Partnership for Educational Renewal. Awarded to Wendy Reinke and Keith Herman. Total amount funded: \$1,500.

Co-Principal Investigator. **Reducing Child Abuse through Parent Training to Expecting and New Caregivers (2009-2010)**. Funded by Target Corporation. Awarded to Connie Brooks, Keith Herman, and Wendy Reinke. Total amount funded: \$3,640.

Co-Principal Investigator. **Providing Evidence-Based Parent Behavior Management Training to Parents in Head Start (2009-2010)** Funded by Missouri Children's Trust Fund. Awarded to Wendy Reinke and Keith Herman in collaboration with Head Start. Total amount funded: \$5,000.

Co-Principal Investigator. **Providing Evidence-Based Parent Behavior Management Training to College Students with Children (2008-2009)**. Funded by MU Parents Association. Awarded to Wendy Reinke (faculty investigator), Joni Splett and Elise Hendricker (student investigators). Total amount funded: \$1,000.

Co-Principal Investigator. **Helping School Districts Evaluate Current Needs and Select Evidence-Based Practices in Early Childhood Mental Health (2008-2009)**. Funded by Missouri Partnership for Educational Renewal. Awarded to Wendy Reinke, Keith Herman, and Melissa Stormont. Total amount funded: \$10,000.

Principal Investigator. **Combining Multilevel School and Family-Centered Interventions to Prevent Disruptive Behavior Problems in Children (2008-2010)**. Funded by University of Missouri, Research Council Internal Funding. Total amount funded: \$ 7,482.30.

Principal Investigator. **Selecting and Evaluating Evidence-based Practices in Early Childhood Mental Health (2008-2009)**. Funded by the University of Missouri Richard Wallace Research Incentive Fund. Total amount funded: \$3,940.

Co-Principal Investigator. **Providing Evidence-Based Parent Behavior Management Training to Parents in Head Start (2008-2009)**. Funded by Missouri Children's Trust Fund. Awarded to Wendy Reinke and Keith Herman in collaboration with Head Start. Total amount funded: \$5,000.

Principal Investigator. **Classroom Check-up: Ensuring Success for all Students (2003-2005)**. Funded by U.S. Department of Education, Office of Special Education, H324B030046. Total amount funded: \$19,997.

#### Consultant

Serving as consultant to adapt the Classroom Check-up coaching model with an intervention to support teachers in culturally responsive teaching. Project entitle, *Double Check: A Cultural Proficiency and Student Engagement Model* (2011-2014). Funded by Institute for Education Sciences, (Development) R324A110107. Awarded to Catherine Bradshaw (PI).

Served as consultant to adapt and integrating the Classroom Check-up caching model with First Step to Success. Project entitled, *Enhanced First Step to Success: Improving School Readiness for School Children with Disruptive Behavior* (2009-2012). Funded by Institute for Education Sciences, (Development) R324A090237. Awarded to Andy Frey (PI).

### **OTHER RESEARCH AWARDS**

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- 2003 Dissertation Research Award (\$500)  
University of Oregon, School Psychology Department
- 2002 Clare Wilkins Chamberlin Memorial Fund Research Award (\$1,500)  
University of Oregon, College of Education
- 2002 Gary E. Smith Summer Grant (\$3,000)  
University of Oregon, Graduate School

### **PRESENTATIONS AND WORKSHOPS**

#### Invited Presentations

- Reinke, W.M.** (April, 2014). Understanding and preventing disruptive behavior problems in children. Invited talk presented Tulane University, New Orleans, LA.
- Herman, K.C. & **Reinke, W.M.** (February, 2014). Motivational interviewing for effective classroom management. Workshop presented at the National Association of School Psychology. Washington, D.C.
- Reinke, W.M.**, Herman, K.C., Stormont, M., & Newcomer, L. (March, 2013). Evaluating the process of implementation within a large-scale efficacy trial. Electronic Poster presented at the Annual Institute of Educational Sciences Meeting, Washington DC.
- Reinke, W.M.** (August, 2012). Preventing disruptive behavior problems in children using prevention science logic. American Psychological Association, Orlando, FL.
- Reinke, W.M.**, & Herman, K.C. (March, 2012). Evidence-based classroom management training and infrastructure. Invited talk presented as part of the Training Interdisciplinary Educational Scientists training series at Penn State University, State College, PA.
- Reinke, W.M.** (October, 2011). Promoting Effective Classroom Management with the Incredible Years Teacher Training Program. Invited talk presented at the Missouri Association for School Psychologist Conference, Columbia, MO.
- Reinke, W.M.** (March, 2011). Combining School and Family Interventions to Prevent Disruptive Behavior Problems. Invited talk presented at the 8<sup>th</sup> International Conference on Positive Behavior Support. Denver, CO.
- Reinke, W.M.** (February, 2010). The Classroom Check-up: A Consultation Model for Effective Classroom Management. Invited talk presented at the Missouri Association of School Psychology Mid-Missouri Regional Conference, Columbia, MO.
- Reinke, W.M.**, & Herman, K.C. (October, 2009). Helping schools evaluate needs and select best practices in childhood mental health. Invited talk presented at the Governing Board Meeting of the Missouri Partnership for Educational Renewal, Columbia, MO.

- Reinke, W.M., & Herman, K.C.** (September, 2009). The Missouri Prevention Center: Preventing youth aggression and depression through school and family partnerships. Invited talk presented to the University of Missouri Alumni Association Board, Columbia, MO
- Reinke, W.M., & Herman, K.C.** (April, 2009). Creating balance between work and life: Tips from MU faculty. An invited panel discussion presented by the MU Graduate School. University of Missouri, Columbia, MO.
- Reinke, W.M.,** (March, 2009). The Influence of Family Functioning on the Academic and Behavioral Outcomes of Children: Implications for Intervention. Invited colloquium presented at the UM Clinical Psychology Brown Bag Seminar, Columbia, MO.
- Reinke, W.M., Sprick, R., & McKale, T.** (October, 2008). Coaching Classroom Management. Workshop presented at the Annual Instructional Coaching Conference, Lawrence, KS.
- Reinke, W.M.** (October 2008). Positive Behavior Interventions and Supports: Supporting All Students. Invited talk presented at the School Counselor Conference, Taipei, Taiwan
- Reinke, W.M. & Herman, K.C.** (October, 2008). Prevention Science in Action. Invited colloquium presented at National Normal Taiwan University, Taipei, Taiwan.
- Reinke, W.M.** (October, 2008). Evidence-Based Interventions for Children with Disruptive Behavior Problems. Invited workshop presented at the Missouri Association for School Psychology Annual Convention, St. Louis, MO.
- Reinke, W.M.** (April, 2008). Integrating Family Assessment/Interventions in Schools for Children with Disruptive Behavior Problems. Invited colloquium presented to Missouri Association for School Psychology Mid-Missouri Region, Columbia, MO.
- Reinke, W.M.** (April, 2008). Child Academic and Behavior Problems: Co-occurrence and Distal Outcomes. Invited colloquium presented at UM Developmental Psychology Brown Bag Seminar.
- Reinke, W.M.** (2007). Starting Point: Systems for Prevention. Invited keynote presented at the CAMHPS: MPER, School Mental Health Leadership Academy. Columbia, Missouri.
- Reinke, W.M.** (2006). The Classroom Check-up: A tool for communicating with teachers about classroom management. Invited workshop presented at the First Annual Instructional Coaching Conference, Lawrence, KS.
- Sprick, R., Reinke, W.M., Knight, J., & McKale, T.** (2006). Coaching for positive classrooms. Invited workshop presented at the First Annual Instructional Coaching Conference, Lawrence, KS.
- Reinke, W.M.** (2006). The Classroom Check-up: An assessment/intervention tool for improving classroom management. Invited talk presented at the Annual Maryland PBIS Summer Institute, Ellicott City, MD
- Bradshaw, C. & Reinke, W.M.** (2006). What are evidenced-based practices? Invited talk presented at the Annual Maryland PBIS Summer Institute, Ellicott City, MD
- Reinke, W.M.** (2005). The Classroom Check-up: A model of consultation for increasing integrity of classroom interventions. Invited presentation at Safe and Civil Schools Train the Trainers Workshop, Portland, OR.

Symposium/ Paper/ Poster

Wang, Z., Osterlind, S., **Reinke, W.**, & Stormont, M. (2014). From measurement models to scoring methods: An application to group differences. Paper to be presented as part of a symposium at the 9th Conference of the International Test Commission, San Sebastián, Spain.

**Reinke, W.M.**, & Herman, K.C. (2014). Use of coaching and behavior support planning for students with disruptive behavior within a universal classroom management program. Paper presented as part of symposium at the Society for Prevention Research Annual Convention, Washington, DC.

Herman, K.C. & **Reinke, W.M.**, (2014). A latent transition analysis of parent school involvement patterns: Can training improve teacher comfort with difficult families and students? Paper presented as part of symposium at the Society for Prevention Research Annual Convention, Washington, DC.

Stormont, M, **Reinke, W. M.**, Herman, K.C., & Newcomer, L. (2014). Supporting Evidence Based Practices in Schools: Results from an Efficacy Trial of the Incredible Years Teacher Classroom Management Program. Paper to be presented as part of a roundtable session at the annual American Educational Research Association meeting, Philadelphia, PA.

**Reinke, W.M.**, Herman, K.C., & Dong, N. (2014). The Incredible Year Teacher Classroom Management program: Initial findings from a group randomized control trial. Paper presented as part of a symposium at the conference for the Society for Research on Educational Effectiveness, Washington, D.C.

Newcomer, L., **Reinke, W.M.**, Stormont, M., & Herman, K.C. (2014). Coaching teacher's to improve classroom management: Lessons learned and recommendations. Paper presented at the 11th International Conference on Positive Behavior Support, Chicago, IL.

**Reinke, W.M.**, & Herman, K.C. (2014). Relations between intervention supports, fidelity, implementation, and student outcomes. Paper presented as part of a symposium at the National Association of School Psychology Conference, Washington, D.C.

King, K. & **Reinke, W.M.** (2014). Evaluating the effectiveness of positive classroom behavior interventions: A meta-analysis. Poster presented at the National Association of School Psychology Conference, Washington, D.C.

Darney, D. & **Reinke, W.M.** (2013). Practical and effective teacher consultation. Paper presented at the Center for School Mental Health Conference, Crystal City, VA.

**Reinke, W.M.** & Herman, K.C. (2013). A group randomized evaluation of the Incredible Years Teaching Training program. Paper presented as part of a symposium at the American Psychological Association conference, Honolulu, HI.

Stormont, M., Herman, K.C., & **Reinke, W.M.** (2013). Latent profile analysis of teacher perceptions of parent contact and comfort. Paper presented as part of a symposium at the American Psychological Association conference, Honolulu, HI.

Lembke, E. King, K. & **Reinke, W.M.** (2013). Using latent class analysis to identify academic and behavioral risk status in elementary students. Poster presented at the American Psychological Association conference, Honolulu, HI.

- Chuang, C., **Reinke, W.M.**, King, K., & Herman, K.C. (2013). Profiles of disruptive behavior and concentration problems and associated academic outcomes among an at-risk sample of elementary students. Poster presented at the American Psychological Association conference, Honolulu, HI.
- Reinke, W.M.**, Herman, K.C., Stormont, M., & Newcomer, L. (2013). Using coaching to support teacher implementation of classroom-based interventions: Initial results from an efficacy trial. Paper presented as part of a symposium at the Society for Prevention Research conference, San Francisco, CA.
- Reinke, W.M.**, Herman, K.C. & Webster-Stratton, C. (2013). Latent profiles of observed classroom management behaviors. Paper presented as part of a symposium at the Society for Prevention Research conference, San Francisco, CA.
- Reinke, W.M.**, Herman, K.C., Wachsmuth, S. & Newcomer, L. (2013). The brief classroom interaction observation: An observation system to inform and increase teacher use of classroom management practices. Paper presented as part of a symposium at the annual convention of the National Association of School Psychologists, Seattle, WA
- Sullivan, A. L., **Reinke, W.M.**, Sanetti, L., & Harris, B. (2013). Successfully pursuing research funding: Perspectives from early and mid-career faculty. Symposium presented at the annual convention of the National Association of School Psychologists, Seattle, WA.
- Chuang, C. & **Reinke, W.M.** (2012). Development of the Social Information Processing Scale for Adolescents in Taiwan. Poster presented at the American Psychological Association Conference, Orlando, FL.
- Chuang, C., **Reinke, W.M.**, Fujiki, M., Stormont, M., & Herman, K.C. (2012). The Relationship between Teachers' Confidence, Self-Efficacy, and Burn Out, and their Ratings of Aggressive Students. Poster presented at the International Society for Research on Aggression World Meeting, Luxembourg.
- Chuang, C., **Reinke, W.M.**, Fujiki, M., Stormont, M., & Herman, K.C. (2012). An Investigation of Aggression as a Predictor of Academic Achievement. Poster presented at the International Society for Research on Aggression World Meeting, Luxembourg.
- Reinke, W.M.**, Herman, K.C., Stormont, M., & Newcomer, L. (2012). Incredible Years Teacher Classroom Management Program: Examining the Relation of Intervention Support Systems on Teacher Fidelity of Implementation. Paper presented as part of the symposium at the Society for Prevention Research 20<sup>th</sup> Annual Meeting, Washington, DC
- Wang, K., Herman, K., Bi, Y., **Reinke, W.M.**, & Jalongo, N. (2012). A Latent Transition Analysis of Perfectionism Profiles in Early Adulthood. Poster presented at the American Psychological Association Conference, Orlando, FL.
- Kerr, D., **Reinke, W.M.**, & Eddy, M. (2012). Depressive Symptoms and Externalizing Behaviors Across Adolescence: Co-occurrence and Associations with Suicide Risk. Paper presented as part of a symposium at the Society for Research on Adolescents Biannual Conference, Vancouver, BC, Canada.
- Reinke, W.M.**, Newcomer, L., Stormont, M., & Herman, K.C. (2012). Promoting Effective Behavior Support Planning with the Incredible Years Teacher Training Program. Paper presented at the annual Association for Positive Behavior Support Conference, Atlanta, GA.

- Clare, A., David, K., Borden, L., Stormont, M., Newcomer, L., Herman, K., & **Reinke, W.M.** (2012). Empirically Derived Subtypes of Teacher Behavior: A Latent Profile Analysis. Poster presented at the National Association of School Psychology Conference, Philadelphia, PA.
- Latimore, T., Klemp, H., Fujiki, M., Borden, L., Stormont, M., Newcomer, L., Herman, K., & **Reinke, W.M.** (2012). The Effects of Teacher Burnout on Observed Classroom Behaviors. Poster presented at the National Association of School Psychology Conference, Philadelphia, PA.
- Darney, D., **Reinke, W.M.**, Herman, K.C., Pitchford, J., & Ialongo, N. (2011). A Pilot of the Classroom Check-up Coaching Model to Increase Teacher Implementation of the PATHS to PAX Program. Symposium paper presented at the American Psychological Association Convention, Washington, D.C.
- Wang, K., Herman, K. C., Trotter, R., **Reinke, W.M.**, & Ialongo, N. (2011). Perfectionism Growth Among African American Adolescents. Poster presented at the American Psychological Association Annual Convention, Washington DC.
- Latimore, T., & **Reinke, W.M.** (2011). Evaluation of the Green Dot Strategy: A Community Level Violence Intervention Program. Poster presented at the Society for Community Research and Action Biennial Conference, Chicago, IL.
- Reinke, W.M.**, Herman, K.C., & Webster-Stratton, C. (2011). Developing and Refining Interventions over Time: Reflections on the Incredible Years Series. Symposium paper presented at the Society for Prevention Research 19<sup>th</sup> Annual Meeting, Washington, DC.
- Darney, D., **Reinke, W.M.**, Herman, K.C., & Ialongo, N. (2011). Distal outcomes of twelfth grade students identified in first grade as having co-occurring academic and behavior problems. Poster presented at the Society for Prevention Research 19<sup>th</sup> Annual Meeting, Washington, DC.
- Reinke, W.M.**, Herman, K.C., & Stormont, M. (2011). Enhancing Classroom Supports in PBIS Schools. Symposium paper presented at the National Association of School Psychology Conference, San Francisco, CA.
- Stormont, M., **Reinke, W.M.**, Herman, K.C., & Lemke, E. (2011). School-based Interventions for Tier II. Paper presented at the National Association of School Psychology Conference, San Francisco, CA.
- Reinke, W.M.** (2010). Co-Occurrence and Cross-Setting Consistency of Behavior Problems in Children. Symposium paper presented at the American Psychological Association in San Diego, CA.
- Bradshaw, C., Leaf, P., Domitrovich, C., Embry, D. **Reinke, W.M.**, Herman, K., & Ialongo, N. (2010). Using Findings from Randomized Trials to Inform the Integration of School-wide PBS with Social-Emotional Learning. Presentation at the 18<sup>th</sup> Annual Society for Prevention Research Convention, Denver, CO.
- Reinke, W.M.** (2010). Prevention Science: Advancing Research and Practice in Schools. Presidential strand symposium chair and presenter at the National Association for School Psychology Conference, Chicago, IL.
- Hendricker, E., Stormont, M., & **Reinke, W.M.** (2010). Supporting Kindergarten Transition for Head Start Students through Ecological Interventions. Poster presented at the National Association for School Psychology Conference, Chicago, IL.

- Darney, D., Schultz, T., Goel, N., & **Reinke, W.M.** (2009). The Utility of the Family Check-up for Promoting Family-School Collaboration: A Case Illustration. Poster presented at the National Council on Family Relations Annual Conference. San Francisco, CA.
- Darney, D., Hendricker, E., Splett, J., Coutts, M., & **Reinke, W.M.** (2009). The Family Check-up: School-Based Implementation to Reduce Aggressive Behaviors in Young Children. Paper presented at the 14<sup>th</sup> Annual Conference for Advancing School Mental Health. Minneapolis, MN.
- Reinke, W.M.** & Darney, D. (2009). Combining school and family interventions to prevent disruptive behavior problems in children. Presented as part of the symposium, Beyond efficacy: System level variables in adapting and sustaining school-wide PBS, at the Annual American Psychological Association Conference, Toronto.
- Goel, N., Fu, C., Puri, N., Stormont, M., & **Reinke, W.M.** (2009). Current practices and perceived needs in school-based mental health programming. Poster presented at the Annual American Psychological Association Conference, Toronto.
- Reinke, W.M.** (2009) Innovations in the assessment of disruptive behavior problems in children. Symposium chair and presenter at the Annual National Association for School Psychology Conference, Boston, MA.
- Reinke, W.M.** (2009). Family environments and behavior problems at school. Presented as part of the symposium, Innovations in the assessment of disruptive behavior problems in children at the Annual National Association for School Psychology Conference, Boston, MA.
- Stormont, M. & **Reinke, W.M.** (2009). Preventing behavior problems in children: School and Family-based models. Paper presented at the Annual National Association for School Psychology Conference, Boston, MA.
- Herman, K.C., Lambert, S., **Reinke, W.M.**, & Ialongo, N. (2007). The Role of Academic Competence in Preventing Depression among Urban African American Children. Symposium presented at the Society for Prevention Research Annual Convention, Washington, D.C.
- Reinke, W.M.** (2007). Clarifying the Timing and Co-occurrence of Academic and Behavior Problems. Symposium presented at the National Association for School Psychologists, New York City.
- Reinke, W.M.** & Lewis-Palmer, T. (2005). The Classroom Check-up: Addressing system-wide elements of service delivery at the classroom level. Symposium presented at the Annual American Psychological Association Convention, Washington, D.C.
- Lewis-Palmer, T., Millen, S., & **Reinke, W.M.** (2005). Training and supporting teachers to implement effective classroom management practices. Presented at the MidWest Behavior Symposium Kansas City, Missouri.
- Reinke, W.M.** & Lewis-Palmer, T. (2004). The Classroom Check-up. Invited poster presented at the Office of Special Education Programs Leadership and Research Directors Conference, Washington D.C.
- Reinke, W.M.** & Lewis-Palmer, T. (2004). The Classroom Check-up: a brief intervention to reduce student problem behaviors through classroom teaching practices. Symposium presented at the National Association for Behavior Analysis Convention, Boston, MA.



- Reinke, W.M.,** Lewis-Palmer, T., & Martin, E. (2003). A model for teacher support for reducing antisocial behavior in youth. Poster presented at the Annual American Psychological Association Convention, Toronto.
- Reinke, W.M.,** Martin, E., & Lewis-Palmer, T. (2003). Using weekly feedback to increase the effectiveness of a targeted-group intervention within a school-wide system of behavior support. Symposium presented at the National Association for Behavior Analysis Convention, San Francisco, CA.
- Millen, S., **Reinke, W.M.,** Lewis-Palmer, T., & Martin, E. (2003). Engineering the classroom for success for all students. Presentation given at the Annual Oregon Conference, Eugene, OR.
- Davis, C. A., **Reinke, W.M.,** & Herman, K. C. (2003). A supportive classroom for students with emotional and behavioral disorders. Presentation given at the Annual Oregon Conference, Eugene, OR.
- Reinke, W.M.,** Davis, C. A., & Herman, K. C. (2003). Childhood depression: Rethinking the role of the school. Presentation given at the National Association of School Psychologists Convention, Toronto.
- Davis, C. A., **Reinke, W.M.,** Merrell, K., & Herman, K. (2003). A school-based model for preventing and treating childhood internalizing disorders. Presentation given at the National Association of School Psychologists Convention, Toronto.
- Davis, C. A. & **Reinke, W.M.** (2002). Increasing teacher awareness of internalizing disorders in students through in-service training. Poster presented at the Annual University of Oregon College of Education Poster Session, Eugene, OR.
- Reinke, W.M.** & Davis, C. A. (2002). Functional behavioral assessment of behaviors related to attention deficit hyperactivity disorder. Presentation given at National Association of School Psychologist Convention, Chicago, IL.

#### Continuing Education/ Workshops

- Reinke, W.M.,** Herman, K.C., Frey, A., & Shepard, S. (February, 2013). Motivational Interviewing in Schools. Full day workshop presented at the National Association for School Psychology, Seattle, WA.
- Reinke, W.M.** (March, 2011). Effective Classroom Behavior Management: Advanced Skills. Training Workshop presented to RTI International, Baltimore, MD.
- Reinke, W.M.** (November, 2010). Effective Classroom Behavior Management Practices: Strategies that Work in Real Classrooms. Training Workshop presented to RTI International, Baltimore, MD.
- Herman, K.C., & **Reinke, W.M.** (November, 2010). Integrating the Family Check-Up and Coping Power II. Training Workshop presented for the Center for Prevention and Early Intervention, Baltimore, MD.
- Reinke, W.M.,** & Herman, K.C. (April 2010). Integrating the Family Check-Up and Coping Power I. Training Workshop presented for the Center for Prevention and Early Intervention, Baltimore, MD.

- Reinke, W.M.**, & Herman, K.C. (March, 2010). The Classroom Check-Up: Applications in the CPEI Trials. Training Workshop presented at the Center for Prevention and Early Intervention, Baltimore, MD.
- Reinke, W.M.**, & Herman, K.C. (February, 2010). The Family Check-Up: Applications in the CARS Trial. Training Workshop presented for the Center for Adolescent Research in Schools, Missouri site, Columbia, MO.
- Reinke, W.M.**, & Herman, K.C. (2010). The Classroom Check-up: A Classwide Consultation to Promote Effective Classroom Management. Half-day workshop presented at the National Association of School Psychologist Convention, Chicago, IL.
- Reinke, W.M.** (2007). Proactive Classroom Management. Workshop series presented to Baltimore City elementary teachers and staff, Baltimore, MD.
- Reinke, W.M.** (2007). The Classroom Check-up: Coaching to improve classroom management. Seminar presented to Howard County School District PBIS coaches, teachers, and staff, Columbia, MD.
- Herman, K. C. & **Reinke, W.M.** (2004). Cognitive-behavioral therapy for child and adolescent depression: A skills workshop. Half-day workshop presented at the National Association of School Psychologists Convention, Dallas, TX.
- Herman, K. C. & **Reinke, W.M.** (2003). Motivational interviewing to reduce substance abuse. Learning Institute presented at the American Counseling Association Annual Conference, Anaheim, CA.
- Reinke, W.M.**, et al. (2001). Parenting Children with ADHD and Related Behavior Problems. Workshop presented to parents from the Eugene, OR School District.

## PROFESSIONAL MATERIALS

- Reinke, W.M. & Stormont, M.** (2012). *Overall Rating Form*. University of Missouri publication.
- Stormont, M., **Reinke, W.M.**, & Herman, K.C. (2011). The Kindergarten Academic and Behavior Readiness Screener (K-ABR). University of Missouri publication.
- Reinke, W.M.**, & Newcomer, L. (2010). *Brief Classroom Interaction Observation Revised (BCIO-R)*. University of Missouri publication.
- Reinke, W.M.** & Newcomer, L. (2010). *Student Teacher Classroom Interaction Observation (ST-CIO)*. University of Missouri publication.
- Millen-Jameson, S., Davis, C., **Reinke, W. M.**, Lewis-Palmer, T., (2005). *Brief Classroom Interaction Observation*. University of Oregon publication.

## Major Contributions

- Reinke, W.M.** & Nakayama, N. (2007). Lesson 2-3 Understanding Your Feelings, Part I & Part II. *Strong Kids: A Social Emotional Learning Curriculum for Students*. Baltimore, MD: Paul H. Brookes Publishing Co.
- Nakayama, N. & **Reinke, W.M.** (2007). Lesson 2-3 Understanding Your Feelings, Part I & Part II. *Strong Teens: A Social Emotional Learning Curriculum for Students*. Baltimore, MD: Paul H. Brookes Publishing Co.

## **EDUCATIONAL ACTIVITIES**

### Teaching Experience

#### **Medical School**

Child and Adolescent Psychiatry Lecture Series

Johns Hopkins School of Medicine  
Child and Adolescent Psychiatry  
Co-instructor; January-March 2006

Behavioral Psychology Training Seminar

Kennedy Krieger Institute  
Pediatric Behavioral Psychology  
Lecture, May 10, 2006

#### **Graduate School**

Behavioral Assessment and Intervention

University of Missouri

Child and Adolescent Interventions II: Evidence-based Interventions

School Psychology

Professional Issues II: Research Design and Application

Developmental Psychopathology and Exceptionality

Prevention Science Practicum

Prevention Science Seminar

#### **Graduate School**

Primary Prevention Course

University of Maryland  
Clinical Psychology

## **COMPLETED DOCTORAL DISSERTATION COMMITTEES**

### Chair

Elise Hendricker (2010, School Psychology, Co-Chair with Dr. Cheryl Offutt)

Ann Clare (2012, School Psychology)

Nidhi Goel (2012, School Psychology)

Dana Darney (2013, School Psychology)

Kimberly David (2014, School Psychology)

### Committee Member

Natalie Parks (2008, School Psychology)

Dorothy Landon (2010, School Psychology)

Tia Schultz (2011, Special Education)

Joni Splett (2011, School Psychology)

Lindsay Borden (2012, Counseling Psychology)

Megan Strawsine (2012, School Psychology)

Geetika Agarwal (2012, School Psychology)

Aaron Sawyer (2012, Clinical Psychology)  
Jon Lee (2012, University of Louisville, Education)  
Sarah Beyers (2012, School Psychology)  
Barbara Mitchell (2012, Special Education)  
Sean Wachsmuth (2013, Special Education)  
Martha Early (2013, Clinical Psychology)  
Chelsey Brophy (2014, School Psychology)

**COMPLETED MASTERS THESIS COMMITTEES**

Chair

Dana Darney (2010, School Psychology)  
Ann Clare (2011, School Psychology)  
Tracey Latimore (2012, School Psychology)

Committee Member

Natalie Modeleski (2011, School Psychology)  
Dan Ellis (2010, School Psychology)  
Joni Splett (2009, School Psychology)  
Chelsey Brophy (2011, School Psychology)  
Lindsay Oram (2013, School Psychology)

**SERVICE**

Grant Review Activities

Institute of Education Sciences (IES): Social and Behavioral Review Panel Member, 2013-present

Professional Science Activities

Committee Member, American Psychological Association, Division 16, Implementation Science/  
Research to Practice Workgroup, 2014- current.  
Committee Member, National Center on Intensive Intervention, 2012-current.  
Committee Member, Center for Prevention and Early Intervention, Johns Hopkins University,  
Indicated Treatments Steering Committee, 2005-2008.  
Committee Member, Duke Executive Committee on Peer Contagion and Social Policy, 2003-2005

Community Service Activities

Committee Member, School-based Mental Health Committee, Columbia Public Schools, 2012-  
2013  
Boone County Mental Health Collaborative, Coalition of Boone County Public Schools, 2013-  
current

Special Issues Edited

Farmer, T., **Reinke, W.M.**, & Brooks, D. (Eds.) (in press). *Journal of Emotional and Behavioral Disorders*. Special series "Managing Classrooms and Challenging Behaviors"

Stormont, M. & **Reinke, W.M.** (Eds.) (2013). *Journal of Applied School Psychology*, 29. Special series "Tier 2 Social Behavioral Interventions"

**Reinke, W.M.**, Herman, K.C., & Ialongo, N. (Eds.) (2012). *Advances in School Mental Health Promotion*, 5. Special series "Developing and Implementing Integrated School-based Mental Health Interventions"

Cappella, E., **Reinke, W.M.**, & Hoagwood, K. (Eds.) (2011). *School Psychology Review*, 40. Special series "Developing Social-Emotional and Behavioral Interventions with School Communities: Systematic and Collaborative Processes"

Stormont, M., **Reinke, W.M.**, & Herman, K.C. (Eds.) (2010). *Psychology in the Schools*, 47. Special series "The Role of Prevention Science in Advancing Research and Practice in the Schools"

Associate Editor

School Psychology Quarterly, 2012- present

Editorial Board Appointments

Journal of Applied School Psychology, 2008-present

Journal of Emotional and Behavioral Disorders, 2014- present

Journal of Positive Behavior Interventions 2013-present

Journal of School Psychology, 2008-present

School Psychology Review, 2011-present

School Psychology Quarterly, 2007-2012

Journal Peer Review Activities

Aggressive Behavior, ad hoc reviewer, 2009

Education and Treatment of Children, ad hoc reviewer, 2009

Educational Psychology, ad hoc reviewer, 2013

European Child and Adolescent Psychiatry, ad hoc reviewer, 2009

Journal of Abnormal Child Psychology, ad hoc reviewer, 2007-present

Journal of Adolescent Health, ad hoc reviewer, 2009

Journal of Behavior Education, ad hoc reviewer, 2013

Journal of Counseling Psychology, ad hoc reviewer, 2009

Journal of Early Adolescents, ad hoc reviewer, 2013, 2014

Journal of Positive Behavioral Interventions, ad hoc reviewer, 2010, 2012

Learning and Individual Differences, ad hoc reviewer, 2011

Psychiatry Research, ad hoc reviewer, 2010

School Psychology Review, ad hoc reviewer, 2011

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**OTHER PROFESSIONAL ACCOMPLISHMENTS**

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Specialized Training

Incredible Years Parent, Child, and Teacher certified group facilitator

Secondary Classroom Assessment Scoring System Certification

Family Check-up, University of Oregon

First Step to Success Consultant, University of Oregon

Positive Behavioral Interventions and Supports, University of Oregon

Direct Instruction, University of Oregon

Curriculum Based Measurement & DIBELS, University of Oregon

## SCHOOL DISTRICT

635 South Jefferson Street  
Centralia, Missouri 65240-1625  
Phone: 573-682-3561  
Fax: 573-682-2181

May 14, 2014

Boone County Children's Services Board  
RFP# 28-24JUN14

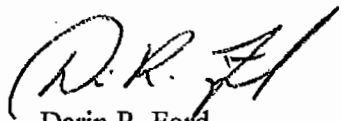
Dear Colleagues,

I would like to provide strong support from the Centralia Public School District for the proposed project. Our school district is excited to be an active participant. We understand that this proposal will fund the first phase of a larger community project to develop a Boone County Prevention Access Center for Excellence that will provide access for at-risk youth and their families to a center for comprehensive mental health assessment and wrap-around case management services.

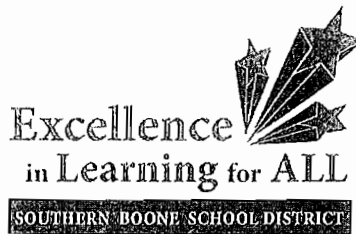
As a member of the Boone County School District Coalition for School-based Mental Health, our school district has been an active participant in the development of this proposal. Should this proposal be funded our district will participate in the **County-wide universal School-Based Model of Assessment and Prevention**. School-based teams in our district will be trained to use this data to identify and implement evidence-based interventions to support youth demonstrating mental health issues. Our district is also very interested in participating in a summer institute for all Boone County school professionals to receive training in evidence based training models shown to improve the effectiveness of adults who work with youth to recognize the early signs and symptoms of mental health concerns, and respond to students struggling with the symptoms associated with behavioral and mental health conditions.

Our district would welcome the opportunity to work in collaboration with the six independent Boone County School Districts and the University of Missouri in all aspects of this project.

Sincerely,



Darin R. Ford  
Superintendent  
Centralia R-VI School District.



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Christopher Felmlee  
Superintendent of Schools  
303 North Main Street  
Ashland, MO 65010

Telephone: 573-657-2147  
Fax: 573-657-5513  
Email: cfelmlee@ashland.k12.mo.us

May 15, 2014

Boone County Children's Services Board  
RFP# 28-24JUN14

Dear Colleagues:

As Superintendent of Southern Boone School District, I am writing to provide my strong support for the proposed project that intends to promote a coordinated, multidisciplinary, collaborative initiative through a county-wide school-based assessment that will inform the implementation evidence-based prevention and intervention efforts to reduce mental health problems among youth in our district and county-wide.

Given the growing needs of students in our district with regard to issues of behavioral and mental health, this application is timely and appropriate. Our district would welcome the opportunity to work in collaboration with the six independent Boone County School Districts and the University of Missouri in all aspects of this project. We understand that this proposal will fund the first of phase of a larger community project to develop a Boone County Prevention Access Center for Excellence that will provide access for in-risk youth and their families to a center for comprehensive mental health assessment and wrap-around case management services. Should this first phase be funded as proposed, our district will utilize a County-wide universal School-Based Model of Assessment and Prevention that will link to evidence-based interventions to support youth demonstrating mental health issues. Further, our district will participate in a summer institute for all Boone County school professionals to receive training in both Mental Health First Aid and Restorative Justice in efforts for professionals in our district to recognize the early signs and symptoms of mental health concerns, and respond to students struggling with the symptoms associated with behavioral and mental health conditions in an effective manner.

We look forward to this opportunity.

Respectfully,

Christopher Felmlee  
Superintendent  
Southern Boone School District.





## COLUMBIA PUBLIC SCHOOLS

Dr. Chris Belcher  
Superintendent

Neil C. Aslin Administration Building  
1818 West Worley Street  
Columbia, MO 65203  
Phone: (573) 214-3400  
Fax: (573) 214-3401

May 14, 2014

Boone County Children's Services Board  
RFP# 28-24JUN14

Dear Colleagues:

As Superintendent of Columbia Public Schools, I am writing to provide my strong support for this innovative and important project to assess, prevent, and intervene in mental health issues among youth in Boone County. The purpose of this proposed project is to promote a coordinated, multidisciplinary, collaborative initiative through a county-wide school-based assessment of risk and protective factors that will inform the implementation of a scientifically-based model of prevention and intervention to reduce mental health problems among youth in our district and county-wide.

This proposal will fund the first phase of a larger community project to develop a Boone County Prevention Access Center for Excellence that will provide access for at-risk youth and their families to a center for comprehensive mental health assessment and wrap-around case management services. As a member of the Boone County School District Coalition for School-based Mental Health, our school district has been an active participant in the development of this proposal. Thus we are committed to our active participation in all aspects of the project.

As members of this project, schools within our district will implement a **County-wide universal School-Based Model of Assessment and Prevention**. This data will be used by school-based teams who will receive training to effectively utilize the data by identifying areas of concern, connecting these areas of concern to evidence-based interventions, and implementing evidence-based strategies to support youth demonstrating mental health issues. Further, our district will participate in a summer institute for all Boone County school professionals to receive training in both **Mental Health First Aid** and **Restorative Justice**—evidence based training models shown to improve the effectiveness of adults who work with youth to facilitate supportive and caring school climates, recognize the early signs and symptoms of mental health concerns, and respond to students struggling with the symptoms associated with behavioral and mental health conditions in an effective manner.

Given the growing needs of students in our district for high quality support and services, this application is timely and appropriate. Our district would welcome the opportunity to work in collaboration with Boone County School Districts and the University of Missouri in all aspects of this project.

Sincerely,

Dr. Chris Belcher  
Superintendent - Columbia Public Schools

# Hallsville R-IV School District

*"A Vision of Excellence Through Success"*

Hallsville Central Office  
421 East Highway 124  
Hallsville, Missouri 65255



Phone: (573) 696-5512  
Fax: (573) 696-3606

May 15, 2014

Boone County Children's Services Board  
RFP# 28-24JUN14

Dear Colleagues,

I would like to provide strong support from the Hallsville R-IV School District for the proposed project. As a member of the Boone County School District Coalition for School-based Mental Health, our school district has been an active participant in the development of this proposal. Should this proposal be funded our district will participate in the County-wide universal School-Based Model of Assessment and Prevention. School-based teams in our district will be trained to use this data to identify and implement evidence-based interventions to support youth demonstrating mental health issues. Our district is also very interested in participating in a summer institute for all Boone County school professionals to receive training in evidence based training models shown to improve the effectiveness of adults who work with youth to recognize the early signs and symptoms of mental health concerns, and respond to students struggling with the symptoms associated with behavioral and mental health conditions.

Our district would welcome the opportunity to work in collaboration with the six independent Boone County School Districts and the University of Missouri in all aspects of this project.

Sincerely,

A handwritten signature in black ink, appearing to read "John M. Robertson".

Superintendent  
Hallsville R-IV School District.

John M. Robertson  
*Superintendent*

Scott Daly  
*High School Principal*

Clinton Hague  
*Middle School Principal*

Stacy Fick  
*Intermediate Principal*

Karen Jimerson  
*Primary Principal*

Shae Collier  
*Special Programs Director*

David J. Downs  
*Director of Curriculum & Instruction*

George Rudisaile  
*Operations Director*

Brad Blakemore  
*Activities Director*

## BOARD OF EDUCATION

Susan Daly, *President* • John Boo Cathey, *Vice President* • Judy George, *Secretary* • Greg Cotton, *Treasurer*  
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May 22, 2014

Boone County Children's Services Board  
RFP# 28-24JUN14

Dear Colleagues,

Harrisburg Public School District would like to show strong support for the proposed project. As a member of the Boone County School District Coalition for School-Based Mental Health, our school district has been highly involved in the development of this proposal.

Funding of this proposal will allow our district, along with the five other public school districts within Boone County to participate in a **county-wide universal School-Based Model of Assessment and Prevention**. School-based teams in our district will be trained to use this data to identify and implement evidence-based interventions to support youth demonstrating mental health issues. In addition, school professionals across Boone County will participate in a summer institute for all Boone County school professionals to receive training in evidence-based training models. These models have improved the effectiveness of adults who work with youth to recognize the early signs and symptoms of mental health concerns, and have improved the response to students struggling with the symptoms associated with behavioral and mental health conditions.

We understand that this proposal will fund the first phase of a larger community project to develop a Boone County Prevention Access Center for Excellence that will provide access for in-risk youth and their families to a center for comprehensive mental health assessment and wrap-around case management services. We are excited to be active participants in all aspects of the project.

We look forward to ongoing collaborative work among the six independent Boone County school districts and the University of Missouri.

Sincerely,

Lynn Proctor, Superintendent  
Harrisburg R-VIII School District

May 22, 2014

Boone County Children's Services Board  
RFP# 28-24JUN14

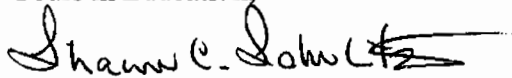
Dear Colleagues,

I would like to provide strong support from the **Sturgeon R-V School District** for the proposed project. A recent survey of the six independent school districts demonstrates the need for identifying youth at risk, fostering training of school professionals in recognizing and implementing evidence-based strategies to support our youth, and the need for coordinated service delivery across Boone County. As a member of the Boone County School District Coalition for School-based Mental Health, our school district has been an active participant in the development of this proposal.

We understand this proposal will fund the first phase of a larger community project to develop a Boone County Prevention Access Center for Excellence that will provide access for at-risk youth and their families to a center for comprehensive mental health assessment and wrap-around case management services. Should this phase be funded, our district will participate in the County-wide universal School-Based Model of Assessment and Prevention process. This data will be used by school-based teams who will receive training to effectively utilize the data by identifying areas of concern, connecting these areas of concern to evidence-based interventions, and implementing evidence-based strategies to support youth demonstrating mental health issues. Further, our district will participate in a summer institute for all Boone County school professionals to receive training in both Mental Health First Aid and Restorative Justice—evidence based training models shown to improve the effectiveness of adults who work with youth to facilitate supportive and caring school climates, recognize the early signs and symptoms of mental health concerns, and respond to students struggling with the symptoms associated with behavioral and mental health conditions in an effective manner.

We hope that this proposal is funded. The opportunity for the six Boone County School Districts and the University of Missouri to work together will broaden the scope and value of this initiative.

Yours in Education,



Shawn C. Schultz  
Sturgeon R-V School Superintendent



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children’s Services**

**ADDENDUM #1 - Issued May 23, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. If any Offeror is interested in obtaining a copy of the RFP in Word format and the Budget Worksheets in Excel, please e-mail request to [mboobbitt@boonecountymmo.org](mailto:mboobbitt@boonecountymmo.org).

II. The County has received the following questions and is providing a response:

1. Can our organization apply as a lead organization with community collaborations as long as MOU’s are in place?

Response: **Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies. The contracting agency must comply with terms for entering into subcontracts with other agencies.**

2. Is there a length of service established for both RFP’s?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

3. Are there parameters around levels of funding? How much is available for each RFP? Funding ceiling or floor?

Response: **Parameters around levels of funding have not been established at this time.**

4. How are Innovative Pilot Services defined?

Response: **Further information regarding Pilot Programs may be found in the Boone County Community Service Board’s (BCCSB) Funding Policy.**

a. Would an evidence-based program already in place in another location, qualify for this RFP if we are adapting and implementing the program for the first time in Boone County?

**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy.**

5. Will evidence-based program training be funded under both of the RFP's?

**Response: Evidence-based program training may be considered for funding, provided the program training complies with the BCCSB's Funding Policy and the parameters established for funding by the Request For Proposal.**

- a. Are there any restrictions on the % of training costs?

**Response: No restrictions have been established at this time.**

- b. Are there any restrictions on the % of administration costs?

**Response: Administration costs/indirect expenses will be considered up to a maximum of 15% of salary expense only.**

7. Can funding be used for rent or the purchase of a physical building (i.e. a community center) in either RFP?

**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy. For Pilot Program proposals these expenses fall under indirect expenses. See above answer regarding allowance of indirect expenses.**

8. Can you explain the indirect cost 15% of salary expense that is allowable on pilot programs?

**Response: Agencies may be funded for indirect expenses up to 15% of the total salary expenses for direct staff positions for the project.**

9. Does the general liability insurance requirement and worker's compensation insurance requirement need to be in place before applying for the grant? Can this be an allowed expenditure in the budget of the request for funding proposal or is this at the expense of the organization? Do applicants need to provide an indemnity clause with their application, or only if selected for an award?

**Response: Insurance certificate does not have to be provided to submit a proposal response. It will be required at contract execution. The Offeror has discretion as to whether to itemize this expense or include it in their overall unit pricing. Indemnity clause may be provided with application or after selected for award.**

10. Can you clarify what specifically you are seeking in the anticipated outcomes, outcomes, indicators, and measurement sections (or how these differ)? Some of this information seems repetitive – is that okay?

Response: **There are excellent resources available on-line that provide detailed explanations of these terms. One resource to find this information is <http://www.cdc.gov/eval/resources/index.htm>.**

11. May we submit letters of support with our proposals?

Response: **Letters of support are not required. Letters of support will be considered as part of the Application Narrative. Consideration should be given to page limitations outlined in the Request for Proposals.**

12. Are the awarded contracts going to be fee for services (we get reimbursed for the services we provide) or cost-based? If they are fee for service, how are the rates determined?

Response: **For pilot program proposals, funding terms will be established during contract negotiation.**

13. Attachment B - Our fiscal year runs from July to June. With that in mind, here is how I feel the years should run: Prior Year- July 2012- June 2013, Current Year July 2013-June 2014, and Proposed Year July 2014-June 2015. Is this correct? If so, our July 2013- June 2014 information will be incomplete (missing May and June numbers), should we project those numbers to show 12 months? Our agency wide budget is not completed for the upcoming year (July 2014-June 2015). Should we provide a preliminary budget?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

14. Attachment C - Where do we include the funding we are requesting from the Children's Service Funds?

Response: **The amount requested from the Children's Services Fund should not be included on Attachment C.**

15. Attachment C - In the bottom box, what is the difference between "Actual" and "Current"?

Response: **The bottom box should read from left to right, "Prior Actual Year", "Current Year", and "Proposed Year". An amended Attachment C is attached.**

16. What is the maximum amount of funds that can be requested for each RFP? Is there a range of funding for each project/RFP that the evaluation/reviewers desire?

Response: **There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

17. Can funding be used to support services, or supportive services/wrap-around services to children and youth who are currently enrolled in a residential chemical dependency program?

**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy.**

18. Should all proposals be for a twelve month period? I see that there is the option for negotiation to renew funded proposals, but in our original design for programming, should we limit programming to twelve months?

**Response: The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. Agencies should define proposed program terms in the application and budget narratives.**

19. How many times can organizations re-apply? Is it on an Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

**Response: The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

20. When is the start date and end date of the funding?

**Response: The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

21. If a new non-profit organization has applied for their 501(3)(c) designation but it is still pending by the deadline date of the grant, will some consideration be given to the non-profits as long as they can document their application for 501(3)(c)?

**Response: Consideration may be given to a non-profit organization that has not yet obtained a 501(c)(3) designations; however, an organization must have obtained the 501(c)(3) designations prior to entering into a contract.**

22. Can an organization submit more than one pilot program?

**Response: Yes**

23. Can an organization apply for the pilot program and the purchase for services contracts?

**Response: Organizations may apply for both the pilot program and purchase of services contracts.**

24. What is the funding cap request per proposal for the pilot program? Is it a set amount or is it variable?

**Response: There is no funding cap established at this time for either the pilot program or purchase of services contracts.**



25. Is there a list of “allowable expenditures” of what can be requested for the proposal? Or a list of things that are “not allowable”? That would be helpful to have if it is available.

Response: **There is not currently a list of “allowable” or “not allowable” expenditures.**

26. For the pilot program, can participants/subjects in the research pilot be paid for their participation for completing surveys, classes, etc. as part of the funding? For example, “each participant who completes the pre- and post surveys and the classes on advocacy will have their name entered into a drawing to win a \$100.00 gift card to \_\_\_\_\_.”

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB’s Funding Policy.**

27. If a new non-profit has just been certified the state and Jason Kander’s office sent a letter stating that their independent audit is not due to the state until August of 2015, is this letter allowable to present in lieu of doing an independent audit prior to submission as required by the grant?

Response: **Yes.**

28. Section I - Overview:

Must offerors submit proposals providing services throughout Boone County, or may proposals focus on certain geographic areas such as the City of Columbia?

Response: **Please reference the “Beneficiaries and Outcomes” section of the BCCSB’s Funding Policy.**

29. Attachment C Program Budget Worksheet

- a. Because Section VII - Term; Termination of Contract Agreement indicates that the initial term of contract will be negotiated, should the offeror assume that the Program Budget Worksheet is to be filled out on a calendar year basis?

Response: **As the contract term has not yet been established, agencies may use the agency’s fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

- b. The Worksheet requires Program Revenue and Expenses for Prior (2013), Current (2014), and Proposed Year (2015). Because revenue from certain sources (such as United Way) are contractually committed on calendar year basis, some revenue shown for Current year may not be available for Proposed Year. How should offerors treat this type of revenue on Exhibit C?

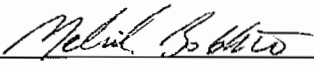
Response: **See above.**

30. My question is about the kinds of services that are eligible for funding. We would like to know whether funds could be awarded to a program that identifies key community-level student outcomes (such as kindergarten readiness and psycho-social well-being at the transition out of middle school), identifies local data with which to measure progress on those outcomes, and

assembles collaborative action networks of public and private entities to improve those community outcomes. We would apply under the RFP for pilot projects as a collaborative effort that will make a meaningful impact on children by fostering revision of existing services that target and building the capacity of local providers to use data in their decision-making. To you more detail, the collaborative action networks will collect, share, and analyze data on local newborn, child, and youth outcomes in order to identify local root causes, promising leverage points for improving youth outcomes, and strategies that are especially effective locally. The networks will create action plans based on that data and will measure the impact of their plans on student success to determine whether those strategies should be expanded, refined or replaced.

Our question is whether the organization that convenes these networks, provides the data assistance needed for the networks to do data-based decision-making, and publishes annual community report cards is eligible for partial funding, assuming that the proposal is otherwise meritorious?

Response: **The offeror should thoroughly explain how the organization's proposed pilot program falls under a statutorily eligible service area in order for the BCCSB to make an informed decision.**

By:   
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

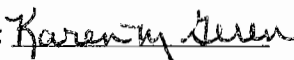
OFFEROR has examined copy of Addendum #1 to Request for Proposal **28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services** receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 310 Jesse Hall, Columbia, MO 65211-1230

Phone Number: 573-882-7560 Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature:  Date: 07-10-14

Authorized Representative Printed Name: Karen M. Geren, Pre-Award Lead, OSPA



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services**

**ADDENDUM #2 - Issued May 28, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Change Bid Due Date and Opening Date to the following:

**Response Submission Deadline: July 10, 2014, 1:15 p.m. Central Time**  
**Proposal Opening: July 10, 2014, 1:30 p.m. Central Time**

- II. Attached for informational purpose are the pre-proposal conference sign-in sheets from the conferences that were held on May 23, 2014.
- III. Provided for informational purpose is the evaluation weighted criteria that will be used by the Children's Services Board to evaluate the proposal responses received.

<b>Agency and Service Information</b>	<b>15%</b>
<b>Evaluation</b>	<b>50%</b>
<b>Budget</b>	<b>35%</b>

- IV. The County has received the following questions and is providing a response:

1. Can the "Board of Directors" be submitted as an attachment to our RFP response?

**Response: Yes. Any time you see the word "attached," you may submit that requirement as an attachment.**

2. If our agency does not have a Board of Directors, is an advisory board acceptable?

**Response: Yes, please explain your agency's organizational structure in your application narrative.**

3. The Thompson Center is affiliated with the University of Missouri. The Federal 990 is hundreds of pages. Can we submit a URL where that can be viewed rather than attach those pages?

**Response: The 990 should not be attached, it is, however, required to be available upon request.**

4. Will the Board consider proposals for programs that will not work directly with Boone County children, youth, and families, but instead will work with agencies that directly provide statutorily

defined services, such as home-based and community-based family intervention programs and psychological evaluations and mental health screening? The pilot program will facilitate the formation of collaborative action networks and will then mentor the networks and the participating agencies in the use of local data, agency outcomes data, and national research to identify practices that are especially effective and, through their use, confer larger and more meaningful benefits to Boone County children, youth and families.

Response: **The offeror should thoroughly explain how the organization's proposed pilot program falls under a statutorily eligible service area in order for the BCCSB to make an informed decision. Please also see the "Examples of Types of Funding Classifications Envisioned" section of the Boone County Children's Services Board (BCCSB) Funding Policy which may be found at <http://www.showmchoone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>**

5. Should in-kind services supplied by a partner be included on Attachment C as revenue and expenses and, if so, would you like them to be identified as such?

Response: **No, do not include in-kind services on Attachment C. You should explain partner collaborations in the application narrative where appropriate.**

6. With respect to Measurement, could you further explain the difference between 2.d.iv. "Describe the approach that will be used to evaluate the pilot program" and 2.d.v. "Describe the approach that will be used to evaluate the effectiveness of the program"? Is iv about evaluating the process and v about evaluating the outcomes?

Response: **2.d.iv. is seeking information regarding the pilot program itself in regard to the principles expressed in the BCCSB Funding Policy, please see "Examples of Types of Funding Classifications Envisioned" section. 2.d.v. is seeking information regarding how the outcomes proposed will be measured.**

By: Melinda Bobbitt  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #2 to Request for Proposal **28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services** receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 310 Jesse Hall, Columbia, MO 65211-1230

Phone Number: 573-882-7560 Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 07-10-14

Authorized Representative Printed Name: Karen M. Geren, Pre-Award Lead, OSPA



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services**

**ADDENDUM #3 - Issued June 16, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Last date to submit questions is June 27, 2014 at 12:00 p.m.
- II. The County has received the following questions and is providing a response:
  1. Under Section II Funding Goals, would you please define match funding opportunities?

**Response: Information regarding match funding may be found in the BCCSB's Funding Policy. The BCCSB's Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

2. Is an annual independent audit necessary for our small agency? We have received state grants for our afterschool program for nine years and have never been required to do this because our level of funding has never exceeded \$100,000.

**Response: If the agency is not required or is exempt from conducting an annual independent financial audit, please explain this in your Application Narrative.**

3. We currently have no paid employees under our organization. We are all volunteers. In the past, we have only had five part-time employees. Under our proposal we would request employment for 3 to 5 employees. Would we still be required to carry Worker's Comp. Insurance?

**Response: It would be acceptable to provide evidence of monopolistic state coverage and the County would provide a form for you to complete at time of contract execution.**

4. We carry Comprehensive General Liability Insurance for \$1,000,000. To increase our coverage to \$2,000,000.00, would be an increase in our annual budget. Is this a non-negotiable requirement?

**Response: The Commercial General Liability Insurance requirements have been reduced to \$1,000,000.00. Please replace the Insurance Requirements that were in the original RFP with the attached.**

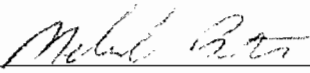
5. We carry Commercial Automobile Liability for \$1,000,000.00. To increase our coverage to \$2,000,000.00 would be an increase to our annual budget. Is this a non-negotiable requirement?

Response: **The Business Automobile Liability Insurance requirements have been reduced to \$1,000,000.00. Please replace the Insurance Requirements that were in the original RFP with the attached.**

6. One of the required attachments is a Certificate of Good Standing from the Missouri Secretary of State's office. May we attach a screen shot of the MO SOS webpage that shows our organization's standing or are you requiring an official Certificate?

Response: **A Certificate of Good Standing is not a required attachment; please do not attach it to your proposal. Attachment D, 2014 Agency Assurance Sheet, states: "I, the undersigned, further certify I have and will make available, upon request, of the following documents...."**

By:

  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #3 to Request for Proposal **28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services** receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 310 Jesse Hall, Columbia, MO 65211-1230

Phone Number: 573-882-7560 Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 07-10-14

Authorized Representative Printed Name: Karen M. Geren, Pre-Award Lead, OSPA

**Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County, nor shall the Contractor allow any subcontractor to commence work on their subcontract until all similar insurance required of subcontractor has been so obtained and approved. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide. Insurance limits indicated below may be lowered at the discretion of the County.

**Employers Liability and Workers Compensation Insurance** - The Contractor shall take out and maintain during the life of this contract, **Employers Liability and Workers Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Workers Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor. Workers Compensation coverage shall meet Missouri statutory limits or provide evidence of monopolistic state coverage. Employers Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit. In case any class of employees engaged in hazardous work under this Contract at the site of the work is not protected under the Workers Compensation Statute, the Contractor shall provide and shall cause each subcontractor to provide Employers Liability Insurance for the protection of their employees not otherwise protected.

**Commercial General Liability Insurance** - The Contractor shall take out and maintain during the life of this contract, such commercial general liability insurance as shall protect them and any subcontractor performing work covered by this contract, from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or for any subcontractor or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 combined single limit for any one occurrence covering both bodily injury and property damage, including accidental death. If the Contract involves any underground/digging operations, the general liability certificate shall include X, C, and U (Explosion, Collapse, and Underground) coverage. If providing Commercial General Liability Insurance, then the Proof of Coverage of Insurance shall also be included.

Contractor may satisfy the minimum liability limits required for Commercial General Liability or Business Auto Liability under an Umbrella or Excess Liability policy. There is no minimum per occurrence limit of liability under the umbrella or Excess Liability; however, the Annual Aggregate limit shall not be less than the highest "Each Occurrence" limit for either Commercial General Liability or Business Auto Liability. Contractor agrees to endorse the County as an Additional Insured on the umbrella or Excess Liability, unless the Certificate of Insurance state the Umbrella or Excess Liability provides coverage on a "Follow-Form" basis.

**Business Automobile Liability** – The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; non-owned and both on and off the site of work.

**Subcontractors:** Contractor shall cause each Subcontractor to purchase and maintain insurance of the types and amounts specified herein. Limits of such coverage may be reduced only upon written agreement of Owner. Contractor shall provide to Owner copies of certificates evidencing coverage for each Subcontractor. Subcontractors' commercial general liability and business automobile liability insurance shall name Owner as Additional Insured and have the Waiver of Subrogation endorsements added.

**Proof of Carriage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name the County as additional insured in an amount as required in this contract, contain

a description of the project or work to be performed and provided for Commercial General Liability, Business Auto Liability, and Umbrella or Excess Liability (not on Workers Compensation). The Certificate of Insurance shall provide that there will be no cancellation or reduction of coverage without 30 days prior written notice to the Owner. In addition, such insurance shall be on occurrence basis and shall remain in effect until such time as the County has made final acceptance of the facility contracted.

**INDEMNITY AGREEMENT:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, officers, agents, and employees from and against all claims, damages, losses and expenses (including but not limited to attorney's fees) arising by reason of any act or failure to act, negligent or otherwise, of Contractor, of any subcontractor (meaning anyone, including but not limited to consultants having a contract with contractor or a subcontract for part of the services), of anyone directly or indirectly employed by contractor or by any subcontractor, or of anyone for whose acts the contractor or its subcontractor may be liable, in connection with providing these services. This provision does not, however, require contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

Failure to maintain the required insurance in force may be cause for contract termination. In the event the Agency/Service fails to maintain and keep in force the required insurance or to obtain coverage from its subcontractors, the County shall have the right to cancel and terminate the contract without notice.





**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children’s Services**

**ADDENDUM #4 - Issued June 24, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. The County has received the following questions and is providing a response:

1. Where it references "require annual background checks, including child abuse and neglect screenings on all employees and volunteers", we wondered if that pertained to all employees of our organization (Central Missouri Community Action) or only to those who work directly with children and families. Some of our staff, including those from our finance/IT departments, who don't interact directly with our clientele, are at this time not required to undergo annual child abuse/background screenings. In order to be eligible for funding associated with this RFP, are we required to conduct those screens on non-project related employees and volunteers?

**Response: Any position funded by the Children’s Services Fund in whole or in part, must complete an annual background check. Any volunteers associated with any programs funded by the Children’s Services Fund must also complete an annual background check.**

2. The question is in regards to measurement in both RFP’s. “Include copies of any evaluation tools you will be using”. Some of the materials we will be proposing have not been purchased, some are quite lengthy and several use multiple methods. How should we approach these issues? We can easily include why we are using these tools as opposed to others and if it would be satisfactory I would be happy to put together a description of any evaluation tool we have not purchased or is overwhelming in length. And just to verify these evaluation tools do NOT count towards are page limit, correct?

**Response: Copies of the evaluation tools do not count towards the page limit. If there are no examples of the evaluation tools, please provide a description of the evaluation tool and why it will be utilized.**

3. Regarding the Financial Information Attachment sheets. If our agency runs only one program, wouldn't the information be exactly the same for both sheets? If so, do we fill them both out?

Response: **If the agency and program budget are the same, please fill out only one worksheet and provide detailed information in the Budget Narrative.**

4. When looking at the timeline of implementation, what is the approximate date for funding? If we are looking to implement our pilot project in a school year, I am not sure if we should say our implementation would begin this fall (2014 - 15 school year) or the next school year?

Response: **The timeline will be determined during contract negotiations. For prudent planning, agencies could plan on the next school year (2015-2016) but there may be an opportunity to receive funding prior to the next school year.**

5. In both of the above referenced RFPs there is a statement "Revenues collected and deposited in the children's services fund **may not be expended** . . . or, for transportation services".

While we do not intend to propose a transportation service per se in serving youth in the County's bedroom communities there will be expenses incurred in staff reaching out to them and transporting participants to proposed services and activities. Are these costs in anyway allowable? Can expenses incurred while using existing vehicles for gas, insurance and maintenance be included in the unit cost? How about mileage reimbursement for proposed staff?

Response: **All expenses incurred by staff in providing services are allowed and should be included in the unit cost. However, the costs of transporting participants cannot be reimbursed through the Children's Services Fund.**

6. Am I correct in understanding staffing for the proposed project may not exceed 15 % of the total project request? For example, if the total project were \$1000, \$150 would be the maximum allowable for personnel.

Response: **For the Pilot Programs for Innovative Services RFP, the 15% of salary expenses is referring strictly to indirect expenses. Salary expenses include wages, payroll taxes, unemployment, and worker's comp. Indirect expenses include general organizational expenses such as executive management time, finance, human resources or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc.**

7. Will the 15% administration percentage be based on the "Personnel Costs" line on the budget or strictly just the salary portion of that line?

Response: **The 15% administrative percentage or indirect expenses are based on the salary expenses (salary expenses does not include benefits) only.**

8. What is included in Personnel expenses? Wages, payroll taxes, health insurance, and retirement are included but how about unemployment, work comp, and staff training?

Response: **Personnel expenses should include wages, payroll taxes, health insurance, retirement, unemployment, worker's comp and staff training. Please provide a detailed explanation in the Budget Narrative.**

By: Melinda Bobbitt  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #4 to Request for Proposal **28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services** receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 310 Jesse Hall, Columbia, MO 65211-1230

Phone Number: 573-882-7560 Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 07-10-14

Authorized Representative Printed Name: Karen M. Geren, Pre-Award Lead, OSPA



**AGREEMENT FOR PILOT PROGRAMS  
School-Age Staff Training and Case Management**

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**THIS AGREEMENT** dated the 11<sup>th</sup> day of December, 2014 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "BCCSB" and **The Curators of the University of Missouri (on behalf of Boone County Schools Mental Health Coalition)**, a tax-exempt, not organized for profit agency or governmental entity, hereinafter referred to as "**BCSMHC**".

**WHEREAS**, the BCCSB, under the provisions of 67.1775 and 210.861 of the Revised Statutes of Missouri, has the right to expend monies from the Children's Services Fund (CSF) for the purposes of funding services to children and youth 19 years of age and younger, and their families residing in Boone County; and

**WHEREAS**, the BCSMHC has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided along with the expected cost to BCSMHC thereof; and

**WHEREAS**, the BCCSB has approved the Request for Funding Proposal in whole or in part as hereinafter set forth,

**IN CONSIDERATION** of the parties performance of the respective obligations contained herein, the parties agree as follows:

**FUNDING ALLOCATION FOR SERVICES RENDERED BY BCSMHC**

BCSMHC is expected to the greatest extent possible to maximize funding from all other sources. BCSMHC shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. BCSMHC shall only request reimbursement for services not reimbursable by any other source. BCSMHC shall provide documentation and assurance to the BCCSB that requests for reimbursement from the CSF is not a duplication of reimbursement from any other source of funding.

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract. BCSMHC will perform the services and carry out the activities as set forth in the Request for Funding Proposal Application. BCSMHC agrees to, and understands that services performed under this agreement are limited to the Request for Funding Proposal Application.

2. **Contract Documents.** This agreement shall consist of the Request for Proposal #28-24JUN14 (Pilot Programs that Provide Innovative Services) and BCSMHC's response to the County of Boone's Request for Proposal, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over the BCSMHC's Proposal, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The BCCSB agrees to purchase from the BCSMHC and the BCSMHC agrees to furnish **School-Age Staff Training and Case Management** for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in the BCSMHC's response. All staff trainings under this agreement shall be made available to private school staff; the BCSMHC shall inform private school staff as to the availability of trainings. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$1,190,865** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of contract execution and extend through **June 30, 2016** subject to the provisions for termination specified below. This contract may at the sole discretion of the BCCSB and with the agreement of BCSMHC be renewed for an **additional two (2) one-year periods**. BCSMHC agrees and understands that the BCCSB may require supplemental information to be submitted by BCSMHC prior to any renewal of this agreement.

5. **Billing and Payment.** For the Pilot Programs that Provide Innovative Services (PILOT) Contract, the payments for **school-age staff training (for both private and public schools) and case management for all public schools in Boone County** will be made in four (4) installments, 25 % of the contracted amount, within 30 days of the execution of the contract, 25% of the contracted amount within 30 days of the completion and approval of the 2015 mid-year report, 25% of the contracted amount within 30 days of the completion and approval of the 2015 year-end report, and 25% of the contracted amount within 30 days of the completion and approval of the 2016 mid-year report. An accounting of prior funding received from the CSF shall be required before receiving subsequent contractual installment payments. Installment payments may vary based on the adjusted totals provided to BCCSB. In the event of a billing dispute, the BCCSB reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of the BCSMHC, the BCCSB agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

6. **Availability of Funds.** Payments under this contract are dependent upon the availability of funds or as otherwise determined by the BCCSB. This contract can be terminated if funding becomes unavailable in whole or in part for cause shown, and the BCCSB shall have no obligation to continue payment.

### **REPORTING, MONITORING, AND MODIFICATION**

7. **Reporting.** The BCCSB shall utilize the Request for Funding Proposal Application and the Responses to Requests for Additional Information, as submitted by BCSMHC to monitor service delivery and program expenditures. BCSMHC agrees to submit to the BCCSB a mid-year service report by July 30, 2015 for the period beginning with the date of contract execution to June 30, 2015 and an annual service report by January 29, 2016, for the period of July 1, 2015 to December 31, 2015. For contracts expiring June 30, 2016: BCSMHC agrees to submit to the BCCSB a mid-year service report by July 30, 2016 for the period January 1, 2016 to June 30, 2016. Variations on this date may be requested by BCSMHC and, if so stipulated, are noted on this contract document. Payments may be withheld from BCSMHC if reports designated here are not submitted on time, until such time as the reports are filed. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. BCSMHC agrees to submit its reports through an on-line reporting system if requested.

8. **Audits.** BCSMHC also agrees to make available to the BCCSB a copy of its annual audit within nine months after the close of BCSMHC's fiscal year. The audit must be performed by an independent individual or firm licensed by the Missouri State Board of Accountancy. The audit is to include a complete accounting for funds covered by this agreement in accordance with generally accepted accounting principles. In addition, the BCCSB requires that the management report of any audit as it relates to BCCSB program activities be made available to BCCSB as part of the required audit. Payment may be withheld from BCSMHC, if reports designated here are not made available upon request.

9. **Monitoring.** BCSMHC agrees to permit the BCCSB, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the BCCSB to monitor, survey and inspect BCSMHC's services, activities, programs and client records, to determine compliance and performance with this contract, except as prohibited by laws protecting client confidentiality. In addition, BCSMHC hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the BCCSB or its designee(s) all records, facilities and personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

10. **Modification or Amendment.** In the event BCSMHC requests to make any change, modification, or an amendment to funded services, one-time items, activities and/or programs

covered by this contract, a request of the proposed modification or amendment must be submitted in writing to the Director of Community Services to share with the BCCSB for approval. A board resolution from BCSMHC must be included with the request. Requests to the BCCSB must be submitted in writing at least two weeks prior to the BCCSB meeting.

#### **OTHER TERMS OF THIS CONTRACT**

11. ***Violation of Client Rights.*** Any alleged case of a violation of a client's rights in a program funded by the Commission/BCCSB shall be investigated in accordance with BCSMHC's policies and procedures and in accordance with any local/state/federal regulations. BCSMHC agrees to notify the BCCSB through the Director of Community Services of any such incidents that have been reported to the appropriate governmental body and must also authorize the governmental body to notify the BCCSB of any substantiated allegations. BCSMHC must comply with Missouri law regarding confidentiality of client records.

12. ***Discrimination.*** BCSMHC will refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply will applicable provisions of federal and state laws, county or municipal statutes or ordinances, which prohibit discrimination in employment and the delivery of services.

13. ***CSF to be used for Services Provided.*** BCSMHC agrees that the CSF funds shall be used exclusively for the services provided to children and youth 19 years of age or less and their families and for administrative costs directly related to BCSMHC's provision of such services.

14. ***Accreditation/Licensure/Certifications.*** All agencies must comply with all state/federal certification and licensing requirements and all applicable federal, state, and local laws and must remain in "good standing".

15. ***Conflict of Interest.*** BCSMHC agrees that any conflicts of interest between its Board of Curators and/or employees and BCSMHC shall be appropriately identified and managed.

16. ***Subcontracts.*** BCSMHC may enter into subcontracts for components of the contracted service as BCSMHC deems necessary within the terms of the contract. All such subcontracts require the written approval of the BCCSB or their designated representative. In performing all services under the resulting contract agreement, the BCSMHC shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

17. ***Employment of Unauthorized Aliens Prohibited.*** BCSMHC agrees to comply with Missouri State Statute section 285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of

Missouri. BCSMHC shall require each subcontractor to affirmatively state in its Agreement with the BCSMHC that the subcontractor shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri.

18. **Litigation.** BCSMHC agrees that there is no litigation, claim, consent order, settlement agreement, investigation, challenge or other proceeding pending or threatened against BCSMHC or any individual acting on the BCSMHC's behalf, including subcontractors, which seek to enjoin or prohibit BCSMHC from entering into this contract agreement of performing its obligations under this agreement.

19. **Board Ownership.** If BCSMHC ceases to be funded by the BCCSB or ceases to provide programs and services for Boone County children, youth and their families, all capital equipment, materials, and buildings purchased with CSF funds shall be returned to Boone County unless so otherwise approved by a majority vote of the BCCSB. In addition, if BCSMHC no longer used capital equipment, materials, and building purchased with CSF funds for its original intent, BCSMHC will need BCCSB approval to re-direct.

20. **Failure to Perform/Default.** In the event BCSMHC, at anytime, fails or refuses to perform according to the terms of this contract, as determined by the BCCSB, such failure or refusal shall constitute a default hereunder, and the BCCSB will be relieved of any further obligation to make payments to BCSMHC as set out herein. This contract will be terminated at the option of the BCCSB.

21. **Termination.** This agreement may be terminated, with or without cause, by either party upon 30 days written notice to the other party. In addition, BCCSB may terminate this agreement upon 15 days advance written notice for any of the following reasons or under any of the following circumstances:

a. BCCSB may terminate this agreement due to material breach of any term or condition of this agreement, or

b. BCCSB may terminate this agreement if key personnel providing services are changed such that in the opinion of the BCCSB delivery of services are or will be delayed or impaired, or if services are otherwise not in conformity with proposal specification, or if services are deficient in quality in the sole judgment of BCCSB, or

c. BCCSB may terminate this agreement with 15 days of prior written notice should the BCSMHC fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

d. If appropriations are not made available and budgeted for any calendar year to fund this agreement.



Upon receipt of notice of termination, the BCSMHC shall make every effort to reduce or cancel outstanding commitments and shall incur no additional expenses. BCCSB shall reimburse the BCSMHC for outstanding expenses incurred up to the date of termination, including uncancellable obligations and reasonable termination costs, but in no event will such costs exceed the total funds presently allocated to this agreement.

22. **Indemnification.** To the extent permitted under Missouri law, BCSMHC agrees to hold harmless, defend and indemnify the BCCSB, the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of **The Curators of the University of Missouri (on behalf of Boone County Schools Mental Health Coalition)**, (meaning anyone, including but not limited to consultants having a contract with the BCSMHC or subcontractor for part of the services), or anyone directly or indirectly employed by BCSMHC, or of anyone for whose acts BCSMHC may be liable in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its negligence.

23. **Publicity by the Agency.** BCSMHC shall notify the BCCSB of contact with the media regarding CSF funded programs or profiles of participants in CSF funded programs. BCSMHC will acknowledge the BCCSB as a funding source whenever publicizing CSF funded programs. BCSMHC will collaborate with the BCCSB to inform the community about the ways its tax dollars are being invested in services and supports. BCSMHC agrees to acknowledge the Children's Services Fund as a funding source on all written and electronic publications including brochures, letterhead, annual reports and newsletters.

24. **Independence.** This contract does not create a partnership, joint venture or any other form of joint relationship between the BCCSB and BCSMHC. The BCCSB does not recognize any of the BCSMHC's employees, agents or volunteers as those of the BCCSB.

25. **Binding Effect.** This agreement shall be binding upon the parties hereto and their successors and assigns for so long as this agreement remains in full force and effect.

26. **Entire Agreement.** This agreement constitutes the entire agreement between the parties and supersedes any prior negotiations, written or verbal, and other proposal or contractual agreement. This agreement may only be amended by a signed writing executed with the same formality as this agreement.

27. **Record Retention Clause.** BCSMHC shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of the this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.

28. **Notice.** Any written notice or communication to the BCCSB shall be mailed or delivered to:

Boone County Community Services  
605 E. Walnut, Ste. A  
Columbia, MO 65201

Any written notice or communication to the BCSMHC shall be mailed or delivered to:

University of Missouri – Columbia  
Karen Geren, Authorized Signer, Grants and Contracts  
310 Jesse Hall  
Columbia, MO 65211

**IN WITNESS WHEREOF** the parties through their duly authorize representatives have executed this agreement on the day and year first above written.

**The Curators of the University of Missouri  
(on behalf of Boone County Schools  
Mental Health Coalition)**

By: Karen M. Geren  
Signature 12-4-2014

By: Karen M. Geren, Authorized Signer  
Printed Name/ Title  
NW Project # 00047354

**Boone County, Missouri**

By: Boone County Commission  
[Signature]  
Daniel K. Atwill, Presiding Commissioner

By: Boone County Children's Services Board  
[Signature]  
Les Wagner, Board Chair

APPROVED AS TO FORM:

[Signature]  
County Counselor

ATTEST:

Wendy S. Noren  
Wendy S. Noren, County Clerk

AUDITOR CERTIFICATION: In accordance with RSMo. §50.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note: Certification of this contract is not required if the terms of this contract do not create a measurable county obligation at this time.)

Jane Pitchford by [Signature] 12/08/2014 2161/71106/\$1,190,865  
Signature Date Appropriation Account



RE: University of Missouri Self-Funded Auto/General Liability/Self-Insured Workers' Compensation

To Whom It May Concern:

The Curators of the University of Missouri has a Self-funded Retention Program for its auto and general liability losses. The Self-funded Retention Program is used to provide payment for exposures and claims arising from the negligence of the University, its officers, agents and employees and for which the University, its officers, agents and employees are found to be liable.

The self-funded auto/general liability retention program has a limit of \$1,000,000 per occurrence and \$3,000,000 annual aggregate. Reserves for the program are determined annually and set aside by the University for the Self-funded Retention Program.

The Curators of the University of Missouri is an approved Missouri self-insurer for Workers' Compensation coverage. All employees, including some student employees, part-time employees and some volunteers are covered by Worker's Compensation. A specific fund is maintained, based on actuarial determination, to cover obligations arising from the Workers' Compensation Exposure.

Should you require additional information, please advise.

Sincerely,

*Ed Knollmeyer*

Ed Knollmeyer  
Director, Risk & Insurance Management

EK

**REQUEST FOR ADDITIONAL INFORMATION FORM**

**PROPOSAL: 28-24JUN14 - Pilot Programs that Provide Innovative Service - Boone County Community Children's Services**

This Request for Additional Information #1 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted by e-mail to [grantsdc@missouri.edu](mailto:grantsdc@missouri.edu).

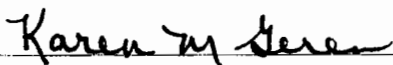
Company Name: The Curators of the University of Missouri

Address: Office of Sponsored Programs Administration, 310 Jesse Hall  
Columbia, MO 65211-1230

Telephone: 573-882-7560 Fax: 573-884-7560

Federal Tax ID (or Social Security #): 43-6003859

Print Name: Karen M. Geren Title: Pre-Award Lead/Authorized Signer, OSPA

Signature:  Date: 10-22-2014

E-mail: grantsdc@missouri.edu

**UMC – Dr. Wendy Reinke on behalf of The Boone County Schools Mental Health Coalition  
(Training for school-age staff in Boone County)**

- a. We received multiple proposals offering similar services from University of Missouri on behalf of the Boone County Schools Mental Health Coalition, University of Missouri Psychiatric Department and Burrell Behavioral Health. Please communicate with UMC - Psychiatric Department and Burrell Behavioral Health regarding the proposals they submitted. If all are funded, how would we move forward in not duplicating services and efforts and what process would be used between the entities?

**Contact Information:**

University of Missouri – Department of Psychiatric  
Outpatient Psychiatric Services  
Dr. Laine Young-Walker  
Associate Professor of Psychiatry  
Division Chief and Training Director, Child and Adolescent Psychiatry  
E-mail: [laine.young-walker@missouri.edu](mailto:laine.young-walker@missouri.edu)

Phone Number for Megan White, Senior grants and Contracts Administrator:  
573-882-4223. E-mail: [whiteme@missouri.edu](mailto:whiteme@missouri.edu)

Burrell, Inc.  
Dr. Julie Arment  
Director of School Based Services  
Administration  
3401 Berrywood Drive, Suite 204  
Columbia, MO 65201  
E-mail: [Julie.Arment@burrellcenter.com](mailto:Julie.Arment@burrellcenter.com)

Following several informal discussions and a formal meeting which occurred on October 16, 2014 between Boone County Schools Mental Health Coalition (BCSMHC), MU Department of Psychiatry, and Burrell, this document reflects the understanding that the three separate proposals do not duplicate services but are indeed complimentary. That is, should all three proposals be funded, there would be no overlap in the types of services offered to Boone County youth and families who received them. Furthermore, upon closer examination, the objectives of the three proposals dovetail in a way that meet the ideal requirements of a three tiered public health model of service.

\*The BCSMHC and MU Department of Psychiatry have read and edited the following document. Burrell is still in the process of reflecting on the plan and making edits accordingly. However, to keep the process in motion BCSMHC and MU Department of Psychiatry have decided to share this draft document as evidence of how the proposals can be coordinated.

The three tiered public health model is often used to conceptualize comprehensive school-based approaches to deploying a variety of interventions to address a variety of behavioral and mental health issues. The tiered public health model addresses the varying needs of youth by integrating interventions characterized by differing levels or degrees of implementation intensity. Briefly, a properly developed, school-based tiered model of prevention and intervention rely on several features, including universal screening data, trained school-based decision-making teams, and ongoing indicators of performance to guide decisions regarding the allocation of more intensive interventions. Using the screening and ongoing data, school-based teams are able to promptly provide students with appropriate levels of support while avoiding the premature referral of students for expensive and lengthy evaluations and unnecessary services.

With screening data, trained school based teams, and ongoing data to evaluate student responses to intervention efforts, the tiered models of support integrate a continuum of intervention supports, including:

- universal prevention targeting services or strategies to all regardless of risk status;
- selective intervention targeting specific subgroups of youth based on the presence of some risk of developing more severe problems; and
- indicated interventions targeting youth exhibiting signs and symptoms of an ongoing problem.

The following narrative attempts to describe how our three proposals will provide complimentary and coordinated care to the youth of Boone County. To clearly explain how our proposals will compliment and collaborate with each other while avoiding the duplication of services—we will use the three tiers of support as a guiding framework.

### **Universal Prevention**

First, the Boone County Schools Mental Health Coalition (BCSMHC) plans to train all school staff to recognize and respond appropriately to students with signs and symptoms of mental health concerns (i.e., training in Mental Health First Aid). In addition, all school staff will be trained in culturally responsive practices in working with youth (i.e., training Restorative Justice Practices). There were no concerns with regard overlap among the proposals in training school staff in universal practices.

Second, the BCSMHC will train all schools to implement universal screening using a common data across the county. In fact, an application with the U.S. Department of Education has been submitted to support this component of the BCSMHC proposal. This screening system will allow for identification of youth in need of services that have not previously been identified and monitoring of the impact of the continuum of interventions across all youth, including those at risk and in risk throughout the county.

There was no overlap between the proposals with regard to universal services.

### **Selective Interventions**

All three of the proposals intend to provide selective intervention services. However, the services are complimentary and without overlap as described below:

At the Selective level, the BCSMHC proposes to train school-based teams (6-8 individuals within each school building). These teams will use screening data to identify students in need of supports. Students who are at risk, but not severe enough to warrant individualized supports, will receive evidence-based small group supports. The school-based teams and the Boone County coordinated care team (i.e., mental health professionals in BCSMHC working across school districts) will identify evidence-based interventions, implement interventions, and monitor the success of those interventions using data that reflect the impact of the supports on the youth. On occasion youth receiving services at the selective level will benefit from referral for medication consultation and/or outside community supports.

The MU Department of Psychiatry plan to provide an initial psychiatric evaluation by a child psychiatrist, as well as up to three additional follow-up visits in the school setting for students who cannot wait the 6-8 weeks for an appointment with a community psychiatrist. Throughout the course of treatment, psychiatric RN case management services will focus on medication compliance, side effects, and efficacy, assisting parents/guardians in accessing or applying for insurance, and liaison efforts. In addition to case management services, the two RN's in the MU model will serve as managers for the MU Department of Psychiatry School-based Program. The psychiatric RN managers will direct and manage the program, which will include program development and expansion, marketing, team-building and performance improvement.

One overarching goal for the psychiatric RN managers is to build relationships by interfacing with students and their families, school staff and community providers to promote adherence to treatment goals. Thus, the Psychiatric RN managers would meet with the school-based teams to ensure effective communication and share data with regard to youth progress. The school-based teams would continue to implement and monitor additional support for the youth as needed. The BCSMHC school-based teams would work as both a referral source, an ongoing partner in meeting the needs of youth receiving services from the MU Department of Psychiatry School Based Mental Health Program, and a referral source for the Psychiatric RN managers at termination of services.

Burrell CPR case management services coordinate community supports and provide direct services to parents and youth. Thus, for some youth who are receiving selective intervention

services in the school, referral to community providers may be warranted. For instance, a youth showing early signs of emotional or behavior issues may benefit from supports at school and home. The Burrell CPR case managers would be able to link services to the home by providing direct services to parents (e.g., parenting strategies), support coordination of services across home and school (e.g., support parents in implementing a system of reinforcement for meeting shared home-school goals), and attend BCSMHC school-based team meetings to share information to build stronger school-home connections and improve outcomes for youth.

Any coordination of services across agencies will only be conducted with the explicit expressed agreement from the families using school and agency based documentation.

### **Indicated Interventions**

Due to the individualized and intensive nature of services at this level, services are likely to interact across all agencies. However, as described in the Selective Intervention sections the services will be completely complimentary without overlap.

As described, the BCSMHC school-based teams and county coordinating teams will use data to identify youth in need of indicated individualized services. These teams will be trained in the school-base wrap around process to enhance school-based each team's understanding of intensive case-based management, to improve awareness of community-based services, and to increase the ability of each team to aptly participate in the development of a care plan for a student. However, school-based teams are responsible for participating in the development of a treatment plan and for monitoring the success of a treatment plan—their aim will not be to provide direct service to fulfill the goals of a treatment plan. That is, the school-based teams will engage the student and key school, family and community personnel—including MU Department of Psychiatry and Burrell Behavioral Health specialists trained in CPR. Dependent upon the needs of the youth, the school-based wrap around team will work collaboratively with the aforementioned entities to develop measureable goals, identify existing CPR and other community-based interventions to meet these goals, identify appropriate progress monitoring data, schedule regular meetings to examine progress monitoring data, and revise the plan as needed.

More specifically, students at the tertiary level of intervention will be referred as needed for additional services, including community-based services with Burrell Behavioral Health and psychiatric consultation through MU Department of Psychiatry. As noted above, given the expressed interest and consent from parents, the Burrell CPR case managers and Psychiatric RN managers would be active participants and partners in the school-based wrap around teams. Further, both Burrell and MU Department of Psychiatry may refer youth they are serving to the school-based teams for school-based wrap around services and coordination. We feel that the services are complimentary in nature offering a comprehensive approach to service delivery, particularly to at-risk and in-risk youth and their families, not currently available in the county. We look forward to working together to support the youth of Boone County.



# Boone County Purchasing

Melinda Bobbitt, CPPO, CPPB  
Director



613 E. Ash St. Room 110  
Columbia, MO 65201  
Phone: (573) 886-4391  
Fax: (573) 886-4390  
[mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

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October 17, 2014

Dr. Wendy Reinke, Associate Professor  
University of MO  
310 Jesse hall  
Columbia, MO 65211  
Dr. Wendy Reinke e-mail: [reinkew@missouri.edu](mailto:reinkew@missouri.edu)  
Karen Geren e-mail: [grantsdc@missouri.edu](mailto:grantsdc@missouri.edu)

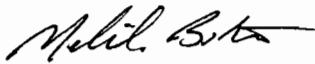
RE: Request for Additional Information #2 – 28-24JUN14 - *Pilot Programs that Provide Innovative Service - Boone County Community Children's Services*

Dear Dr. Reinke:

Attached is a *Request for Additional Information #2*. Please complete the attached form, sign and submit with the requested information as soon as possible by email to [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org).

If you have any questions regarding this request, please call (573) 886-4391 or e-mail [Mbobbitt@boonecountymo.org](mailto:Mbobbitt@boonecountymo.org). I sincerely appreciate your efforts in working with Boone County, MO to ensure a thorough evaluation of your proposal.

Sincerely,



Melinda Bobbitt, CPPO, CPPB, Director of Purchasing

cc: Proposal File

Attachment: Request for Additional Information

**REQUEST FOR ADDITIONAL INFORMATION FORM #2**

**PROPOSAL: 28-24JUN14 - Pilot Programs that Provide Innovative Service - Boone County Community Children's Services**

This Request for Additional Information #2 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted by e-mail to [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org).

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Tax ID (or Social Security #): \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

**(Training for school-age staff in Boone County)**

- a. We received multiple proposals offering similar services from University of Missouri on behalf of the Boone County Schools Mental Health Coalition, University of Missouri Psychiatric Department and Burrell Behavioral Health. Please communicate with UMC – Psychiatric Department and Burrell Behavioral Health regarding the proposals they submitted. If all are funded, how would we move forward in not duplicating services and efforts and what process would be used between the entities?

**Contact Information:**

University of Missouri – Department of Psychiatric  
Outpatient Psychiatric Services  
Dr. Laine Young-Walker  
Associate Professor of Psychiatry  
Division Chief and Training Director, Child and Adolescent Psychiatry  
E-mail: [YoungWalkerL@health.missouri.edu](mailto:YoungWalkerL@health.missouri.edu)

Phone Number for Megan White, Senior grants and Contracts Administrator:  
573-882-4223. E-mail: [whiteme@missouri.edu](mailto:whiteme@missouri.edu)

Burrell, Inc.  
Dr. Julie Arment  
Director of School Based Services  
Administration  
3401 Berrywood Drive, Suite 204  
Columbia, MO 65201  
E-mail: [Julie.Arment@burrellcenter.com](mailto:Julie.Arment@burrellcenter.com)

## **REQUEST FOR ADDITIONAL INFORMATION FORM #1**

**PROPOSAL:** *28-24JUN14 - Pilot Programs that Provide Innovative Service - Boone County Community Children's Services*

This Request for Additional Information #1 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted on or before 9:00 a.m. Tuesday, October 14, 2014.

Company Name: The Curators of the University of Missouri

Address: Office of Sponsored Programs, 310 Jesse Hall, Columbia, MO 65211-1230

Telephone: 573-882-7560

Federal Tax ID (or Social Security#): 43-6003859

Print Name: Karen M. Geren Title: Pre-Award Manager, OSPA

Signature: *Karen M. Geren* Date: *10-13-2014*

E-mail: grantsdc@missouri.edu

### **UMC – Dr. Wendy Reinke on behalf of the Boone County Schools Mental Health Coalition (Training for school-age staff in Boone County)**

In summary, our proposal has two main purposes. First, Youth Mental Health First Aid and Restorative Justice trainings will be provide to all school personnel to promote the capacity of Boone County school professionals to have an increased awareness of the effects of trauma on development, understand the signs of addiction and substance use disorders, know how to spot the early signs and symptoms of mental health concerns, learn a 5-step action plan to assess a situation or help, and learn about local resources and places where they can turn for help. These trainings will occur through a Summer Institute.

Second, we aim to develop, implement, and evaluate a coordinated system of care in all 49, K-12 Boone County public school sites. To support the fidelity of site-based implementation in each of the six districts in Boone County, seven school mental health professionals will be hired by the University of Missouri to serve on the "Boone County Coordinated Care Team." The Team will consists of one individual who will act as the director of the Coordinating Care Team. The director and six other mental health professionals will be trained in school-based wraparound services for in-risk youth and they will provide direct consultation, coaching, and technical support in wraparound service provision. More specifically, each professional will work directly with an average of 8 school sites. At each school site, 6-8 school-based personnel--with one

member designated as a Team Coordinator--will oversee the wraparound process within that school building. Each site-based Team Coordinator will receive intensive training in the wraparound process and they will ultimately be responsible for coordinating the wraparound assessment, planning, implementation, and evaluation of the wrap process for "in-risk" youth and their families. The purpose of the school-based teams will be to identify students in need of supports and deploy the wraparound process. Youth, and members of their immediate family system, who are identified for and services may receive a host of support services which are identified through a well-defined needs assessment process. Services may include psychological evaluation, counseling, behavior support planning, tutoring, mentoring, group and family counseling, employment support, or respite or recreational services.

**a. What services will be offered to the birth to five population and the early childhood professionals?**

The current proposal focuses on school-age youth given that this is the target population of the school district in the coalition. However, children identified by the school districts as at-risk during the birth to five early identification process would be included. In addition, birth to five siblings of in-risk youth receiving wraparound services would likely be evaluate, referred, and monitored by the Coordinated Care Team. Appropriate referrals to early childhood mental health providers in the community will be provided as needed. Further, we expect that our coordinated care model of services for school-age children would connect nicely with ongoing early childhood programs, including affiliating with the LAUNCH project and Head Start programs throughout Boone County.

**b. Who specifically will be providing the Wraparound services? Does this require an additional expense?**

The Boone County Coordinated Care Team consisting of school mental health professionals (i.e., 7 professionals--school social workers and school psychologists) will be trained alongside school-based coordinators to implement wraparound services for in-risk youth and their families. That is, the county level team and each school will designate one coordinator to be trained to utilize the wraparound model within their respective schools. We expect some schools will be able to share a wraparound coordinator dependent upon their own need (i.e., small rural schools may have less need). In Columbia, Columbia Public Schools (CPS) currently employs personnel as "home school communicators" and those personnel are currently under the supervision of Dr. Lou Ann Tanner-Jones. Dr. Tanner-Jones is an active member of the Coalition, acting as the director during the past year, and is interested in training for the home school communicators in wraparound. These personnel will be directly trained in the wrap around service model. Indeed, CPS has even more recently hired a full time social worker at Battle High School whose sole duty is to implement wraparound with Battle students. Though CPS has begun to invest in this process, we acknowledge the Coalition partners in the more rural areas of Boone County will require greater support from the County level team to implement and support the continued fidelity of the wraparound process in those school locations.

At this time, the Coalition has not budgeted for any added personnel to be directly attached to schools, the Coalition has agreed to manage these needs via pooled resources, existing personnel, and relying on the support of the coordinated care team—it is expected that personnel needs will likely arise in the future. However, at this time, no additional costs are budgeted for personnel to act as school level wraparound coordinators for the upcoming fiscal cycle in our grant proposal.

**c. Please justify the rationale of staffing patterns for the School Mental Health Professionals. Schools with 1,878 children have the same amount of these professionals as schools with 99 children.**

It is best practice for individual schools (regardless of size) to have school-based teams of 6-8 individuals who meet to review student related concerns within their school, to problem solve, to create support plans for these students, and to refer them to additional services as needed. However, some schools within Boone County do not currently utilize this model of service provision within their schools. We have proposed to support schools in developing and training these school-based teams that will consist of a coordinator (both team leader and wrap-around facilitator). Each team will be trained by Drs. Reinke and Thompson in the school-based problem solving model and, alongside trained professionals—each school-based team coordinator will be trained in wrap-around service provision.

In addition to the school-based teams, a county level Coordinated Care Team will be formed of six professionals (i.e., school social workers and school psychologists) and a seventh individual acting as the director. These teams will meet with school-based teams to support (i.e., consult and may even take more active roles) each team's effort to address the needs of in-risk students. Each school-based team will ultimately coordinate service delivery and track progress of students receiving wrap-around services, provide evaluations, and ensure continuation of services when students move within Boone County (see Figure 1 in the proposal)—however the county level Coordinated Care Team will assist in ensuring the teams use scientifically informed practices to maximize the outcomes for children.

Currently, in our model as detailed in the narrative, we have allotted two school-based mental health professionals per region of Boone County. However, the Boone County Coordinated Care Teams will be structured in a manner to maximize the reach and scope of this service model. For instance, CPS is a member of our Coalition with greater resources than the other school districts in the Coalition, including personnel such as school psychologists, home school communicators, school social workers, counselors and other student service professionals. As such, it is an accepted responsibility of the Coalition that the Boone County Coordinate Care Team will focus on areas of the greatest need and work existing professionals as well as provide direct service in schools with greater needs and fewer available resources. This flexible service deliver model maximizes the use of available resources while focusing attention on in-risk youth across the county to improve service delivery and outcomes for youth and families.

**d. Please clarify the \$10,000, under Budget Justification, that is going to support the barriers to wrap around services.**

To be honest, our budget is not adequate in this line item. However, we understand and view the adoption of the school-based wraparound model will take time—the research is clear on this that it takes time to develop a successful coordinate care or wraparound model. One other aspect of coordinate care or wraparound that is clear, school-based wraparound coordinators require access to flexible funds to access service and material supports to make the wraparound process effective for youth and their families. For more details on flex funds than what we will provide here, please see the National Wraparound Initiative website here <http://www.nwi.pdx.edu/financesustainability.shtml>.

The \$10,000 requested in our budget are referred to in the narrative as “flex funds” and are common to evidence based wraparound models and are a highly recommended guideline to adopting and implementing a wraparound approach if it is to be effective. Flex funds are designed to quickly address short-term needs of a family as longer-term, more viable solutions are developed. Examples include counseling and other therapeutic interventions, family activities, rewards for good behavior and accomplishing goals at school and home. On balance, there are two main purposes for flex funds.

1. Emergency family (immediate family members living with the child) needs that directly influence the development or functioning of a child who is the center of the family-based wrap plan.
  - a. Medications needed to maintain physical or psychiatric health.
  - b. Emergency medical or dental expenses that inhibit family functioning
  - c. Durable goods necessary for basic home safety and healthy living needs
    - i. Documentation of other efforts to achieve or access these goods must be made—for example, the wrap plan would explicate that this is a need and would first tap existing community resources (i.e., VAC, LOVE INC) to access the material goods before committing
  - d. Suitable clothing for a child
  - e. Home maintenance that inhibit family functioning.
2. Purchase of services or goods needed to meet the identified needs of the family as part of the treatment or wrap plan (tutoring, mentoring, group and family counseling, job placement, therapeutic or recreational services, etc.)

Some general guidelines common to the wraparound process would be followed prior to releasing the funds.

1. The funds are managed by the county level oversight or wrap team consisting of 7 personnel (i.e., 3 social workers and 3 psychologists and coordinator) as explicated in our narrative.
2. To access the funds, there would be an application process whereby
  - a. Wrap coordinators would be required to demonstrate a need for access funds in a manner directly connects the purchase to the well-being and functioning of the child.
  - b. Wrap coordinators would be required to provide documentation of at least three completed or already made attempts to acquire the services from existing sources

- i. All other sources must be exhausted...even if the wrap coordinator makes three attempts, the request may be denied with a referral to other viable avenues. If after all avenues are exhausted and the demonstrated need clearly has an adverse impact on the child, the coordinator may reapply.
- c. Purchases must be documented by receipts and a brief statement of the therapeutic purpose of the expense.
- d. Purchases will be limited to \$100 per request.

**e. Please clarify and justify the cost listed under fringe benefits.**

The proposal requested funding to hire six school-based mental health professionals and a director. These professionals will be hired through the University of Missouri. As full time employees the University is required to provide health insurance, retirement, and other related benefits. Therefore, the cost associated with these benefits is equivalent to 35.37% of the employee's salary.

**f. What is the actual cost to train teachers?**

We hope to train all school personnel across the county in Mental Health First Aid and Restorative Justice Practices. These trainings will occur during the proposed Summer Institute. Certified trainers will be brought in to deliver 2 days of training. The first day of training will cover concepts in Mental Health First Aid (MHFA; <http://www.namimaine.org/?page=MHFA>). For the second day, we aim to focus on principles of Restorative Justice (<http://www.restorativeresources.org/training.html>). The cost of these trainings will vary. However, the Family Counseling Center currently has a grant funded initiative to provide training in MHFA free of cost to the Coalition. Estimates for Restorative Justice Training are largely determined by a trainer—but we anticipate the costs of training about 1940 school personnel from across the county at \$4.25 per person for a total cost of \$8245.00. These estimates include trainer fees, pre and posttest evaluations of participant knowledge of mental health symptoms. To reduce the cost of such a large training endeavor we also plan to utilize University campus facilities.

In addition, these estimates include wraparound training. For the wrap trainings, we only aim to train coordinators of school-based teams—so we expect that we will train 49 coordinators. These trainings will take place in a one full day following the Summer Institute trainings. Drs. Reinke and Thompson (has previously been trained to implement school-based wrap around) will conduct the wrap coordinator team trainings alongside a certified trainer. Indeed, the School of Social Work recently hired Andrea Aderton, MSW MSA in anticipation of this up and coming need. Mrs. Aderton has served as the director of community agency that implemented a community level wraparound initiative under the umbrella of the National Wraparound Training Model. She has experience in supervising fully certified wraparound coordinators and will consult and assist Drs. Thompson and Reinke. Drs. Thompson and Reinke will work with Mrs. Aderton and certified wraparound trainers to meet the training needs of approximately 55 Boone County personnel (~49 school-based personnel and 6 members of the Boone County Coordinated Care Team). In addition, the training is more intensive and requires manuals and assessment



materials. Training manuals and assessment materials will be required to teach each team coordinator and member of the Boone County Coordinated Care Team how to properly engage in the wraparound assessment, planning, and evaluation process. In sum, we anticipate the cost of hiring a wraparound trainer, producing training materials, and generating pre and posttest evaluations of coordinators attending the training at \$30 per person—a total cost of 1,650. Together, these costs for the County Wide Summer Institute (\$8245) and the wrap training (\$1,650) will amount to approximately \$9895.

Thank you for the opportunity to clarify important aspects of the proposal. We look forward to our meeting.

**Melinda Bobbitt - Additional Info Form from The Curators of the University of Missouri and Dr. Wendy Reinke**

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**From:** "White, Megan" <whiteme@missouri.edu>  
**To:** "mbobbitt@boonecountymo.org" <mbobbitt@boonecountymo.org>  
**Date:** 10/13/2014 10:43 AM  
**Subject:** Additional Info Form from The Curators of the University of Missouri and Dr. Wendy Reinke  
**CC:** "Clements, Brandi" <clements@missouri.edu>, "Reinke, Wendy" <reinkew@mi...>  
**Attachments:** Reinke--Request for Additional Info 1.pdf

---

**Please Confirm Receipt**

Dear Ms. Bobbitt,

Attached please find the **Request for Additional Information Form #1** from The Curators of the University of Missouri on behalf of **Dr. Wendy Reinke**. Should you require any additional information or have any questions, please contact me at 573-882-4223 or [whiteme@missouri.edu](mailto:whiteme@missouri.edu).

All the best,

**Megan White**

Senior Grants and Contracts Administrator

Office of Sponsored Programs Administration

University of Missouri | 310 Jesse Hall | Columbia, MO 65211

Voice: (573)-882-4223 | Fax: (573)-884-4078 | [whiteme@missouri.edu](mailto:whiteme@missouri.edu)

***Office of Sponsored Programs Administration: Promoting Collaboration in Research***

# Boone County Purchasing

Melinda Bobbitt, CPPO, CPPB  
Director



613 E. Ash St. Room 110  
Columbia, MO 65201  
Phone: (573) 886-4391  
Fax: (573) 886-4390  
[mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

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October 6, 2014

Dr. Wendy Reinke, Associate Professor  
University of MO  
310 Jesse hall  
Columbia, MO 65211  
E-mail: [jstock@rainbowhousecolumbia.org](mailto:jstock@rainbowhousecolumbia.org)

RE: Request for Additional Information #1 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services

Dear Dr. Reinke:

Attached is a *Request for Additional Information #1*. Please complete the attached form, sign and submit with the requested information by 9:00 a.m., Tuesday, October 14, 2014 by email to [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org).

Your **interview** for you and Dr. Thompson has been scheduled for:

October 15, 2014

Time: 3:00 – 4:00 p.m.

Location: Boone County Annex, 613 E. Ash Street, Columbia, MO 65201

Conference Room (come in the building and turn left directly into the conference room)

County Attendees:

Kelly Wallis, Director, Community Services

JoAnne Nelson, Program Manager, Community Services

Melinda Bobbitt, Director of Purchasing

If you have any questions regarding this request, please call (573) 886-4391 or e-mail [Mbobbitt@boonecountymo.org](mailto:Mbobbitt@boonecountymo.org). I sincerely appreciate your efforts in working with Boone County, MO to ensure a thorough evaluation of your proposal.

Sincerely,

  
Melinda Bobbitt, CPPO, CPPB, Director of Purchasing

cc: Proposal File / Attachment: Request for Additional Information

**REQUEST FOR ADDITIONAL INFORMATION FORM #1**

**PROPOSAL: 28-24JUN14 - Pilot Programs that Provide Innovative Service - Boone County Community Children's Services**

This Request for Additional Information #1 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted on or before **9:00 a.m. Tuesday, October 14, 2014.**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Tax ID (or Social Security #): \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_



**(Training for school-age staff in Boone County)**

- a. What services will be offered to the birth to five population and the early childhood professionals?
- b. Who specifically will be providing the Wraparound services? Does this require an additional expense?
- c. Please justify the rationale of staffing patterns for the School Mental Health Professionals. Schools with 1,878 children have the same amount of these professionals as schools with 99 children.
- d. Please clarify the \$10,000, under Budget Justification, that is going to support the barriers to wrap around services.
- e. Please clarify and justify the cost listed under fringe benefits.
- f. What is the actual cost to train teachers?

# UNIVERSITY *of* MISSOURI

OFFICE OF RESEARCH

SPONSORED PROGRAMS ADMINISTRATION

July 9, 2014

Melinda Bobbitt  
 Director of Purchasing  
 Boone County Purchasing Department  
 Boone County Annex  
 613 E. Ash, Rm 110  
 Columbia, MO 65201

RE: University of Missouri-Columbia Project No. 00047354

Enclosed please find the above-referenced proposal which is being submitted by The Curators of the University of Missouri on behalf of Dr. Wendy Reinke. *reinke@missouri.edu*

If our proposal is favorably received, we respectfully request the opportunity to negotiate the terms and conditions of any agreement forthcoming. In anticipation, we have reviewed the RFP's proposed terms and conditions. Our concerns include, but are not limited to, the following (proposed additions are underlined):

### ***Boone County Insurance Requirements***

*The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide, or Contractor may provide evidence of a self-funded program of coverage.*

**Reasoning:** It is not possible to add an additional insured to the self-insurance plan and the University is not willing to obtain separate insurance for any specific project. The University is partially immune from tort liability since it is an instrumentality of the State of Missouri and the University carries insurance (commercial and/or self insurance) as permitted by State statute 537.610 RSMo., 1994. The University is qualified as a self-insurer under the Workers Compensation law of the State of Missouri. In addition, the University is also self-insured for general liability and for automobile liability insurance. These University self-insurance programs shall be used to cover any applicable claims concerning this project.

### ***Indemnity Agreement***

*To the fullest extent permitted by law and without waiving sovereign immunity, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not,*



# UNIVERSITY *of* MISSOURI

OFFICE OF RESEARCH

SPONSORED PROGRAMS ADMINISTRATION

*however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.*

**Reasoning:** The University is a governmental entity of the State of Missouri. As such, it has sovereign immunity from most tort actions and cannot agree to indemnify and hold harmless others in situations in which the legislature has provided such sovereign immunity (Article VI, Section 26a, Missouri Constitution Sect. 172.250, RSMo., 1994)

## ***Attachment D—2014 Agency Assurance Sheet***

- *Proof of 501(c)(3)*
- *Certificate of Corporate Good Standing*

**Reasoning:** We will be unable to provide proof of 501(c)(3) or a Certificate of Corporate Good Standing. RPR Section III Minimum Eligibility Criteria states “any tax-exempt, not organized for profit agency or governmental entity” should be eligible. We are a public corporation per the statute below:

172.020. Pursuant to sections 9(a) and 9(b) of article IX of the Missouri Constitution, the state university is hereby incorporated and created as a body politic and shall be known by the name of "The Curators of the University of Missouri", and by that name shall have perpetual succession, power to sue and be sued, complain and defend in all courts; to make and use a common seal, and to alter the same at pleasure; to take, purchase and to sell, convey and otherwise dispose of lands and chattels, except that the curators shall not have the power to subdivide, sell or convey title to any land contained within a university campus or to subdivide, sell or convey title to any portion of any parcel of land containing in excess of twenty-five hundred contiguous acres unless such transaction is approved by the general assembly by passage of a concurrent resolution signed by the governor. The curators shall not sell, trade or otherwise convey or permit the severance of timber, minerals or other natural resources, unless the curators comply with bidding procedures established by rule that mandate notice of the transaction be provided in a manner reasonably calculated to apprise prospective purchasers. Such rule or rules must at a minimum require at least one notice of the transaction be published in a newspaper of general circulation where the resources are located. The curators may act as trustee in all cases in which there be a gift of property or property left by will to the university or for its benefit or for the benefit of students of the university; to condemn an appropriate real estate or other property, or any interest therein, for any public purpose within the scope of its organization, in the same manner and with like effect as is provided in chapter 523 relating to the appropriation and valuation of lands taken for telegraph, telephone, gravel and plank or railroad purposes; provided, that if the curators so elect, no assessment of damages or compensation under this law shall be payable and no execution shall issue before the expiration of sixty days after the adjournment of the next regular session of the legislature held after such assessment is made, but the same shall bear interest at the rate of six percent per annum from its date until paid; and provided further, that the curators may, at any time, elect to abandon the



# UNIVERSITY *of* MISSOURI

OFFICE OF RESEARCH

SPONSORED PROGRAMS ADMINISTRATION

proposed appropriation of property by an instrument of writing to that effect, to be filed with the clerk of the court and entered on the minutes of the court, and as to so much as is thus abandoned, the assessment of damages or compensation shall be void.

Please contact Megan White at 573-882-4223 or [WhiteMe@missouri.edu](mailto:WhiteMe@missouri.edu) for any administrative questions and/or negotiations. You may contact the PI directly for technical questions.

We appreciate your consideration of this proposal.

Sincerely,



Karen M. Geren  
Authorized Signer and Pre-Award Lead  
Office of Sponsored Programs Administration  
University of Missouri | 310 Jesse Hall | Columbia, MO 65211  
Phone: 573.882.4451 | Fax: 573.884.4078 | [gerenk@missouri.edu](mailto:gerenk@missouri.edu)



**BOONE COUNTY CHILDREN'S SERVICES FUND  
2014 APPLICATION NARRATIVE FOR FUNDING:  
PILOT PROGRAMS THAT PROVIDE INNOVATIVE SERVICES**

**Agency Name:** The Curators of the University on behalf of Wendy Reinke

**Agency Address:** 310 Jesse Hall  
Columbia, MO 65211-1230

**Agency Phone Number:** 573-882-7560

**Primary Agency Contact:** Karen M. Geren

**Email Address:** grantsdc@missouri.edu

**Contact Phone Number:** 573-882-7560

**Amount Requested:** \$952,692

**Federal Tax ID (or SSN #):** 43-6003859

**Signature:** Karen M. Geren      **Date:** 07-10-14

MU Project 00047354

This proposal is valid two months beyond the 120 day minimum.

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## AGENCY AND PROGRAM INFORMATION

### A. Background Information.

**Ai.** The Boone County Schools Mental Health Coalition, a multidisciplinary, collaborative among Boone County's six independent school districts, the University of Missouri College of Education (COE), Department of Educational School and Counseling Psychology and School Counseling (ESCP), the Missouri Prevention Center (MPC), and the School of Social Work (SSW). The Coalition is requesting funds to implement an innovative pilot program to train school-based personnel to implement programs with school-age youth proven to promote mental health and well-being.

**Mission Statement:** To promote a coordinated, multidisciplinary, collaborative initiative through: (a) implementation of a scientifically-based model of prevention and intervention, (b) reduce contextual risk factors and promote existing protective factors, and (b) provide access for in-risk youth and their families to comprehensive mental health assessment and wrap-around case management services.

**Aii.** Boone County Coalition Board of Directors are provided in the Appendix.

**Aiii. Why are we requesting funding to implement a pilot program to support school-age youth?** Epidemiological data has highlighted the growing unmet mental health needs of youth in the U.S. school system. A recent National Institute of Mental Health (2007) report concluded that one in ten children suffers from an emotional disturbance severe enough to cause impairment. The Surgeon General (U.S. Public Health Service, 1999) reached a similar conclusion, noting that 11% of school-age children have serious mental disorders with moderate to extreme functional impairment. This equates to approximately 2,244 youth in need of services for mental health in our Boone County Schools.

Children with emotional and behavioral disturbances are at-risk for a range of deleterious outcomes, including truancy, teacher and peer rejection, low academic achievement, numerous school discipline contacts, and association with deviant peers (Walker, Zeller, Close, Webber, & Gresham, 1999). These proximal outcomes lead to school failure, a 50% dropout rate, and the propensity to experience poor distal outcomes such as under and unemployment, physical and mental illness, and elevated police contact and arrest rates (Wagner et al., 2006). Indeed, 58% of youth with emotional problems who drop out of school are arrested within five years after parting (Wagner, 1995). As such, the difficulties for youth who experience symptoms of emotional and behavioral disorders constitute a significant public health burden, comprising major educational, psychological, economic, and social problems. Accurate identification of youth in need of services, along with implementation of effective school-based prevention and intervention services has been proved to significantly and positively impact the well-being and functioning of many children, youth and families who struggle with mental health issues.

Despite the obvious need for services to address emotional disorders, many youth do not receive any services (U.S. PHS, 2000). This persists despite the existence of a growing number of evidence-based programs (EBPs) that have been shown to prevent, treat, and/or reduce symptoms of mental health problems in youth (see National Research Council and Institute of Medicine, 2009).

**Schools are uniquely positioned to promote positive behavioral health, and to identify and provide services to students in need of mental health EBPs.** Provision of school-based mental health EBPs reduces barriers to services by improving proximity, accessibility, and reducing stigma. However, school personnel may have difficulty implementing EBPs with high fidelity without the appropriate infrastructure, training, and supports (Fixen, Naoom, Blasé,

Friedman, & Wallace, 2005; Becker & Domitrovich, 2011). **The purpose of this proposal is to request funds to train school-based teams to connect assessment data to evidence-based preventive and intervention programs, improve the coordination of information and services for at-risk youth and their families, develop child-centered and family based wraparound service plans for in-risk youth, and improve the effectiveness and follow-up of referral services stemming from assessment driven wraparound plans for youth and their families through intensive case management.**

**B. Target Population.** The innovative pilot program will target the full school-age population in Boone County--approximately **22,441** students who attend schools in Boone County will receive supports.

**Bii. Universal and targeted prevention efforts will be used within all schools in Boone County, servicing all youth in schools.** Further following a public health model of service need, approximately 10%, or **2, 244**, of these students will be at-risk for emotional and behavioral disorders, and another 5%, or **1, 121**, will present with serious mental health issues. Our model provides a continuum of services from prevention to intervention for youth and their families. **The funds provided will reach thousands of youth in need of mental health services in a cost effective manner with prior research revealing such approaches impact community level dropout, arrest, mental health diagnostic, and pregnancy rates among teens (Seattle Social Development Project, <http://www.ssdp-tip.org/SSDP/index.html>).**

**Biii.** The funds invested here will support the implementation of services across the following eligible service areas: 1) prevention programming to promote healthy lifestyles among youth and strengthen families, 2) individual, group, and family professional counseling and therapy services, 3) psychological evaluations, and 4) mental health screenings.

**Table 1. Target Population Based on 2014 Boone County School Districts Data**

	<b>Promotion/Prevention</b>	<b>Early Intervention</b>	<b>Intervention</b>
<b>School District</b>	<b>Total Population</b>	<b>At-risk</b>	<b>In-risk</b>
Centralia	1407	141	70
Columbia	17,203	1,720	860
Hallsville	1327	133	66
Harrisburg	528	53	26
Southern Boone	1519	152	76
Sturgeon	457	46	23
<b>Total</b>	<b>22,441</b>	<b>2,244</b>	<b>1,121</b>

**Ci. Innovative Service Idea.** Many youth who would benefit from mental health services do not receive these services. It is estimated that approximately 10% of the student population have mental health issues, **however, as few as 1% of these students actually receive the supports they need.** As such, schools are in a unique position to identify and coordinate a system of care for youth in need of services in a highly efficient, transparent and cost effective way.

Mental health programs and services are most impactful when integrated with school processes, ensuring collaboration and communication among school personnel and agency providers, so that service providers are cognizant of the youth’s school and family context and so that educators are knowledgeable and supportive of therapeutic aims. We are proposing a model in which this clinical-educational connection is paramount.

Further, we have planned for service delivery structures that ensure continuity of care for youth when they move from one school to another, both within and across Boone County School Districts. The county-wide team designed in our model will provide attention to mobility issues and assure continuity of services for our mobile students by developing individualized student centered and family based plans to address mental health symptoms through the provision of comprehensive services and intensive case management.

**Cii.** The project aims to focus on achieving the goals of the Boone County Children's Services Board to produce positive outcomes that will improve the mental health and well-being, of children and their families in a transparent and accountable manner. More specifically, the project aims to (see section D for specific details of interventions and implementation):

- Train all school staff to recognize and respond appropriately to students with signs and symptoms of mental health concerns;
- Train school-based teams to implement evidence-based programs with at-risk and in-risk youth, and use data to monitor progress of student outcomes;
- Improve the coordination of information and services for at-risk youth and their families;
- Develop child-centered and family based wrap-around service plans for in-risk youth;
- Improve the effectiveness and follow through of referral services stemming from assessment driven wrap-around plans for youth and their families through a case management model;
- Develop and implement a county-wide ecological assessment system to gather data on risk and protective factors that are predictive of poor school, mental, and life course outcomes;
- Provide professional development to school personnel in Boone County in evidence-based practices shown to improve school climate and individual student and family functioning.

**Ciii.** This innovative pilot program is a collaboration with school district superintendents, school mental health personnel, and MU faculty members with expertise in evidence-based prevention programs and intervention for youth with mental health problems.

**Di. Implementation.** This pilot program is a collaboration between the six independent schools districts in Boone County with a multidisciplinary team of applied researchers and clinical trainers at MU. University partners of the Coalition, Drs. Reinke (ESCP) and Thompson (MU SW) will provide continuous consultation, monitoring of program fidelity, and continuous

quality improvement through process and outcomes evaluation procedures. Dr. Reinke co-directs the Missouri Prevention Center (MPC)—where Dr. Thompson is a faculty affiliate. The MPC regularly conducts research and provides community outreach and services to schools all over Missouri. The ESCP trains school psychology and school counseling graduate students. The MU SW trains school social work graduate students in systemic approaches to address contextual risk factors impeding mental and physical well-being. As such, the collaboration between the MU ESCP, SSW, and Boone County schools is a partnership that makes sense. MU faculty will provide training and ongoing consultation to the schools, and the schools—in turn—may serve as placement sites for graduate students needing clinical practice experience. Thus, **10 or more graduate students** from school psychology, counseling, and social work—*each year at no cost to the coalition or schools*--shall be involved in providing assessments and implementing interventions alongside regional and school-based teams. This approach will increase the capacity of the schools to provide services to youth in a cost effective manner while offering important training opportunities for the next generation of school-based mental health practitioners.

**Dii. Phased Implementation Plan.** The specific aims of this project will be achieved through a phased implementation plan over a two-year period.

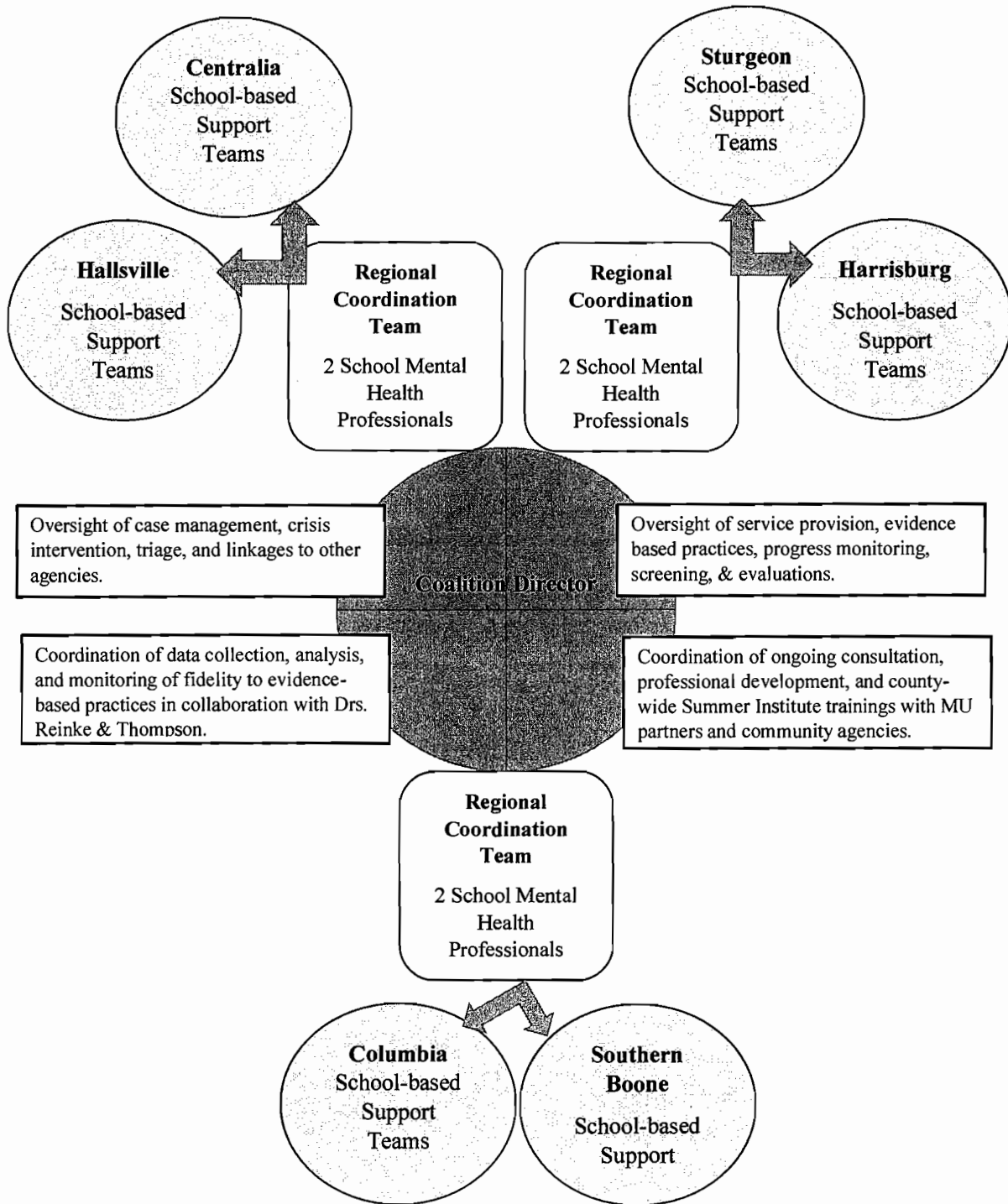
**Summer 2014.** The Coalition has engaged the Family Counseling Center to provide personnel from all Boone County schools three day training (June 20<sup>th</sup>, 30<sup>th</sup>, and July 10<sup>th</sup>) in **Mental Health First Aid**. The workshops will train participating school staff to recognize and respond appropriately to students with signs and symptoms of mental health concerns. There was a large turn-out for the trainings by school personnel across the county.

**Fall 2014:** We will use funds to hire six school-based mental health professionals (i.e., school social workers and school psychologists) to form the regional coordinated care team (see Figure 1) to support and train school-based teams' in evaluation, provision of services, coordination, case management, and crisis management of in-risk youth across all Boone County School Districts.

Each of the 49 schools within Boone County will form a school-based team consisting of four to six school-based personnel. Each team may include special and general educators, school counselors, administrators and/or other school mental health professions. Teams will receive training in evidence-based assessment and intervention strategies to support youth in the school setting (e.g., behavior support planning, family engagement strategies, progress monitor).

The regional coordinated care team and school-based behavior support teams will be trained in **School-Based Wraparound** services (Eber, Sugai, Smith, & Scott, 2002). Existing studies suggest school-based wraparound strengthens linkages between schools, families, and community service providers and that the process increases involvement of families of high risk youth at school. In effect, compared to community-based wraparound approaches provided by private mental health care providers, studies of school-based wraparound have observed greater interagency collaboration (i.e., formal collaboration of professional services, attendance at meetings) and improved facilitator fidelity and effectiveness. On balance, school-based wraparound is more effective as the approach reduces barriers to service access by improving proximity, accessibility, and reducing stigma commonly associated with mental illness (Eber et al., 2002).

**Figure 1. School-based Coordinated Service Care Model**



**Implementing Wrap Around.** The School-Based Wraparound process includes the following key elements: 1) school-based coordination of school, community, and family supports, 2)



individualized child-focused plan that is strengths-based and culturally competent, 3) families are full and active partners in developing the plan, 4) team approach that includes relevant formal and informal community supports, 5) flexible and accessible funding sources to close service gaps, 6) unconditional commitment of team members, and 7) individualized outcomes determined, monitored, and measured by a team process.

**Dr. Aaron Thompson** from the UM SW has extensive experience in School-based Wraparound services with in-risk youth. He will train the regional and school-based team personnel in conducting assessments, developing goals, and accomplishing the goals set forth in the wraparound plans. Professional training modules and materials are available at <http://www.pbisillinois.org/curriculum/Course-Materials/t300fi-t301fi-tier-3-tertiary-level-support-and-data-based-decision-making-through-wraparound>

**Summer 2015:** Professional development will be provided to all school personnel in Boone County in preventive interventions which will be provided to all Boone County youth. In the summer of 2015, all school personnel in Boone County will be invited to participate in the **First Annual School Mental Health Summer Institute**. The purpose of the summer institute will be to provide school personnel with refresher trainings, consultations, and training on new practices to support prevention and intervention efforts. The 2015 Summer Institute will focus on providing continued training and consultation to school-based teams in **School-Based Wraparound** services. In addition, school personnel will receive training in both **Mental Health First Aid** (for those not trained in 2014) and **Restorative Justice**, evidence based training models shown to improve the effectiveness of adults who work with youth to facilitate supportive and caring school climates, recognize the early signs and symptoms of mental health

concerns, and respond to students struggling with the symptoms associated with behavioral and mental health conditions in an effective manner.

Finally, during the 2015 Summer Institute, school administrators and leaders will identify and select common universal screening assessments to be utilized county-wide. Once identified, schools leaders, in collaboration with Drs. Reinke and Thompson, will determine screening procedures to be implemented at the start of the 2015 school year. To increase financial support and implementation of the **County-wide Universal School-Based Model of Assessment and Prevention (SB-MAP)**, Drs. Reinke and Thompson are currently drafting a proposal to the U.S. Department of Education, *Institute of Educational Sciences* to provide supplemental funds in support of the coalition between schools and the University.

**Fall 2015:** Academic facilitators from the UM COE, ESCP, MPC and SSW will train school-based teams to implement the **SB-MAP**. Schools will utilize the data gathered, with support from University facilitators, to examine school and student level risks factors identified in by the screening data. Next, observable and measureable progress goals will be written by each of the school-based teams. These goals will identify the specific risk factor, an EBP previously proven to mitigate such risk factors, and will include a work plan describing the implementation of those programs to impact the risk factors identified.

**Fall 2015- Spring 2016:** Coordinated **School-based Wraparound** services will continue. In addition, the **SB-MAP** process will be employed in the fall, school-based teams will select evidence-based strategies specifically aligned with the data gathered for each school, and the SB-MAP will conducted in the spring to evaluate for improvements in youth functioning. Each school-based team will receive a discretionary intervention support fund to promote the

autonomy of school-based teams to choose intervention strategies that reflect the identified domains of concern.

**Diii. Table 2. Timeline of Implementation Activities.**

	<b>Summer</b>	<b>Fall</b>	<b>Winter</b>	<b>Spring</b>
2014-2015	Mental Health First Aid Training	School-based Wraparound training	School-based Wraparound and Coordinated care of in-risk youth.	
		Ongoing consultation with MU faculty in service provision, fidelity to intervention, and evaluation of outcomes on students.		
2015-2016	Annual Summer Institute	SB-MAP		SB-MAP
		School-based Wraparound and Coordinated care of in-risk youth.		
		Ongoing consultation with MU faculty in service provision, fidelity to intervention, and evaluation of outcomes on students.		

*Note:* Yearly funding will support the ongoing implementation of the School-Based Coordinated Care Service Model. Ongoing training and consultation are necessary components to successful implementation of services.

## EVALUATION

**A. Performance Information.** Table in the Appendix provides information on the activities, outputs, outcomes, indicators, and measurement methods that we will use to evaluate the success of the inputs requested by the Boone County School Mental Health Coalition proposed here.

**B-D. Outcomes, Indicators, and Measurement. Fall of 2014:** The regional coordination team and school based teams will be trained in the wraparound service model. Outputs for this training include the number of teams trained and the number of families receiving services. Expected outcomes include: 1) improved student behavior as indicated by an increase in adaptive behavior, 2) a reduction in the display of mental health symptoms and 3) an increase in service collaboration as measured by student records and pre and post assessment scores completed by wraparound teams. To assess student functioning and mental health outcomes, teams will

complete the *Home-School-Community Tool* to monitor the integration of services, the *Student Disposition Tool*, and the *Education Information Tool* for youth identified as “in-risk” by school based teams (Eber et al., 2002). Youth and family satisfaction with the wraparound process is an important indicator of whether the process of wraparound is efficacious. To monitor these important process measures, the *Wraparound Integrity Tool*, the *Youth Satisfaction Survey* and the *Family Caregiver Satisfaction Survey* will be completed after wraparound cases are closed or near termination. Parent and Caregiver levels of social support and involvement will be evaluated using the Parent Survey. Pretest data will be collected at the time students and families are assessed. Posttest data will be collected as wrap plans for children and families are carried out and eventually terminated upon successful completion of the goals outlined in each individualized plan. The coordination care team will be responsible for gathering assessment data and monitoring outcomes of youth and family wraparound plans.

**Summer of 2015:** Staff will receive booster trainings in Mental Health First Aid and the principles of Restorative Justice. Staff exposure to this Summer Institute training is expected to improve mental health literacy to be evaluated by comparing pre and posttest assessments of mental health literacy using the *Mental Health Literacy Questionnaire* (MHLQ; Davis et al, 2008). The questionnaire is a survey of basic beliefs and knowledge of mental health symptoms of staff using 8 subscales assessing Belief in Capabilities, Belief in Rights, Belief in Values, Knowledge/Understanding, Functional Behaviors, Critical Behaviors, and Communication Behaviors on a 5 point Likert-type scale (ranging from 0=*agree strongly* to 4=*disagree strongly*). The MHLQ is a highly reliable ( $\alpha=.66-.92$ ) self-report survey that will be completed by all staff before and after attending MHFA trainings.

In addition, the SB-MAP assessment will be determined during Summer Institute meetings between school superintendents, school mental health personnel and administrators, and MU faculty with expertise in universal screening, prevention, and intervention. Training materials, vignettes and mock data are available to train school-based teams. Teams will develop the capacity to link data to evidenced based strategies, write observable measureable goals, and to lay out an action plan for implementing the strategies at their respective schools. Data will be collected prior to staff exposure to the training and after staff exposure by comparing the capacity of teams to (a) link data to strategies, write measureable and reasonable progress goals, and develop a written action plan for implementing the strategies.

**Fall of 2015:** School-based teams will implement the SB-MAP process. Outputs of this step of shall be indicated by ecological assessment data that can be aggregated to observe county level, district level, school level, and individual student level scores on environmental risk and protective factors. Using data from the SB-MAP, school based teams will identify domains of concern, select school level (primary or universal) intervention strategies to mitigate those concerns, and write measureable goals. Drs. Reinke and Thompson will provide ongoing consultation.

School based teams will also review disaggregated student level data to identify one or two targeted (secondary or intensive) interventions to address subgroups of children exposed to risk factors predictive of poor mental health outcomes. The success of the SB-MAP process will be evaluated by comparing pre and posttest outcomes on survey responses following the implementation of universal and targeted strategies.

Process measures of the SB-MAP process will be monitored using observations conducted by members of the Regional Coordinated Care Team. In addition to observations conducted with

each school-based team, each school-based team will complete forms to track and monitor their progress. Specifically, each team will complete: *Priorities to SB-MAP Change*: This process form which will be developed in collaboration with MU faculty and school-based teams input will request that school-based teams record one universal domain of concern and several targeted domains of concern. Next, the team will prioritize those areas of concern. Lastly, using a list of evidence based strategies, teams select an intervention and a projected or desired level of change communicated in percentage points (i.e., from 40% to 65%). *SB-MAP Action Plan*: This process form which will document school-based team procedures to be used by each team to describe relevant tasks, due dates, materials needed, persons responsible, and any relevant notes to adapting and implementing evidence based strategies in each school setting.

**E. Input.** This coalition of individuals from the six independent school districts and MU faculty and graduate students have the experience and capacity to implement this innovative pilot program as proposed. A key mechanism for effective coordinated care of youth with or at-risk for mental health needs is to have school-based teams to support home, school, and community collaboration and communication (see UCLA Center for School Mental Health; <http://smhp.psych.ucla.edu/pdfdocs/briefs/integratingbrief.pdf>). School-based team members hold intricate knowledge and experiences in the available resources in their schools, can effectively support integrated interventions between home and school, and understand the academic context. Further, MU faculty collaborators have expertise and extensive experience in school-based mental health, family engagement, and evidence-based therapies for youth. For instance, Dr. Reinke worked in Baltimore city schools to implement evidence-based interventions and family engagement interventions with school mental health clinicians. Dr.

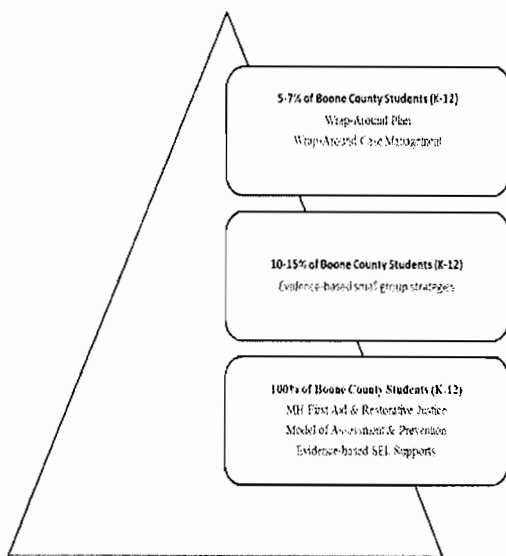
Thompson was a former principal and has taught and was a counselor in a juvenile detention center.

**Ei. Expertise. Wendy M. Reinke, Ph.D. (10% effort)** is a licensed psychologist and an Associate Professor in the Department of ESCP at MU. She is the Founder and Co-Director of the **Missouri Prevention Center**. She received her doctoral degree in School Psychology from the University of Oregon. Dr. Reinke was a Prevention Science Fellow at Johns Hopkins University School of Public Health prior to coming to MU where she coordinated implementation and evaluation of the Center for Prevention and Early Intervention school-based interventions in Baltimore City schools. Dr. Reinke has training and expertise in the prevention and intervention for youth with emotional and behavior problems. Dr. Reinke will provide ongoing consultation, monitor fidelity to evidence-based practices, and provide clinical supervision to graduate students placed in practicum sites across the county in collaboration with this program.

**Aaron M. Thompson, Ph.D. (20% effort)** is an Assistant Professor in Social Work at MU. He is a former principal, special educator, and school social worker. Dr. Thompson also taught and worked as a counselor in a juvenile detention facility. He has extensive training and practice experience providing selective and indicated school-based interventions. Dr. Thompson will train and provide ongoing consultation to school-based teams and be involved in implementation of the SB-MAP and team-based identification of universal and targeted school interventions. Dr. Thompson will also provide clinical supervision to graduate students from his department placed in practicum sites across the county to provide support in the SB-MAP process.

**Eii. Program Activity.** Figure 2 indicates our continuum of services model

**Figure 2. Continuum of Mental Health Services for Youth.**



**Research on Mental Health First Aid.**

Studies of MHFA show that the program reduces the social stigma created by negative attitudes and perceptions of individuals with mental illnesses. Evaluations consistently show that MHFA training is associated with improved knowledge of mental illnesses and their treatments, knowledge of appropriate response

strategies, and confidence in responding to students with mental health symptoms, as well as benefits conferred over time. Some studies have also shown improved mental health in those who attend the training, decreases in stigmatizing attitudes and increases in the amount and type of support provided to others (<https://mhfa.com.au/cms/evaluations/>).

**Research on Restorative Justice.** Restorative Justice models have been implemented in schools since the early 1990's in Australia, Brazil, Canada, Indonesia, Japan, New Zealand, the United Kingdom, and the United States. A study of 19 schools in the United Kingdom found restorative practices improved the school environment and enhanced the learning and development of young people. A study of 18 Scottish schools concluded that restorative practices offer a strong cohesive framework and allow students to feel safe and respected, and have positive relationships with others. A study of more than 100 Australian schools found the practices were effective in reducing serious violations in schools.

**Research on School-Based Wraparound.** Results from randomized studies suggest wraparound is associated with improvements in child level outcomes, including: fewer disruptions in foster



care, school, and residential placements; improved attendance, conduct and functional living outcomes; and fewer school suspensions, rearrests, incidents of aggressive behavior (Carney & Buttell, 2003; Clark & Clarke, 1996; Clark, Lee, Prange, & McDonald, 1996). Existing studies also suggest school-based wraparound strengthens linkages between schools, families, and community service providers and that the process increases involvement of families of high risk children at school—a key mechanism for improving the daily and long term functioning of children with signs of mental health concerns. On balance, school-based wraparound is more effective as the approach reduces barriers to services by improving proximity, accessibility, and reducing stigma (Eber et al., 2002).

**Research on School-based Teams.** Public health tiered models of services in schools rely on school-based teams to gather data, use data to inform decision, to implement interventions, coordinate services, and progress monitor (see Stormont, Reinke, Herman, & Lembke, 2012). The use of school-based teams in schools has been demonstrated to be an efficient and effective strategy for student needs (Barrett, Bradshaw, & Lewis-Palmer, 2008).

**Research on Universal Screening to Inform Prevention and Targeted Programming.**

Universal screening and data-based decision making within a public health framework are considered best practices in schools with many models for implementing them effectively (McIntosh, Reinke, & Herman, 2010). In prior studies using a screening and process for identifying evidence-based programming, 10 matched schools were randomized to comparison and MAP conditions. Over a three year period, MAP schools evidenced improvements of at-risk and in-risk children, including improvements in social emotional functioning and academic performance in reading and math as measured by standardized assessments (Bowen, Thompson, & Powers, 2012).

**F. Output.** We plan to provide a continuum of mental health preventive and intervention services to youth in Boone County. Universal prevention efforts that include professional development training to staff and implementation of evidence-based universal prevention programs using data to inform decisions will impact **20,441 youth** and their families in Boone County. We request funds to support a Summer Institute (\$10,000) to train all school staff and a small amount of fund per school (\$3000) to purchase needed intervention materials. We have requested \$1,500 per school for which school-based teams can provide a plan and request these funds to purchase materials for universal evidence-based prevention programs. Outcomes will be assessed at the staff and student levels.

In addition, school-based teams can request up to another \$1,500 to purchase intervention materials to target at-risk youth. Our model uses evidence-based group interventions for youth and families (e.g., Coping Power, Incredible Years Parenting and Child Interventions, Coping with Depression, Strengthening Families) that map onto the SB-MAP findings for each school. The outcomes will be assessed at the student level.

Lastly, we plan to provide fully coordinated school-based wrap around services to those youth most in-risk. In-risk youth often utilize a great deal of school time and resources. Thus, we anticipate the model of care will greatly reduce the cost of providing services to these youth over time by preventing long term negative outcomes such as truancy, school drop-out, criminal behavior, and arrest. We have requested a fund of \$10,000 to overcome barriers to providing services to these youth that can be dispersed upon request to the regional or school-based teams following approval from the director to ensure we maximize the reach of the services. Outcomes will be assessed at the student level. We will also conduct ongoing quality satisfaction of all

services among families, students, and school personnel. The unit cost per youth serviced for the full coordinated care model proposed is \$46.61.

## BUDGET

### **A. Worksheets (in Appendix).**

**B. Budget Justification.** We are requesting funds for 12 months with plans to submit for continuation of funds at end of the fiscal cycle to support salary and benefits of staff (\$677,246), mileage for the six regional coordinators for travel between school across the six school districts (\$10,600), cell phones and plans for staff (\$8,400), office supplies (\$3,000), computer equipment, including laptops for regional coordinating team for onsite use in schools (\$12,000) and funding to support universal and targeted intervention materials for schools trained and using school-based teams and SB-MAP process (\$147,000). These funds will be distributed only after plans and data are provided. We also request \$10,000 to support barriers to wrap around service provision. These funds will also be distributed only after plans for using the funds are approved by the director. Lastly, we request \$10,000 to support implementation of the Summer Institute County-wide Training for all school personnel. Regional Coordinating personnel will have centralized office space provided through MU, but will primarily be housed in space provided by the school districts to promote onsite weekly meetings with school-based teams. Graduate students serving as practicum students from ESCP and MU SW will register for courses through the University and supervised by Drs. Reinke and Thompson.

**C. Staff Positions.** All employees, graduate students, and volunteers who work on this project will undergo annual criminal background checks, including child abuse and neglect screenings.

Procedures are well established at MU and school districts in the County. The following staff positions will be funded:

A coalition director will be hired to direct the coalition innovative project. We plan to hire a doctoral level licensed professional with a background in school psychology, school social work, child clinical psychology or related field who has 5 years or more experience coordinating and implementing school-based services. The board of directors will be involved in determining the appropriate candidate for this position. We have allocated a 12 month salary of \$85,000. **Dr. Aaron Thompson** will devote 20% (8 hours per week) of his time to the project. He is a doctoral level social worker and faculty at MU. The total budgeted salary for 12 months is \$17,854. **Dr. Wendy Reinke** will devote 10% (4 hours per week) of her time to the project. She is a doctoral level school psychologist and faculty at MU. The total budgeted salary for 12 months is \$12,222.

Three doctoral level licensed school mental health professional (e.g., school or child clinical psychologists) will be hired to support regional coordination of the project. We have allocated an annual salary of \$65,000 per professional totaling \$195,000. Three master level licensed school mental health professionals (e.g., school social works) will be hired to support the regional coordination of the project. We have allocated an annual salary of \$45,000 per professional, totaling \$135,000. One bachelor level administrative support staff will be hired to support fiscal, personnel, and other administrative duties on the project. We have allocated an annual salary of \$36,275 for this position. We also propose to hire an advanced graduate student in school psychology or social work programs to support service coordination, monitor and coordinate evaluation procedures, and data management. The student will work 20 hours per week at a stipend of \$14,961, and tuition and medical support in the amount of \$10,684. All staff will be hired through the MU department of ESCP and are eligible for benefits accordingly. Fringe benefits are 35.37% of salary, totaling \$170,253. Indirect cost of 15% on salary only is \$74,446.

## **Budget Narrative**

### **Attachment B: Agency Financial Information**

#### **Agency Revenue**

Line 1.D. Grants: This amount represents internal University grant funding for three different projects in prior years and the funds requested from Boone County for the proposed pilot project.

Line 1.E. Fund Raising: This amount represents gift monies given to the Department

Line 3. Program Service Fees: This is the amount collected from various entities for programs within the Department, such as the Multicultural Center, Project Self Discovery, and many more.

Line 5: This is amount collected through designated University funds and MU-related entities for operations of the Department and all other grant programs.

#### **Agency Expenses**

Expenses for Program Services: This amount represents the costs to run all grant and non-instructional programs.

Expenses for Management and General: This amount represents the cost of salaries and benefits for all department personnel not associated with grants or non-instructional programs.

### **Attachment C: Program Budget Worksheet**

#### **Program Revenue**

Line 1.D. Grants: Amount requested for this proposal.

Line 1.E. Fund Raising: Additional funds requested to support this proposal from donors.

Program Expenses:

Line 1: Personnel: This amount represents the cost of personnel involved in the overall project. The total direct program staff equivalency for the project is anticipated to be 8.75 FTE.

Line 2: Non-Personnel: This amount represents the 15% indirect costs on salaries only associated with this project and costs of materials and supplies for training, the summer institute, and the intervention programs.

## **Attachments Table of Contents**

Coalition Board Members

Program Performance Measures

Agency Financial Worksheet

Program Budget Worksheet

Agency Assurances

Evaluation Tools

Vita of Key Personnel

Letters of Support

Signed Receipt of Addendums

## **Boone County Schools Mental Health Coalition Board of Directors**

Dr. Keith Herman: Licensed Psychologist, Co-director of the Missouri Prevention Center, and Professor in MU ESCP

Darin Ford: Superintendent of Centralia R-VI School District

Christopher Felmlee: Superintendent Boone School District

Dr. Chris Belcher: Superintendent of Columbia Public Schools

\*Dr. Belcher will remain on the board of directors but Dr. Peter Stiepleman the incoming superintendent for Columbia Public schools will join the board in the Fall of 2014.

John Robertson: Superintendent of Hallsville R-IV School District

Lynn Proctor: Superintendent of Harrisburg R-VIII School District

Shawn Schultz: Superintendent of Sturgeon R-V School District

Carla Thompson: Social worker and certified teacher. Supervisor of Student and Family Advocacy for Columbia Public Schools.



**Program Performance Measures Information Worksheet  
for the**

**Boone County Schools Mental Health Coalition**

Activity	Output	Outcome	Indicator	Method of Measurement
<p><u>Fall 2014/15—Wraparound</u></p> <ul style="list-style-type: none"> <li>•Develop Regional Coordinated Care Team</li> <li>•Develop School-Based teams</li> <li>•Wraparound Training for School-Based teams</li> </ul>	<p><u>Fall 2014/15—Wraparound</u></p> <ul style="list-style-type: none"> <li>•1 Coordinated Care Team</li> <li>•+9000 of consultation</li> <li>•49 School-Based teams</li> <li>•6 staff/team (n = 294)</li> <li>•8 hours trainings/team</li> <li>•~500 families wrapped</li> </ul>	<p><u>Fall 2014/15—Wraparound</u></p> <ul style="list-style-type: none"> <li>•+ positive student behavior among wrapped students</li> <li>• display of MH symptoms among wrapped students</li> <li>•+ of school involvement and social support among wrapped families</li> </ul>	<p><u>Fall 2014/15—Wraparound</u></p> <ul style="list-style-type: none"> <li>•+ 50% of wrap goals met for ~500 students</li> <li>•+ 20% adaptive behavior</li> <li>•- 20% in MH symptoms</li> <li>•+ 25% increase in service collaboration</li> </ul>	<p><u>Fall 2014/15—Wraparound</u></p> <ul style="list-style-type: none"> <li>•Pre/post comparison of wrap assessments tools recorded by school-based teams</li> <li>•Student records</li> <li>•Home-Sch-Com. Tool</li> <li>•Student Disposition Tool</li> <li>•Ed Information Tool</li> </ul>
<p><u>Summer 2015—Training</u></p> <ul style="list-style-type: none"> <li>•Summer Institute</li> <li>•MHFA Booster</li> <li>•Restorative Justice</li> </ul>	<p><u>Summer 2015—Training</u></p> <ul style="list-style-type: none"> <li>•100% school staff receive booster MHFA &amp; Res. Justice trainings</li> <li>•100% school leaders agree to participate</li> </ul>	<p><u>Summer 2015—Training</u></p> <ul style="list-style-type: none"> <li>•+ in mental health literacy among school staff</li> <li>•+attitude toward SB-MAP process and procedures</li> </ul>	<p><u>Summer 2015—Training</u></p> <ul style="list-style-type: none"> <li>•100% of school staff show 15% increase mental literacy</li> <li>•25% increase in attitude toward SB-MAP</li> </ul>	<p><u>Summer 2015—Training</u></p> <ul style="list-style-type: none"> <li>•Pre/post teacher self-report on MHLQ</li> <li>•Pre/post scores on school leader self report of SB-MAP process and procedures.</li> </ul>
<p><u>Fall 2015—SB-MAP</u></p> <ul style="list-style-type: none"> <li>•County Wide K-12 assessment using SB-MAP</li> <li>•SB-MAP implementation based evidence</li> <li>•Targeted evidence based programs</li> </ul>	<p><u>Fall 2015—SB-MAP</u></p> <ul style="list-style-type: none"> <li>•100% of students complete SB-MAP assessments</li> <li>•49 school universal EB programs implemented</li> <li>•49 school targeted EB Programs implemented</li> </ul>	<p><u>Fall 2015—SB-MAP</u></p> <ul style="list-style-type: none"> <li>•+ in universal domain selected by school team</li> <li>•+ in targeted domain selected by school team</li> <li>•- office disciplinary referrals</li> <li>•+ school safety</li> </ul>	<p><u>Fall 2015—SB-MAP</u></p> <ul style="list-style-type: none"> <li>•2% improvement in universal domain</li> <li>•2% improvement in targeted domain</li> <li>•10% reduction in office discipline referrals</li> <li>•15% increase in safety</li> </ul>	<p><u>Fall 2015—SB-MAP</u></p> <ul style="list-style-type: none"> <li>•Pre/posttest teacher and student report on SSP</li> <li>•Pre/posttest teacher and student report on SSP</li> <li>•School administrative records</li> </ul>

Notes: SB-MAP = School-Based Model of Assessment & Prevention; + indicates an increase in the direction of the outcome; - indicates a decrease in the direction of the desired outcome.

**ATTACHMENT B**

**AGENCY FINANCIAL INFORMATION**

**AGENCY NAME:** Department of Education, School, and Counseling Psychology

<b>AGENCY REVENUE</b>	<b>PRIOR YEAR ACTUAL</b>	<b>CURRENT YEAR</b>	<b>PROPOSED YEAR</b>	<b>% OF PROPOSED TOTAL</b>	<b>% CHANGE CURRENT TO PROPOSED</b>
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way				0.00%	#DIV/0!
B. Other United Ways				0.00%	#DIV/0!
C. Capital Campaigns				0.00%	#DIV/0!
D. Grants (non-governmental)	36,836	0	952,692	98.91%	#DIV/0!
E. Fund Raising & Other Direct Support	28,118	19,511	10,460	1.09%	-46.39%
<b>TOTAL DIRECT SUPPORT (sub-totals)</b>	<b>64,954</b>	<b>19,511</b>	<b>963,152</b>	<b>1</b>	
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding				0.00%	#DIV/0!
B. Boone County - Other				0.00%	#DIV/0!
C. Other Counties				0.00%	#DIV/0!
D. City of Columbia - Social Service Funding				0.00%	#DIV/0!
E. City of Columbia - Other				0.00%	#DIV/0!
F. Other Cities				0.00%	#DIV/0!
G. Federal (Medicaid, Title III, etc.)				0.00%	#DIV/0!
H. State (Purchase of Services, Grants, etc.)				0.00%	#DIV/0!
I. Other (Schools, Courts, etc.)				0.00%	#DIV/0!
<b>TOTAL GOV'T CONTRACTS/SUPPORT (sub-totals)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>\$0</b>	
3. Program Service Fees	122,487	138,935	0	0.00%	-100.00%
4. Investment Income (realized & unrealized)				0.00%	#DIV/0!
5. Other Revenue Items	4,729,091	5,230,909	0	0.00%	-100.00%
<b>TOTAL AGENCY REVENUE</b>	<b>\$4,916,532</b>	<b>\$5,389,355</b>	<b>\$963,152</b>		<b>-82.13%</b>

<b>AGENCY EXPENSES</b>	<b>PRIOR YEAR ACTUAL</b>	<b>CURRENT YEAR</b>	<b>PROPOSED YEAR</b>	<b>% OF PROPOSED TOTAL</b>	<b>% CHANGE CURRENT TO PROPOSED</b>
Expenses for Program Services	1466103	1886866	963152	100.00%	-48.95%
Expenses for Management and General	3450429	3502489	0	0.00%	-100.00%
Expenses for Fundraising	0	0	0	0.00%	#DIV/0!
<b>TOTAL AGENCY EXPENSES</b>	<b>4916532</b>	<b>5389355</b>	<b>963152</b>		<b>-82.13%</b>
% of Management and Fundraising Expenses	70.18%	64.99%	0.00%		#DIV/0!

<b>NET ASSETS</b>	<b>PRIOR YEAR ACTUAL</b>	<b>CURRENT YEAR</b>	<b>PROPOSED YEAR</b>	<b>% CHANGE CURRENT TO PROPOSED</b>
Net Assets, End of Year	\$0	\$0	\$0	#DIV/0!

<b>CASH FLOWS</b>	<b>PRIOR YEAR ACTUAL</b>	<b>CURRENT YEAR</b>	<b>PROPOSED YEAR</b>	<b>% CHANGE CURRENT TO PROPOSED</b>
Cash, End of Year	\$0	\$0	\$0	#DIV/0!

**ATTACHMENT C**

**BUDGET WORKSHEET**

**PROGRAM NAME: Boone County Prevention Access Center for Excellence (PACE)**

TOTAL PROGRAM REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way				0.00%	#DIV/0!
B. Other United Ways				0.00%	#DIV/0!
C. Capital Campaigns				0.00%	#DIV/0!
D. Grants (non-governmental)			952,692	98.91%	#DIV/0!
E. Fund Raising & Other Direct Support			10,460	1.09%	#DIV/0!
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding				0.00%	#DIV/0!
B. Boone County - Other				0.00%	#DIV/0!
C. Other Counties				0.00%	#DIV/0!
D. City of Columbia - Social Service Funding				0.00%	#DIV/0!
E. City of Columbia - Other				0.00%	#DIV/0!
F. Other Cities				0.00%	#DIV/0!
G. Federal (Medicaid, Title III, etc.)				0.00%	#DIV/0!
H. State (Purchase of Services, Grants, etc.)				0.00%	#DIV/0!
I. Other (Schools, Courts, etc.)				0.00%	#DIV/0!
3. Program Service Fees				0.00%	#DIV/0!
4. Investment Income (realized & unrealized)				0.00%	#DIV/0!
5. Other Revenue Items				0.00%	#DIV/0!
<b>TOTAL PROGRAM REVENUE</b>	<b>\$0</b>	<b>\$0</b>	<b>\$963,152</b>		

PROGRAM EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
1. Personnel			677,246	70.32%	#DIV/0!
2. Non-Personnel			285,906	29.68%	#DIV/0!
<b>TOTAL PROGRAM EXPENSES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$963,152</b>		

NUMBER OF DIRECT PROGRAM STAFF (FTE)	ACTUAL	CURRENT	PROPOSED
<i>FTE = number of direct program service hours worked by employee per year/2080 (e.g. 1040/2080= .5 FTE)</i>			8.75

**ATTACHMENT D**

**2014 AGENCY ASSURANCE SHEET**  
**(Please complete and return with Proposal Response)**

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children’s Services Board (BCCSB) and any of the Boone County Children’s Services Fund’s conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Proof of 501(c)(3) \*NA, The Curators of the University of Missouri is a governmental entity of the State of Missouri.
- Certificate of Corporate Good Standing \*NA, The Curators of the University of Missouri is a governmental entity of the State of Missouri.
- Most Recent 990 Federal Form
- Agency Strategic Plan
- Copies of Agency Accreditations
- Most Recent Agency Independent Audit
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality
- Memorandums of Understanding (not currently needed for Contingency Funds Request)

Karen M. Geren, Authorized Official/Pre-Award Lead, Office of Sponsored Programs Administration

Printed Name - Agency Executive Director/President/CEO

Date

Karen M. Geren  
Signature - Agency Executive Director/President/CEO

07-10-14  
Date

NA

Printed Name - Agency Board Chair

Date

NA

Signature - Agency Board Chair

Date

**ATTACHMENT E**

**(Please complete and return with Proposal Response)**

Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR  
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, 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.
  
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Karen M. Geren, Pre-Award Lead, OSPA

\_\_\_\_\_  
Name and Title of Authorized Representative

*Karen M. Geren*  
\_\_\_\_\_  
Signature

*07-10-14*  
\_\_\_\_\_  
Date

MU Project 00047354



Company ID Number: 62231

## **ARTICLE I**

### **PURPOSE AND AUTHORITY**

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Social Security Administration (SSA), the Department of Homeland Security (DHS) and **The Curators of the University of Missouri** (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). E-Verify is a program in which the employment eligibility of all newly hired employees will be confirmed after the Employment Eligibility Verification Form (Form I-9) has been completed.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note).

## **ARTICLE II**

### **FUNCTIONS TO BE PERFORMED**

#### **A. RESPONSIBILITIES OF THE SSA**

1. Upon completion of the Form I-9 by the employee and the Employer, and provided the Employer complies with the requirements of this MOU, SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all newly hired employees and the employment authorization of U.S. citizens.
2. The SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. The SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. The SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by the SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).
4. SSA agrees to establish a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 3 Federal Government work days of the initial inquiry.

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5. SSA agrees to establish a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

## **B. RESPONSIBILITIES OF THE DEPARTMENT OF HOMELAND SECURITY**

1. Upon completion of the Form I-9 by the employee and the Employer and after SSA verifies the accuracy of SSA records for aliens through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct:

- Automated verification checks on newly hired alien employees by electronic means, and
- Photo verification checks (when available) on newly hired alien employees.

2. DHS agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.

3. DHS agrees to provide to the Employer a manual (the E-Verify Manual) containing instructions on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify.. DHS agrees to provide training materials on E-Verify.

4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, and U.S. Department of Justice.

5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by alien employees with DHS's database.

6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of alien employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and Nationality Act and federal criminal laws, and to ensure accurate wage reports to the SSA.

7. DHS agrees to establish a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.



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rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in compliance with the terms and conditions of E-Verify ; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$500 and \$1,000 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ any employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any action taken in good faith on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures within 3 Employer business days after each employee has been hired (but after both sections 1 and 2 of the Form I-9 have been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify Manual. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. In all cases, the Employer must use the SSA verification procedures first, and use DHS verification procedures and photo screening tool only after the the SSA verification response has been given.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, support for any unlawful employment practice, or any other use not authorized by this MOU. The Employer must use E-Verify for all new employees and will not verify only certain employees selectively. The Employer agrees not to use E-Verify procedures for re-verification, or for employees hired before the date this MOU is in effect. The Employer understands that if the Employer uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and the immediate termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III.B. below) regarding tentative nonconfirmations, including notifying employees of the finding, providing written referral instructions to employees, allowing employees to contest the finding, and not taking adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1 (l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification to verify work authorization, a tentative nonconfirmation, or the finding of

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8. DHS agrees to establish a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

### **C. RESPONSIBILITIES OF THE EMPLOYER**

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees.

2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.

3. The Employer agrees to become familiar with and comply with the E-Verify Manual.

4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.

A. The employer agrees that all employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify.

B. Failure to complete a refresher tutorial will prevent the employer from continued use of the program.

5. The Employer agrees to comply with established Form I-9 procedures, with two exceptions:

- If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2 (b) (1) (B)) can be presented during the Form I-9 process to establish identity).
- If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The employer will use the photocopy to verify the photo and to assist the Department with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.

6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a

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a photo non-match, does not mean, and should not be interpreted as, an indication that the employee is not work authorized. In any of the cases listed above, the employee must be provided the opportunity to contest the finding, and if he or she does so, may not be terminated or suffer any adverse employment consequences until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match, then the Employer can find the employee is not work authorized and take the appropriate action.

11. The Employer agrees to comply with section 274B of the INA by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify, discharging or refusing to hire eligible employees because they appear or sound "foreign", and premature termination of employees based upon tentative nonconfirmations, and that any violation of the unfair immigration-related employment practices provisions of the INA could subject the Employer to civil penalties pursuant to section 274B of the INA and the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-7688 or 1-800-237-2515 (TDD).

12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

13. The Employer agrees that it will use the information it receives from the SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of newly-hired employees after completion of the Form I-9. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a (i) (1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to allow DHS and SSA, or their authorized agents or designees, to make periodic visits to the Employer for the purpose of reviewing E-Verify -related records, i.e., Forms I-9, SSA Transaction Records, and DHS verification records, which were created during the Employer's participation in the E-Verify Program. In addition, for the purpose of evaluating E-Verify, the Employer agrees to allow DHS and SSA or their authorized agents or designees, to interview it regarding its experience with E-Verify, to interview employees hired during E-Verify use concerning their experience with the pilot, and to make employment and E-Verify related records available to DHS and the SSA, or their designated agents or designees. Failure to comply with the terms of this paragraph may lead DHS to terminate the Employer's access to E-Verify.

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### **ARTICLE III**

#### **REFERRAL OF INDIVIDUALS TO THE SSA AND THE DEPARTMENT OF HOMELAND SECURITY**

##### **A. REFERRAL TO THE SSA**

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.

2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a referral letter and instruct the employee to visit an SSA office to resolve the discrepancy within 8 Federal Government work days. The Employer will make a second inquiry to the SSA database using E-Verify procedures on the date that is 10 Federal Government work days after the date of the referral in order to obtain confirmation, or final nonconfirmation, unless otherwise instructed by SSA or unless SSA determines that more than 10 days is necessary to resolve the tentative nonconfirmation..

4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

##### **B. REFERRAL TO THE DEPARTMENT OF HOMELAND SECURITY**

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.

2. If the Employer finds a photo non-match for an alien who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding.

3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when

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the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact the Department through its toll-free hotline within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (furnished and paid for by DHS).

7. The Employer understands that if it cannot determine whether there is a photo match/non-match, the Employer is required to forward the employee's documentation to DHS by scanning and uploading, or by sending the document as described in the preceding paragraph, and resolving the case as specified by the Immigration Services Verifier at DHS who will determine the photo match or non-match.

#### **ARTICLE IV**

#### **SERVICE PROVISIONS**

The SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access the E-Verify System, an Employer will need a personal computer with Internet access.

#### **ARTICLE V**

#### **PARTIES**

This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify manual. Even

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without changes to E-Verify, the Department reserves the right to require employers to take mandatory refresher tutorials.

Termination by any party shall terminate the MOU as to all parties. The SSA or DHS may terminate this MOU without prior notice if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine.

Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

The employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, and responses to inquiries under the Freedom of Information Act (FOIA).

The foregoing constitutes the full agreement on this subject between the SSA, DHS, and the Employer.

The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.

**To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify Operations at 888-464-4218.**

**Employer The Curators of the University of Missouri**

**Dona R McKinney**

\_\_\_\_\_  
Name (Please type or print)

\_\_\_\_\_  
Title

***Electronically Signed***

**10/17/2007**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Department of Homeland Security – Verification Division**

Company ID Number: 62231

**USCIS Verification Division**

Name (Please type or print)

Title

*Electronically Signed*

**10/17/2007**

Signature

Date





ESSP Child Form

C1. Adults who live near me are nice to me.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C2. When I am sad, worried, or upset, I can talk to adults who live near me.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C3. Adults who live near me wave or say hello to me.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C4. If I did something wrong, adults who live near me would say something to me.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C5. When I play outside, adults who live near me watch over me.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C6. I can ask adults who live near me for help.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C7. Adults who live near me know my name.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C8. I think school is fun.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C9. I look forward to going to school.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C10. I like the things we study at school.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C11. I look forward to learning new things at school.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C12. I have friends to talk to at school.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C13. I have fun with other kids at my school.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C14. I have friends to play with at school.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C15. I have friends to eat lunch with at school.

- A. Never
- B. Sometimes
- C. Often
- D. Always

ESSP Child Form

C16. My teacher and I get along well.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C17. My teacher listens to what I have to say.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C18. When I try hard or do a good job, my teacher makes me feel good.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C19. My teacher lets me know he or she cares about my schoolwork.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C20. When I don't understand something, my teacher helps me.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C21. I want to go to college after I finish high school.

- A. Yes
- B. No
- C. Maybe
- D. I don't know yet

C22. When I am upset, my friends help me.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C23. My friends listen to me when I have something to say.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C24. My friends are happy when something good happens to me.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C25. My friends and I have fun together.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C26. My friends are on my side.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C27. Other kids are mean to me.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C28. Other kids tease me.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C29. Other kids make fun of me.

- A. Never
- B. Sometimes
- C. Often
- D. Always

ESSP Child Form

C30. Other kids tell me I can't play with them.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C31. On the way to school, I get picked on.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C32. I get picked on at school.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C33. My friends hit other kids.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C34. My friends hurt other kids' feelings.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C35. My friends are mean to other kids.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C36. My friends tell lies.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C37. My friends help other kids.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C38. My friends listen to adults.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C39. My friends help adults.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C40. My friends follow the rules.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C41. When I am upset, my family helps me.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C42. My family listens to me when I have something to say.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C43. Adults in my home make me feel special.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C44. Adults in my home are nice to me.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C45. Adults in my home tell me I did a good job.

- A. Never
- B. Sometimes
- C. Often
- D. Always

ESSP Child Form

C46. When I am scared, worried or upset, I can talk to an adult at home.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C47. Adults in my home tell me to try my best in school or to do well in school.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C48. I feel tired or sleepy most of the day.

- A. Almost Never
- B. Some Days
- C. Most Days

C49. I have a toothache.

- A. Almost Never
- B. Some Days
- C. Most Days

C50. I have trouble seeing the board or seeing words or letters in books.

- A. Almost Never
- B. Some Days
- C. Most Days

C51. I have a stomachache.

- A. Almost Never
- B. Some Days
- C. Most Days

C52. I have a headache.

- A. Almost Never
- B. Some Days
- C. Most Days

C53. I have a hard time hearing the teacher at school.

- A. Almost Never
- B. Some Days
- C. Most Days

C54. I feel sick.

- A. Almost Never
- B. Some Days
- C. Most Days

C55. I am a nice person.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C56. I am a good friend.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C57. I am smart.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C58. I am good at art.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C59. I am good at music.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C60. I am proud of myself.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C61. I am good at sports.

- A. Never
- B. Sometimes
- C. Often
- D. Always

ESSP Child Form

C62. I am a good student.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C63. Do you ever wish you could run away from home?

- A. No, Never
- B. Yes, Sometimes
- C. Yes, Often

C64. Do you ever feel nobody cares about you?

- A. No, Never
- B. Yes, Sometimes
- C. Yes, Often

C65. Do you ever feel like you don't know what to do?

- A. No, Never
- B. Yes, Sometimes
- C. Yes, Often

C66. Do you ever feel all alone?

- A. No, Never
- B. Yes, Sometimes
- C. Yes, Often

C67. Do you ever feel no one listens to you?

- A. No, Never
- B. Yes, Sometimes
- C. Yes, Often

C68. When you are scared or worried about something, how often do you keep your worries to yourself?

- A. Never
- B. Sometimes
- C. Often
- D. Always
- E. Have Not Been Scared or Worried

C69. Someone listens to what I have to say.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C70. Someone tells me they are pleased with my effort.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C71. Someone encourages me to do better.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C72. Someone tells me they are on my side.

- A. Never
- B. Sometimes
- C. Often
- D. Always

C73. I can talk to someone who sees things the way I do.

- A. Never
- B. Sometimes
- C. Often
- D. Always

- F1 I am the child's:**  
A. Mother/Stepmother  
B. Father/Stepfather  
C. Grandparent  
D. Other Relative  
E. Foster Parent  
F. Other
- F2 My child is a:**  
A. Boy  
B. Girl
- F3 My child's race/ethnicity is best described as:**  
A. Native American or Alaskan Native  
B. Asian  
C. Native Hawaiian or Other Pacific Islander  
D. Black/African American  
E. Hispanic/Latino  
F. White  
G. Multiracial  
H. Other
- F4 My child is:**  
A. 6 years old or younger  
B. 7 years old  
C. 8 years old  
D. 9 years old  
E. 10 years old  
F. 11 years old  
G. 12 years old or older
- F5 My child's teacher cares about my child.**  
A. Strongly Disagree  
B. Disagree  
C. Agree  
D. Strongly Agree
- F6 My child's teacher wants my child to do well in school.**  
A. Strongly Disagree  
B. Disagree  
C. Agree  
D. Strongly Agree
- F7 My child's teacher or other school staff would contact me if they had a concern or question about my child's school behavior or progress.**  
A. Strongly Disagree  
B. Disagree  
C. Agree  
D. Strongly Agree

- F8 How much influence do you think parents like you can have in making schools a better place for students to learn and grow?**  
A. No influence  
B. A little influence  
C. Some influence  
D. A lot of influence
- F9 How good of an education do you think your child is getting at his or her school?**  
A. Poor  
B. Fair  
C. Good  
D. Excellent
- F10 My work schedule makes it hard for me to be involved at my child's school.**  
A. I don't work outside the home  
B. Never  
C. Sometimes  
D. Often  
E. Always
- F11 Does your child receive after-school care at the school?**  
A. No  
B. Yes  
C. Not available at the school
- F12 Does your child take part in any school clubs or activities that take place after school (such as team sports, band, drama, or science club)?**  
A. No  
B. Yes  
C. Not available at the school
- F13 How often are you afraid that someone will hurt or bother your child at school?**  
A. Never  
B. Sometimes  
C. Often  
D. Always

**How often do you do the following?**

- F14a Go to your child's school for parent-teacher conferences.**  
A. Never  
B. Sometimes  
C. Often  
D. Always
- F14b Volunteer at your child's school or in the classroom.**  
A. Never  
B. Sometimes  
C. Often  
D. Always

- F14c** Go to the school when parents are invited to fun events.
- A. Never
  - B. Sometimes
  - C. Often
  - D. Always

- F14d** Contact your child's teacher or other school staff about your child's school progress or behavior.
- A. Never
  - B. Sometimes
  - C. Often
  - D. Always

- F14e** Go to the school for information sessions (such as workshops on behavior, testing, special programs, or homework help).
- A. Never
  - B. Sometimes
  - C. Often
  - D. Always

**How often do you do the following?**

- F15a** Talk to your child about things he or she is learning at school.
- A. Never
  - B. Sometimes
  - C. Often
  - D. Always

- F15b** Talk to your child about things that happened during the school day.
- A. Never
  - B. Sometimes
  - C. Often
  - D. Always

- F15c** Talk to your child about homework.
- A. Never
  - B. Sometimes
  - C. Often
  - D. Always

**How often do you do the following?**

- F16a** Limit the amount of time your child spends watching TV.
- A. Never
  - B. Sometimes
  - C. Often
  - D. Always

- F16b** Limit the amount of time your child spends playing on school nights.
- A. Never
  - B. Sometimes
  - C. Often
  - D. Always

- F16c** Make sure your child spends time reading (apart from homework).
- A. Never
  - B. Sometimes
  - C. Often
  - D. Always

- F16d** Make sure your child spends time on learning activities (such as hobbies, talking to adults, going to the library or museum).
- A. Never
  - B. Sometimes
  - C. Often
  - D. Always

**For the following statements, choose the response that best describes your child within the past 30 days.**

*My child:*

- F17a** Plays with others.
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Often
  - E. Very Often
  - F. Always

- F17b** Plays with friendly, well-behaved children.
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Often
  - E. Very Often
  - F. Always

- F17c** Is accepted by friendly, well-behaved children.
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Often
  - E. Very Often
  - F. Always

**For the following statements, choose the response that best describes your child within the past 30 days.**

**My child:**

**F18a Thinks before acting.**

- A. Never
- B. Rarely
- C. Sometimes
- D. Often
- E. Very Often
- F. Always

**F18b Can calm down when excited or all wound up.**

- A. Never
- B. Rarely
- C. Sometimes
- D. Often
- E. Very Often
- F. Always

**F18c Controls temper when there is a disagreement.**

- A. Never
- B. Rarely
- C. Sometimes
- D. Often
- E. Very Often
- F. Always

**For the following statements, choose the response that best describes your child within the past 30 days.**

**My child:**

**F19a Physically fights.**

- A. Never
- B. Rarely
- C. Sometimes
- D. Often
- E. Very Often
- F. Always

**F19b Harms others.**

- A. Never
- B. Rarely
- C. Sometimes
- D. Often
- E. Very Often
- F. Always

**F19c Plays aggressively (rough).**

- A. Never
- B. Rarely
- C. Sometimes
- D. Often
- E. Very Often
- F. Always

**F19d Hits others on purpose.**

- A. Never
- B. Rarely
- C. Sometimes
- D. Often
- E. Very Often
- F. Always

**F20 How much time does your child spend on homework on most school nights?**

- A. None
- B. Less than 15 minutes
- C. 15 to less than 30 minutes
- D. 30 to less than 45 minutes
- E. 45 minutes to less than an hour
- F. 1 hour or more

**F21 How much time does your child spend watching TV on most school nights?**

- A. 0 hours
- B. Less than 1 hour
- C. 1 to less than 2 hours
- D. 2 to less than 4 hours
- E. 4 or more hours

**F22 How much time does your child spend playing non-educational computer or video games on most school nights?**

- A. 0 hours
- B. Less than 1/2 hour
- C. 1/2 to 1 hour
- D. More than 1 but less than 2 hours
- E. 2 or more hours

**F23 How much time does your child spend using educational programs or doing homework on the computer on most school nights?**

- A. 0 hours
- B. Less than 1/2 hour
- C. 1/2 to 1 hour
- D. More than 1 but less than 2 hours
- E. 2 or more hours

**F24 How much time each week does your child spend on chores (such as helping with meals, pets, or cleaning)?**

- A. 0 hours
- B. Less than 1/2 hour
- C. 1/2 to 1 hour
- D. More than 1 but less than 2 hours
- E. 2 or more hours

**F25 How many of your child's friends do you know?**

- A. Almost none
- B. Some
- C. Most
- D. Almost all



**F26** How many of the parents of your child's friends do you know?

- A. Almost none
- B. Some
- C. Most
- D. Almost all

**F27** How far in school do you think your child will go?

- A. Will not complete high school
- B. Will receive a high school diploma or equivalent
- C. Will receive some college or vocational training
- D. Will complete a 2-year college degree
- E. Will complete a 4-year college degree
- F. Will complete a graduate degree

### How often do you do the following?

**F28a** Give your child encouragement.

- A. Never
- B. Sometimes
- C. Often
- D. Always

**F28b** Tell your child he or she did a good job.

- A. Never
- B. Sometimes
- C. Often
- D. Always

**F28c** Make your child feel special.

- A. Never
- B. Sometimes
- C. Often
- D. Always

### How often are the following statements true for your family?

*The people in my home:*

**F29a** Give each other plenty of time and attention.

- A. Never
- B. Sometimes
- C. Often
- D. Always

**F29b** Talk openly and listen to one another.

- A. Never
- B. Sometimes
- C. Often
- D. Always

**F29c** Feel loved and cared for by one another.

- A. Never
- B. Sometimes
- C. Often
- D. Always

**F29d** Play and laugh together.

- A. Never
- B. Sometimes
- C. Often
- D. Always

**F29e** Work together to solve problems.

- A. Never
- B. Sometimes
- C. Often
- D. Always

### How often does your child do the following?

**F30a** Get along with the other children in our home.

- A. Never
- B. Sometimes
- C. Often
- D. Always
- E. No Other Children in the Home

**F30b** Help or comfort the other children in our home.

- A. Never
- B. Sometimes
- C. Often
- D. Always
- E. No Other Children in the Home

**F30c** Share things with the other children in our home.

- A. Never
- B. Sometimes
- C. Often
- D. Always
- E. No Other Children in the Home

### How often do you do the following?

**F31a** Reward or praise your child's good behavior.

- A. Never
- B. Sometimes
- C. Often
- D. Always

**F31b** Punish misbehavior even if your child gets upset with the punishment.

- A. Never
- B. Sometimes
- C. Often
- D. Always

**F31c** Listen to your child's side before deciding whether to punish your child.

- A. Never
- B. Sometimes
- C. Often
- D. Always

- F31d Explain to your child why he or she is being punished.**  
 A. Never  
 B. Sometimes  
 C. Often  
 D. Always
- F31e Stay calm but firm when your child doesn't listen.**  
 A. Never  
 B. Sometimes  
 C. Often  
 D. Always
- F32 Has your child experienced the death of a parent, brother, sister, grandparent, or other close family member in the last year?**  
 A. No  
 B. Yes
- F33 Have you talked to your child about drugs, cigarettes, or alcohol?**  
 A. No, not yet  
 B. Yes, once  
 C. Yes, a few times  
 D. Yes, I do this often

**Many young people get involved with alcohol and drugs. How likely do you think it is that your child will do each of the following as he/she gets older:**

- F34a Drink alcohol (beer, wine, liquor) .**  
 A. Unlikely  
 B. Somewhat Likely  
 C. Very Likely
- F34b Smoke cigarettes.**  
 A. Unlikely  
 B. Somewhat Likely  
 C. Very Likely
- F34c Smoke marijuana.**  
 A. Unlikely  
 B. Somewhat Likely  
 C. Very Likely
- F34d Use other illegal drugs (e.g., cocaine, heroin, LSD).**  
 A. Unlikely  
 B. Somewhat Likely  
 C. Very Likely
- F35 Do people move in and out of your neighborhood a lot?**  
 A. No  
 B. Yes  
 C. I don't know

- F36 How many times have you moved in the past year?**  
 A. No moves  
 B. 1 move  
 C. 2 moves  
 D. 3 or more moves
- F37 How much time per week does your child usually spend on neighborhood or community activities run by adults, such as team sports, the scouts, or programs at a community center or park?**  
 A. None  
 B. Less than 1 hour  
 C. 1 to less than 2 hours  
 D. 2 to less than 4 hours  
 E. 4 or more hours
- F38 How big of a problem are drugs in your neighborhood?**  
 A. Not a problem  
 B. Somewhat of a problem  
 C. A big problem

**In the past 30 days, did any of the following things happen in your neighborhood?**

- F39a Someone was mugged.**  
 A. No  
 B. Yes
- F39b A home or business was broken into.**  
 A. No  
 B. Yes
- F39c You saw someone selling illegal drugs.**  
 A. No  
 B. Yes
- F39d A fight broke out between two groups or gangs.**  
 A. No  
 B. Yes
- F39e Someone was beaten up.**  
 A. No  
 B. Yes

**Do you strongly disagree, disagree, agree or strongly agree with the following statements?**  
**Adults in my neighborhood:**

- F40a Look out for my child.**  
 A. Strongly Disagree  
 B. Disagree  
 C. Agree  
 D. Strongly Agree

- F40b Help one another in times of need.**  
 A. Strongly Disagree  
 B. Disagree  
 C. Agree  
 D. Strongly Agree
- F40c Work together to improve the neighborhood.**  
 A. Strongly Disagree  
 B. Disagree  
 C. Agree  
 D. Strongly Agree
- F40d Would take care of my child(ren) in an emergency.**  
 A. Strongly Disagree  
 B. Disagree  
 C. Agree  
 D. Strongly Agree

**Do you strongly disagree, disagree, agree or strongly agree with the following statements?**

- F41a My child is safe from crime and violence in our neighborhood.**  
 A. Strongly Disagree  
 B. Disagree  
 C. Agree  
 D. Strongly Agree
- F41b People in our neighborhood can be trusted.**  
 A. Strongly Disagree  
 B. Disagree  
 C. Agree  
 D. Strongly Agree
- F41c I like living in our neighborhood.**  
 A. Strongly Disagree  
 B. Disagree  
 C. Agree  
 D. Strongly Agree
- F41d I feel safe from crime and violence in our neighborhood.**  
 A. Strongly Disagree  
 B. Disagree  
 C. Agree  
 D. Strongly Agree

**Do you strongly disagree, disagree, agree or strongly agree with the following statements?**  
**Most teenagers in my neighborhood:**

- F42a Make good grades in school.**  
 A. Strongly Disagree  
 B. Disagree  
 C. Agree  
 D. Strongly Agree

- F42b Graduate from high school.**  
 A. Strongly Disagree  
 B. Disagree  
 C. Agree  
 D. Strongly Agree

- F42c Will go to college.**  
 A. Strongly Disagree  
 B. Disagree  
 C. Agree  
 D. Strongly Agree

- F42d Show respect to adults.**  
 A. Strongly Disagree  
 B. Disagree  
 C. Agree  
 D. Strongly Agree

- F42e Get in trouble with the police.**  
 A. Strongly Disagree  
 B. Disagree  
 C. Agree  
 D. Strongly Agree

- F42f Use drugs.**  
 A. Strongly Disagree  
 B. Disagree  
 C. Agree  
 D. Strongly Agree

- F42g Belong to gangs.**  
 A. Strongly Disagree  
 B. Disagree  
 C. Agree  
 D. Strongly Agree

- F42h Carry a weapon such as a knife, gun, or club.**  
 A. Strongly Disagree  
 B. Disagree  
 C. Agree  
 D. Strongly Agree

**Has a doctor suggested your child take medication this year for any of the following reasons:**

- F43a Anxiety or depression?**  
 A. No  
 B. Yes

- F43b Attention Deficit Disorder (ADD) or Attention Deficit/Hyperactivity Disorder (ADHD)?**  
 A. No  
 B. Yes

**F43c** **Physical or medical disorders (for example, eating or sleeping disorders, asthma, allergies, diabetes or seizures)?**  
A. No  
B. Yes

**F44** **Are you currently married:**  
A. No  
B. Yes

**F45** **How many people age 17 or younger live in your home (including the child taking the ESSP)?**  
A. None  
B. One  
C. Two  
D. Three  
E. 4 or more

**F46** **How many people age 18 or older live in your home (including yourself)?**  
A. None  
B. One  
C. Two  
D. Three  
E. 4 or more

**F47** **How far in school did you go?**  
A. Did not complete high school  
B. Received a high school diploma or equivalent  
C. Received some college or vocational training  
D. Completed a 2-year college degree  
E. Completed a 4-year college degree  
F. Completed a graduate degree

**F48** **If there is a second parent or other adult in your child's home who helps take care of the child, how far in school did he or she go?**  
A. There is no second caregiver in the home  
B. Did not complete high school  
C. Received a high school diploma or equivalent  
D. Received some college or vocational training  
E. Completed a 2-year college degree  
F. Completed a 4-year college degree  
G. Completed a graduate degree

**F49** **Did any of your child's brothers or sisters (including step- or half-siblings) drop out of school before graduating from high school?**  
A. No  
B. Yes  
C. My child has no brothers or sisters

**F50** **How would you describe the financial situation of your household?**  
A. Very comfortable and secure  
B. Able to make ends meet every month  
C. Some months it's hard to make ends meet  
D. Most months it's hard to make ends meet  
E. Every month it's hard to make ends meet

**F51** **What is the zip code of your home address?**

Enter your zip code in the boxes and darken the circles of the corresponding numbers on your answer sheet.

**F52** **Do any of the adults (people 18 or older) in the child's home currently work for pay?**  
A. No  
B. Yes

**F53** **Does your child receive free or reduced price lunches at school?**  
A. No  
B. Yes

**F54** **Do you have a way to get to your child's school if needed?**  
A. Never  
B. Sometimes  
C. Often  
D. Always

ESSP Teacher Form

T0. What is your relationship to the child at the school?

- A. Regular Classroom Teacher
- B. Other Teacher
- C. CIS Worker
- D. Social Worker
- E. Counselor
- F. Other Student Services Staff
- G. Other School Staff

T1. What grade is the student currently in?

- A. 1st Grade
- B. 2nd Grade
- C. 3rd Grade
- D. 4th Grade
- E. 5th Grade
- F. 6th Grade

T2. How many grades has the child repeated in school?

- A. None
- B. 1 Grade
- C. 2 Grades
- D. 3 or more grades

T3. How would you describe the student's current academic performance in each subject area? (If the student has been retained, answer in relation to his/her current grade placement.)

- Reading/Language.
  - A. Below Grade Level
  - B. At Grade Level
  - C. Above Grade Level
- Math.
  - A. Below Grade Level
  - B. At Grade Level
  - C. Above Grade Level

T4a. What grade did the student receive in Reading/Language on his/her last report card?

- A. A
- B. B
- C. C
- D. D
- E. F

T4b. What grade did the student receive in Math on his/her last report card

- A. A
- B. B
- C. C
- D. D
- E. F

T5a. What is the highest level of work you believe the student is capable of in Reading/Language

- A. Below Grade Level
- B. At Grade Level
- C. Above Grade Level

T5b. What is the highest level of work you believe the student is capable of in Math?

- A. Below Grade Level
- B. At Grade Level
- C. Above Grade Level

T6. Has the student has been identified as eligible for the following special programs this school year:

- A. Services for children with learning disabilities (LD)?
  - a. No
  - b. Yes
- B. Services for children with behavioral/emotional handicaps (BEH)?
  - a. No
  - b. Yes
- C. Services for children with other health impairments (OHI) [includes Attention Deficit Disorder (ADD), and Attention Deficit Hyperactivity Disorder (ADHD)]?
  - a. No
  - b. Yes
- D. Gifted or talented program?
  - a. No
  - b. Yes
- E. English as a Second Language/English Language Learner?
  - a. No
  - b. Yes

T7. In a typical month, how many days is the child absent from school?

- A. 0 days
- B. 1-2 days
- C. 3-4 days
- D. 5 or more days

T8. In the past 30 days, how often has the child's parent(s) received a warning from school staff about the child's attendance?

- A. Never
- B. Once
- C. Twice
- D. More than twice

ESSP Teacher Form

T9. In the past 30 days, how often has the child's parent(s) received a warning from school staff about the child's grades or academic performance?

- A. Never
- B. Once
- C. Twice
- D. More than twice

T10. In the past 30 days, how often has the child's parent(s) received a warning from school staff about the child's behavior at school?

- A. Never
- B. Once
- C. Twice
- D. More than twice

T11. For the following statements, choose the response that best describes the student in the past 30 days.

- A. The student is friendly.
  - a. Never
  - b. Rarely
  - c. Sometimes
  - d. Often
  - e. Very Often
  - f. Always
- B. The student initiates interactions with others.
  - a. Never
  - b. Rarely
  - c. Sometimes
  - d. Often
  - e. Very Often
  - f. Always
- C. The student plays with others.
  - a. Never
  - b. Rarely
  - c. Sometimes
  - d. Often
  - e. Very Often
  - f. Always
- D. The student is accepted by prosocial peers.
  - a. Never
  - b. Rarely
  - c. Sometimes
  - d. Often
  - e. Very Often
  - f. Always

T12. For the following statements, choose the response that best describes the student in the past 30 days.

- A. The student thinks before acting.
  - a. Never
  - b. Rarely
  - c. Sometimes
  - d. Often
  - e. Very Often
  - f. Always
- B. The student can calm down when excited or all wound up.
  - a. Never
  - b. Rarely
  - c. Sometimes
  - d. Often
  - e. Very Often
  - f. Always
- C. The student controls his or her temper when there is a disagreement.
  - a. Never
  - b. Rarely
  - c. Sometimes
  - d. Often
  - e. Very Often
  - f. Always

T13. For the following statements, choose the response that best describes the student in the past 30 days.

- A. The student stays on task.
  - a. Never
  - b. Rarely
  - c. Sometimes
  - d. Often
  - e. Very Often
  - f. Always
- B. The student concentrates.
  - a. Never
  - b. Rarely
  - c. Sometimes
  - d. Often
  - e. Very Often
  - f. Always
- C. The student works hard.
  - a. Never
  - b. Rarely
  - c. Sometimes
  - d. Often
  - e. Very Often
  - f. Always

ESSP Teacher Form

- D. The student pays attention.
- a. Never
  - b. Rarely
  - c. Sometimes
  - d. Often
  - e. Very Often
  - f. Always
- T14. For the following statements, choose the response that best describes the student in the past 30 days.
- A. The student physically fights.
- a. Never
  - b. Rarely
  - c. Sometimes
  - d. Often
  - e. Very Often
  - f. Always
- B. The student harms others.
- a. Never
  - b. Rarely
  - c. Sometimes
  - d. Often
  - e. Very Often
  - f. Always
- C. The student plays aggressively (rough).
- a. Never
  - b. Rarely
  - c. Sometimes
  - d. Often
  - e. Very Often
  - f. Always
- D. The student hits others on purpose.
- a. Never
  - b. Rarely
  - c. Sometimes
  - d. Often
  - e. Very Often
  - f. Always
- T15. How often do the adults the child lives with:
- A. Have transportation to get to the school when needed.
- a. Never
  - b. Sometimes
  - c. Often
  - d. Always
- B. Go to the school for parent-teacher conferences.
- a. Never
  - b. Sometimes
  - c. Often
  - d. Always
- C. Volunteer at the school or in the classroom.
- a. Never
  - b. Sometimes
  - c. Often
  - d. Always
- D. Go to the school when parents are invited to fun events.
- a. Never
  - b. Sometimes
  - c. Often
  - d. Always
- E. Contact you or other school staff about the child's school progress or behavior.
- a. Never
  - b. Sometimes
  - c. Often
  - d. Always
- F. Go to the school for information sessions for parents (such as workshops on behavior, testing, special programs, or homework help).
- a. Never
  - b. Sometimes
  - c. Often
  - d. Always
- T16. How would you describe the educational expectations of the adults the child lives with (answer for the adult with the highest expectations)?
- A. Low expectations
  - B. Average expectations
  - C. High expectation
  - D. Don't know
- T17. How would you describe how involved the adults in the child's home are in the child's education and learning at home?
- A. Not involved
  - B. Low level of involvement
  - C. Average level of involvement
  - D. High level of involvement
- T18. What is your race/ethnicity?
- A. Native American or Alaskan Native
  - B. Asian
  - C. Native Hawaiian or Other Pacific Islander
  - D. Black/African American
  - E. Hispanic/Latino
  - F. White
  - G. Multiracial
  - H. Other
- T19. How many years have you been teaching elementary school?

## Mental Health Literacy Questionnaire

I know what some of the risks are to the treatments recommended by local providers.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Somewhat disagree
- 4 – Somewhat agree
- 5 – Agree
- 6 – Strongly agree

I know how to find treatment options for my student when necessary.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Somewhat disagree
- 4 – Somewhat agree
- 5 – Agree
- 6 – Strongly agree

I understand how to obtain the services/resources we need.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Somewhat disagree
- 4 – Somewhat agree
- 5 – Agree
- 6 – Strongly agree

I understand how to obtain the information we need for our care/wellbeing.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Somewhat disagree
- 4 – Somewhat agree
- 5 – Agree
- 6 – Strongly agree

I am able to decide when I need to switch providers or see an additional provider.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Somewhat disagree
- 4 – Somewhat agree
- 5 – Agree
- 6 – Strongly agree

I am capable of negotiating with our service providers to reach treatment or service solutions that are best for everyone.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Somewhat disagree
- 4 – Somewhat agree
- 5 – Agree
- 6 – Strongly agree

I am capable of being a good teacher to all my students.

- 1 – Strongly disagree



## Mental Health Literacy Questionnaire

- 2 – Disagree
- 3 – Somewhat disagree
- 4 – Somewhat agree
- 5 – Agree
- 6 – Strongly agree

The mental/emotional/behavioral problems in my student can be successfully treated.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Somewhat disagree
- 4 – Somewhat agree
- 5 – Agree
- 6 – Strongly agree

My student and his or her family have the right to receive testing when needed.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Somewhat disagree
- 4 – Somewhat agree
- 5 – Agree
- 6 – Strongly agree

I have the right to ask for help when I need it.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Somewhat disagree
- 4 – Somewhat agree
- 5 – Agree
- 6 – Strongly agree

I have the right to ask for all available services in the community that my student needs.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Somewhat disagree
- 4 – Somewhat agree
- 5 – Agree
- 6 – Strongly agree

I have the right to choose my student's services.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Somewhat disagree
- 4 – Somewhat agree
- 5 – Agree
- 6 – Strongly agree

I am capable of solving my student's problems.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Somewhat disagree
- 4 – Somewhat agree
- 5 – Agree
- 6 – Strongly agree

## Mental Health Literacy Questionnaire

I can control my student's behavior.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Somewhat disagree
- 4 – Somewhat agree
- 5 – Agree
- 6 – Strongly agree

Treatment for my student is under my control.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Somewhat disagree
- 4 – Somewhat agree
- 5 – Agree
- 6 – Strongly agree

A phobia is an intense fear about something that might be harmful

True    false    I don't know

Useful interventions for adolescent mental disorders include BOTH psychological and pharmacologic treatments.

True    false    I don't know

Mental distress can occur in someone who has a mental disorder.

True    false    I don't know

Stigma against the mentally ill is uncommon.

True    false    I don't know

Substance abuse is commonly found together with a mental disorder

True    false    I don't know

The most common mental disorders in teenage girls is eating disorders.

True    false    I don't know

The stresses of being a teenager are a major factor leading to adolescent suicide.

True    false    I don't know

Three of the strongest risk factors for teen suicide are: romantic breakup, conflict with parents, and school failure

True    false    I don't know

Schizophrenia is a split personality

## Mental Health Literacy Questionnaire

True false I don't know

A depressed mood that lasts for a month or longer in a teenager is very common and should not be confused with clinical depression that may require professional help.

True false I don't know

Suicide rates have decreased over the last decades in North America.

True false I don't know

Diet, exercise, and establishing a regular sleep cycle are all effective treatments for many mental disorders in teenagers.

True false I don't know

Anorexia Nervosa is very common in teenage girls.

True false I don't know

Bipolar disorder is another form of manic depressive illness.

True false I don't know

Many clinical depressions develop in teenagers out of the blue.

True false I don't know

Obsessions are thoughts that are unwanted and known not to be correct

True false I don't know

Serotonin is a liver chemical that helps control appetite

True false I don't know

Mental disorders can affect between 15-20% of teens

True false I don't know

Most teens with a panic disorder do not get well with treatment

True false I don't know

Depression affects about 2% of teens in America

True false I don't know

A psychiatrist is a medical doctor who specializes in treating people who have a mental illness

True false I don't know

Attention Deficit Hyperactivity Disorder is equally common in boys and girls

## Mental Health Literacy Questionnaire

True false I don't know

A hallucination is defined as a sound that comes from nowhere

True false I don't know

Panic disorder is a type of anxiety disorder

True false I don't know

Medications called anti-psychotics are helpful to treat symptoms of schizophrenia

True false I don't know

A delusion is defined as seeing something that is not there

True false I don't know

Lack of pleasure, hopelessness, and fatigue can all be symptoms of clinical depression

True false I don't know

Nobody with schizophrenia ever recovers

True false I don't know

People with mania may experience strange feelings of grandiosity

True false I don't know

Mental disorders are psychological problems caused by poor nutrition

True false I don't know

# Wraparound Fidelity Index 4

## Demographics Form

March 18, 2008 version



*This form is to be completed by the Wraparound Facilitator. If the Wraparound Facilitator is not available for interview, then this form is to be completed by the caregiver.*

Youth's name: \_\_\_\_\_

Caregiver's name: \_\_\_\_\_

Facilitator's name: \_\_\_\_\_

Interviewer's name: \_\_\_\_\_

Today's date:           Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Administration method:   1 Face-to-face   2 Phone

Project ID:	
Youth/ Family ID:	
Caregiver ID:	
Facilitator ID:	
Interviewer ID:	
Timeframe:	

1. Youth's DOB    Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

2. What is the youth's gender?           1 Male           2 Female

3. Is the youth of Hispanic descent?       1 No           2 Yes

4. What is the youth's race? *(Check all that apply)*

- 1 American Indian or Alaska Native
- 2 Asian
- 3 Black or African American
- 4 Native Hawaiian / Other Pacific Islander
- 5 White
- 6 Mixed race \_\_\_\_\_ *(Please specify)*
- 7 Other \_\_\_\_\_ *(Please specify)*

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# WFI 4-Demographics Form

March 18, 2008 version

5. Has the youth been in school anytime during the last 30 days?

1 No    2 Yes

*If Yes, go to question #6.*

*If No, Why was the youth not in school?*

- |  |                                  |
|--|----------------------------------|
| 1 Dropped out of school before legal age | 2 Dropped out after legal age    |
| 3 Expelled/Suspended                     | 4 Too young to go to school      |
| 5 Graduated from high school or GED      | 6 Taught at home (home-schooled) |
| 7 Physical illness                       | 8 Refused to go to school        |
| 9 In juvenile detention or jail          | 10 Ward of the State             |
| 11 Summer vacation                       |                                  |
| 12 Other _____ (Please specify)          |                                  |

6. Which grade is the youth in now or will be in for the new school year?

- |                |                                      |
|----------------|--------------------------------------|
| 1 Preschool    | 9 Seventh Grade                      |
| 2 Kindergarten | 10 Eighth Grade                      |
| 3 First Grade  | 11 Ninth Grade                       |
| 4 Second Grade | 12 Tenth Grade                       |
| 5 Third Grade  | 13 Eleventh Grade                    |
| 6 Fourth Grade | 14 Twelfth Grade                     |
| 7 Fifth Grade  | 15 Post-secondary                    |
| 8 Sixth Grade  | 16 No grade levels in child's school |

# Wraparound Fidelity Index 4

## Wraparound Facilitator Form

March 18, 2008 version



Youth's name: \_\_\_\_\_

Caregiver's name: \_\_\_\_\_

Facilitator's name: \_\_\_\_\_

Interviewer's name: \_\_\_\_\_

Today's date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Start time: \_\_\_\_\_ am/pm

Length of interview: \_\_\_\_\_ minutes

Project ID:	
Youth/ Family ID:	
Caregiver ID:	
Facilitator ID:	
Interviewer ID:	
Timeframe:	

1. What is the primary caregiver's relationship to \_\_\_\_\_ (child's name)? (Check one)

- |                                 |                             |
|---------------------------------|-----------------------------|
| 1 Birth parent                  | 2 Adoptive/Stepparent       |
| 3 Foster parent                 | 4 Live-in partner of parent |
| 5 Sibling                       | 6 Aunt or uncle             |
| 7 Grandparent                   | 8 Cousin                    |
| 9 Other family relative         | 10 Friend (adult friend)    |
| 11 Other _____ (please specify) |                             |

2. Who has legal custody of \_\_\_\_\_ (child's name)? (Check one)

- |  |                      |
|--|----------------------|
| 1 Two birth parents OR<br>one birth parent and<br>one stepparent | 2 Birth mother only  |
| 3 Birth father only  | 4 Adoptive parent(s) |
| 5 Foster parent(s)   | 6 Sibling(s)         |
| 7 Aunt and/or uncle  | 8 Grandparent(s)     |
| 9 Friend(s)  | 10 Ward of the State |
| 11 Other _____ (please specify)                                  |                      |

If birth or adoptive parent has custody, go to question #3.

If birth or adoptive parent **does not** have custody, read 2a.

**Missing Data Codes: 666 Not Applicable; 777 Refused; 888 Don't Know; 999 Missing/Question Was Not Asked**

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# WFI 4-Wraparound Facilitator Form March 8, 2008 version

2a. Is there a plan to reunite the youth with the birth parent?    1 No            2 Yes

*If Yes, go to question #3.*

*If No, read 2b.*

2b. What is the permanency plan for the youth?

---

---

3. Has the youth ever been in the custody of the state?    1 No            2 Yes

4. Is the youth currently receiving Wraparound?            1 No            2 Yes

*If Yes, How many months has the youth been receiving Wraparound? \_\_\_\_\_ months*

*If No, Has the youth received Wraparound in the past?*

1 No            2 Yes

*If Yes, How many months did the youth receive Wraparound?*

\_\_\_\_\_ months

5. How many months have you been working with the family? \_\_\_\_\_ months

6. Does the youth or family have a "wraparound team"?

*[NOTE: Also may be referred to as a 'child and family team,' 'interagency team' or other term. PROMPTS may include asking whether the family has a group of people involved in services for the child or youth that comes together to meet and plan services for the child or youth and family]*

1 No            2 Yes

***If Yes, We will be asking questions about the team so keep those people in mind as you answer the following questions. Who is on that wraparound team? List below (Roles, not names)***

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***If No, For the purposes of this interview, when we ask you about 'the wraparound team,' please consider the people that work with the youth and his or her family to provide services and supports.***



# WFI 4-Wraparound Facilitator Form March 8, 2008 version

*I am going to ask you some questions about the services and supports the youth and family are receiving now and have received since they started the wraparound process.*

*Please answer all questions as well as you can. Remember that all your answers will be kept confidential.*



Let's start with the beginning of the wraparound process. Can you tell me a little bit about your first interactions with [name of youth/family]? What were those very first meetings like? What took place?

Phase 1: Engagement		Yes	Sometimes Somewhat	No	Missing
1.1 CC	When you first met with the family, were they given ample time to talk about their strengths, beliefs, and traditions? <i>Circle one: YES NO</i>	YES to both questions	YES to only the first question	NO to the first question	666 777
	At the first team meeting, were these strengths, beliefs, and traditions shared with all team members? <i>Circle one: YES NO</i>	2	1	0	888 999
1.2 FVC	Before the first team meeting, did you fully explain the wraparound process and the choices the family could make?	2	1	0	666 777 888 999
1.3 SB	At the beginning of the wraparound process, was the family given an opportunity to tell you what things have worked in the past for the child and family?	2	1	0	666 777 888 999
1.4 TB	Did the family members select the people who would be on their wraparound team?	2	1	0	666 777 888 999
1.5 TB	Is it difficult to get team members to attend team meetings when they are needed?	0	1	2	666 777 888 999
1.6 OB	Before the first wraparound team meeting, did you go through a process of identifying what leads to crises or dangerous situations for the child and family?	2	1	0	666 777 888 999

**Missing Data Codes: 666 Not Applicable; 777 Refused; 888 Don't Know; 999 Missing/Question Was Not Asked**

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# WFI 4-Wraparound Facilitator Form March 8, 2008 version

Now I am going to move on to questions about how the planning process proceeded with [name of youth/family]. Can you tell me about how the family's plan was first developed?

Phase 2: Planning	Yes	Sometimes Somewhat	No	Missing
<p><b>2.1</b> <i>Col</i></p> <p>Did the family plan and its team create a written plan of care (or wraparound plan, child and family plan) that describes how the team will meet the child's and family's needs? <i>Circle one: YES NO</i></p> <p>Do the youth and family have a copy of the plan? <i>Circle one: YES NO</i></p>	<p>YES to both questions</p> <p style="text-align: center;">2</p>	<p>YES to only the first question</p> <p style="text-align: center;">1</p>	<p>NO to the first question</p> <p style="text-align: center;">0</p>	<p>666 777 888 999</p>
<p><b>2.2</b> <i>TB</i></p> <p>Did the team develop any kind of written statement about what the future will look like for the child and family, or what the team will achieve for the child and family? <i>(PROMPTS: This statement might be a mission statement for the team or vision statement for the family. It may also be a statement of the ultimate goal for the team. The statement should be a 'big picture' statement and different than individual goals in the wraparound plan.)</i></p> <p>Can you describe what the team's mission says? <i>Circle one: YES NO</i></p>	<p>YES to both questions</p> <p style="text-align: center;">2</p>	<p>YES to only the first question</p> <p style="text-align: center;">1</p>	<p>NO to the first question</p> <p style="text-align: center;">0</p>	<p>666 777 888 999</p>
<p><b>2.3</b> <i>Ind.</i></p> <p>Can you summarize the services, supports, and strategies that are in the family's wraparound plan?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><i>Scoring rule: Assign a '2' if majority of services, supports, and strategies are informal or non-professional services, a '1' if they are about equal professional and informal/non-professional, and a '0' if the majority are professional,</i></p> <p><i>Ask directly only if there is uncertainty about how to score: Does the family's wraparound plan include mostly professional services?</i></p>	<p>Mostly informal or non-professional services and supports</p> <p style="text-align: center;">2</p>	<p>About equal informal and professional</p> <p style="text-align: center;">1</p>	<p>Mostly formal or professional services</p> <p style="text-align: center;">0</p>	<p>666 777 888 999</p>
<p><b>2.4</b> <i>SB</i></p> <p>Are the supports and services in the wraparound plan connected to the strengths and abilities of the child and family? <i>(PROMPTS: Strengths are the positive things the child and family members do well. Do the strategies in the plan use your child and family's strengths? Do they help build the child and family's strengths and abilities?)</i></p>	<p style="text-align: center;">2</p>	<p style="text-align: center;">1</p>	<p style="text-align: center;">0</p>	<p>666 777 888 999</p>

# WFI 4-Wraparound Facilitator Form March 8, 2008 version

Phase 2: Planning continued	Yes	Sometimes Somewhat	No	Missing				
<p>2.5 CB</p> <p>Does the wraparound plan include strategies for helping the child get involved with activities in her or his community?</p> <p>Please give two examples of those activities:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">1.</td> <td style="height: 20px;"></td> </tr> <tr> <td style="width: 5%; text-align: center;">2.</td> <td style="height: 20px;"></td> </tr> </table> <p><i>*Follow scoring rules.</i></p> <p><i>(SUGGESTED PROMPTS: After school activities, activities with a church, volunteer activities, recreational activities with normal peers)</i></p>	1.		2.		2	1	0	666 777 888 999
1.								
2.								
<p>2.6 Col</p> <p>Are there members of the wraparound team who do <u>not</u> have a role in implementing the plan?</p>	0	1	2	666 777 888 999				
<p>2.7 Col</p> <p>Does the team brainstorm many strategies to address the family's needs before selecting one?</p>	2	1	0	666 777 888 999				
<p>2.8 Ind</p> <p>Is there a crisis or safety plan that specifies what everyone must do to respond to a crisis?</p> <p style="text-align: center;"><i>Circle one: YES NO</i></p> <p>Does this plan also specify how to prevent crises from occurring?</p> <p style="text-align: center;"><i>Circle one: YES NO</i></p>	YES to both questions  2	YES to only the first question  1	NO to the first question  0	666 777 888 999				
<p>2.9 CB</p> <p>Do you feel confident that, in the event of a major crisis, the team can keep the child or youth in the community?</p> <p><i>(SUGGESTED PROMPTS: i.e., not immediately placed in a hospital, jail, residential treatment center)</i></p>	2	1	0	666 777 888 999				
<p>2.10 FVC</p> <p>Would you say that people other than the family have higher priority than the family in designing their wraparound plan?</p>	0	1	2	666 777 888 999				
<p>2.11 CC</p> <p>During the planning process, did the team take enough time to understand the family's values and beliefs?</p> <p style="text-align: center;"><i>Circle one: YES SOMEWHAT NO</i></p> <p>Is the wraparound plan in tune with the family's values and beliefs?</p> <p style="text-align: center;"><i>Circle one: YES SOMEWHAT NO</i></p>	YES to both questions  2	YES to only one question  1	NO to both questions  0	666 777 888 999				

**Missing Data Codes: 666 Not Applicable; 777 Refused; 888 Don't Know; 999 Missing/Question Was Not Asked**

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# WFI 4-Wraparound Facilitator Form March 8, 2008 version

Now I am going to ask you a number of questions about how [name youth/family]'s plan has been implemented and how team meetings are conducted. First, can you tell me what team meetings are like currently? How do those meetings go?

Phase 3: Implementation		Yes	Sometimes Somewhat	No	Missing
3.1 FVC	Are important decisions ever made about the child or family when they are not there?	0	1	2	666 777 888 999
3.2 Ind	When the wraparound team has a good idea for a support or service for the child, can it find the resources or figure out some way to make it happen?	2	1	0	666 777 888 999
3.3 SB	Does the wraparound team get the child involved with activities she or he likes and does well?  Please give two examples of those activities:	Two examples of activities youth likes and does well.	One example of an activity youth likes and does well.	No examples of activities youth likes and does well.	666 777 888 999
	1.  2.	2	1	0	
<i>*Follow scoring rules</i>					
3.4 NS	Does the team find ways to increase the support the family gets from its friends and family members?	2	1	0	666 777 888 999
3.5 Col	Do the members of the team hold each other responsible for doing their part of the wraparound plan?	2	1	0	666 777 888 999
3.6 NS	Is there a friend or advocate of the child or family who actively participates on the wraparound team?	2	1	0	666 777 888 999
3.7 Per	Does the team come up with new ideas for the wraparound plan whenever the family's needs change?  Circle one: YES NO	YES to both questions	YES to only one question	NO to both questions	666 777 888 999
	Does the team come up with new ideas for the wraparound plan whenever something is not working?  Circle one: YES NO	2	1	0	
3.8 CB	Are the services and supports in the wraparound plan difficult for the family to access?  (SUGGESTED PROMPTS: Because of scheduling or transportation issues or because services and supports are far away or hard to get to.)	0	1	2	666 777 888 999

**Missing Data Codes: 666 Not Applicable; 777 Refused; 888 Don't Know; 999 Missing/Question Was Not Asked**

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# WFI 4-Wraparound Facilitator Form March 8, 2008 version

Phase 3: Implementation (continued)		Yes	Sometimes Somewhat	No	Missing
3.9 OB	<p>Does the team assign specific tasks to all team members at the end of each meeting?</p> <p style="text-align: center;"><i>Circle one:</i>    YES    NO</p> <p>Does the team review each team member's follow-through on their tasks at the next meeting?</p> <p style="text-align: center;"><i>Circle one:</i>    YES    NO</p>	YES to both questions  2	YES to only one question  1	NO to both questions  0	666   777 888   999
3.10 CC	<p>Do members of the team always use language the family can understand?</p> <p><i>(NOTE: For family members for whom English is not a first language, this may mean that bilingual facilitators, translators, or other means are used to ensure adequate understanding. For English-speaking caregivers, this means that facilitators and team members translate or do not use professional jargon or acronyms that the caregiver does not understand.)</i></p>	2	1	0	666   777 888   999
3.11 SB	Does the team create a positive atmosphere around successes and accomplishments at each team meeting?	2	1	0	666   777 888   999
3.12 TB	Does the team go out of its way to make sure that all team members – including friends, family, and natural supports – present ideas and participate in decision making?	2	1	0	666   777 888   999
3.13 Per	<p>Do you think the wraparound process could be discontinued before the family is ready for it to end?</p> <p><i>For example, because of time limits, because of the child's behavior, because of a placement change or because of a change in funding or eligibility?</i></p>	0	1	2	666   777 888   999
3.14 CC	Do all the members of the team demonstrate respect for the family?	2	1	0	666   777 888   999
3.15 FVC	Does the child or youth have the opportunity to communicate his or her own ideas when the time comes to make decisions?	2	1	0	666   777 888   999

**Missing Data Codes: 666 Not Applicable; 777 Refused; 888 Don't Know; 999 Missing/Question Was Not Asked**

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# WFI 4-Wraparound Facilitator Form March 8, 2008 version

OK, we are almost done. I now want to ask you a few final questions about transition out of wraparound and the future for this youth and family.

Phase 4: Transition		Yes	Sometimes Somewhat	No	Missing
4.1 OB	Has the team discussed a plan for how the wraparound process will end? (i.e., a "transition plan")	YES to both questions	YES to only the first question	NO to the first question	666 777
	Circle one: YES NO Does the team have a plan for when this will occur? Circle one: YES NO	2	1	0	888 999
4.2 NS	Has the wraparound process helped the child develop friendships with other youth who will have a positive influence on him or her?	2	1	0	666 777 888 999
4.3 OB	Has the wraparound process helped the child to solve her or his own problems?	2	1	0	666 777 888 999
4.4 Ind	Has the team helped the child or youth prepare for major transitions (e.g., new school, new residential placement) by making plans to deal with these changes?	2	1	0	666 777 888 999
4.5 Per	After formal wraparound has ended, do you think that the process will be able to be "re-started" if the youth or family needs it?	2	1	0	666 777 888 999
4.6 NS	Has the wraparound process helped the family to develop or strengthen relationships that will support them when wraparound is finished?	2	1	0	666 777 888 999
4.7 CB	Do you feel like the child and family will be able to succeed without the formal wraparound process? <i>In other words, with the help of family, friends, community supports, and key providers, but without formal team meetings or wraparound facilitation.</i>	2	1	0	666 777 888 999
4.8 Per	Will some members of the team be there to support the family when formal wraparound is finished?	2	1	0	666 777 888 999

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# WFI 4-Wraparound Facilitator Form March 8, 2008 version

Thank you for taking the time to complete the interview. Are there any comments you would like to add? We are particularly interested in hearing anything you might want to say about things that have worked well or that would need to be improved around how well wraparound is working for families such as *[name of youth/family]*.

*Positive feedback:*

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*Negative feedback:*

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End Time \_\_\_\_\_ am/pm

Interviewer observations about interview, respondent and any validity concerns: \_\_\_\_\_

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# Wraparound Fidelity Index 4

## Caregiver Form

March 18, 2008 version



Youth's name: \_\_\_\_\_

Caregiver's name: \_\_\_\_\_

Facilitator's name: \_\_\_\_\_

Interviewer's name: \_\_\_\_\_

Today's date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Administration method: 1 Face-to-face      2 Phone

Start time: \_\_\_\_\_ am/pm

Length of interview: \_\_\_\_\_ minutes

Project ID:	
Youth ID:	
Caregiver ID:	
Facilitator ID:	
Interviewer ID:	
Timeframe:	

1. What is the primary caregiver's relationship to \_\_\_\_\_ (child's name)? (Check one)

- |                         |                                 |
|-------------------------|---------------------------------|
| 1 Birth parent          | 2 Adoptive parent               |
| 3 Foster parent         | 4 Live-in partner of parent     |
| 5 Sibling               | 6 Aunt or uncle                 |
| 7 Grandparent           | 8 Cousin                        |
| 9 Other family relative | 10 Friend (adult friend)        |
| 11 Step parent          | 12 Other _____ (please specify) |

If not a birth parent read: 1a. Does one or more of the child or youth's birth parents participate on the wraparound team or in services for [child's name]?      Yes      No

Details: \_\_\_\_\_

2. Who has legal custody of \_\_\_\_\_ (child's name)? (Circle one)

- |  |                      |
|--|----------------------|
| 1 Two birth parents OR one birth parent and one stepparent | 2 Birth mother only  |
| 3 Birth father only  | 4 Adoptive parent(s) |
| 5 Foster parent(s)   | 6 Sibling(s)         |
| 7 Aunt and/or uncle  | 8 Grandparent(s)     |
| 9 Friend(s)  | 10 Ward of the State |
| 11 Other _____ (please specify)                            |                      |

3. Has your child ever been in the custody of the state?      1 No      2 Yes

**Missing Data Codes: 666 Not Applicable; 777 Refused; 888 Don't Know; 999 Missing/Question Was Not Asked**

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# WFI 4- Caregiver Form

March 18, 2008 version

4. Is your child currently receiving Wraparound?                    1 No                    2 Yes

*If Yes*, How many months has the youth been receiving Wraparound? \_\_\_\_\_ months

*If No*, Has your child received Wraparound in the past?

1 No                    2 Yes

*If Yes*, How many months did your child receive Wraparound?

\_\_\_\_\_ months

5. Do you have a "wraparound team"?

*[NOTE: Also may be referred to as a 'child and family team,' 'interagency team' or other term. PROMPTS may include asking whether the family has a group of people involved in services for the child or youth that comes together to meet and plan services for the child or youth and family]*

1 No                    2 Yes

*If Yes*, We will be asking questions about the team so keep those people in mind as you answer the following questions. Who is on that wraparound team? **List below (Roles, not names)**

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*If No*, For the purposes of this interview, when we ask you about 'the wraparound team,' please consider the people that work with the youth and his or her family to provide services and supports.

# WFI 4- Caregiver Form

March 18, 2008 version

***I am going to ask you some questions about the services and supports your family is receiving now and has received since you started receiving services through the wraparound process.***

**Let's start by talking about how wraparound began for you and your family. Can you tell me a little bit about the first time you met (your facilitator)? What were those very first meetings like?**



*[Note: During this discussion, other prompts may include: What did (your facilitator) tell you about what wraparound would be like? How did you decide who would be on your wraparound team?]*

Phase 1: Engagement		Yes	Sometimes Somewhat	No	Missing
1.1 CC	When you first met your wraparound facilitator, were you given time to talk about your family's strengths, beliefs, and traditions? <i>Circle one: YES NO</i>	YES to both questions	YES to only the first question	NO to the first question	666 777
	Did this process help you appreciate what is special about your family? <i>Circle one: YES NO</i>	2	1	0	888 999
1.2 FVC	Before your first team meeting, did your wraparound facilitator fully explain the wraparound process and the choices you could make?	2	1	0	666 777 888 999
1.3 SB	At the beginning of the wraparound process, did you have a chance to tell your wraparound facilitator what things have worked in the past for your child and family?	2	1	0	666 777 888 999
1.4 TB	Did you select the people who would be on your wraparound team?	2	1	0	666 777 888 999
1.5 TB	Is it difficult to get team members to attend team meetings when they are needed?	0	1	2	666 777 888 999
1.6 OB	Before your first wraparound team meeting, did you go through a process of identifying what leads to crises or dangerous situations for your child and your family?	2	1	0	666 777 888 999

**Missing Data Codes: 666 Not Applicable; 777 Refused; 888 Don't Know; 999 Missing/Question Was Not Asked**

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# WFI 4- Caregiver Form

March 18, 2008 version

Now I am going to move onto questions about how the planning process went for your child and family. Can you tell me about how the family's wraparound plan was first developed?

During this discussion, other prompts may include: Who participated in this planning? How did you decide what would be in the plan? Did certain people have more input than others?

Phase 2: Planning		Yes	Sometimes Somewhat	No	Missing
2.1 Col	<p>Did you and your team plan and create a written plan of care (or wraparound plan, child and family plan) that describes how the team will meet your child's needs?</p> <p>Circle one: YES NO</p> <p>Do you have a written copy of the plan?</p> <p>Circle one: YES NO</p>	<p>YES to both questions</p> <p>2</p>	<p>YES to only the first question</p> <p>1</p>	<p>NO to the first question</p> <p>0</p>	<p>666 777</p> <p>888 999</p>
2.2 TB	<p>Did the team develop any kind of written statement about what the future will look like for your child and family, or what the team will achieve for your child and family?</p> <p>(PROMPTS: This statement might be a mission statement for the team or vision statement for the family. It may also be a statement of the ultimate goal for the team. The statement should be a 'big picture' statement and different than individual goals in the wraparound plan.)</p> <p>Circle one: YES NO</p> <p>Can you describe what your team's mission says?</p> <p>Circle one: YES NO</p>	<p>YES to both questions</p> <p>2</p>	<p>YES to only the first question</p> <p>1</p>	<p>NO to the first question</p> <p>0</p>	<p>666 777</p> <p>888 999</p>
2.3 Ind	<p>Does your wraparound plan include mostly professional services?</p>	<p>0</p>	<p>1</p>	<p>2</p>	<p>666 777</p> <p>888 999</p>
2.4 SB	<p>Are the supports and services in your wraparound plan connected to the strengths and abilities of your child and family?</p> <p>(PROMPTS: Strengths are the positive things your child and family members do well.</p> <p>Do the strategies in your plan <u>use</u> your child and family's strengths? Do they <u>help build</u> your child and family's strengths and abilities?)</p>	<p>2</p>	<p>1</p>	<p>0</p>	<p>666 777</p> <p>888 999</p>

# WFI 4- Caregiver Form

March 18, 2008 version

Phase 2: Planning (continued)		Yes	Sometimes Somewhat	No	Missing
2.5 CB	Does the wraparound plan include strategies for helping your child get involved with activities in her or his community?  Please give two examples of those activities:	Two examples of community activities.	One example of a community activity.	No examples of community activities.	666 777
	1.  2.	2	1	0	888 999
*Follow scoring rules.  (SUGGESTED PROMPTS: After school activities, activities with a church, volunteer activities, recreational activities with normal peers)					
2.6 Col	Are there members of your wraparound team who do <u>not</u> have a role in implementing your plan?	0	1	2	666 777 888 999
2.7 Col	Does your team brainstorm many strategies to address your family's needs before selecting one?	2	1	0	666 777 888 999
2.8 Ind	Is there a crisis or safety plan that specifies what everyone must do to respond to a crisis?  Circle one: YES NO	YES to both questions	YES to only the first question	NO to the first question	666 777
	Does this plan also specify how to prevent crises from occurring?  Circle one: YES NO	2	1	0	888 999
2.9 CB	Do you feel confident that, in the event of a major crisis, your team can keep your child or youth in the community?  (SUGGESTED PROMPTS: i.e., not immediately placed in a hospital, jail, residential treatment center)	2	1	0	666 777 888 999
2.10 FVC	Do you feel like other people on your team have higher priority than you in designing your wraparound plan?	0	1	2	666 777 888 999
2.11 CC	During the planning process, did the team take enough time to understand your family's values and beliefs?  Circle one: YES SOMEWHAT NO	YES to both questions	YES to only one question	NO to both questions	666 777
	Is your wraparound plan in tune with your family's values and beliefs?  Circle one: YES SOMEWHAT NO	2	1	0	888 999

# WFI 4- Caregiver Form

March 18, 2008 version

Now I am going to ask you a number of questions about what your services and your team meetings are like. First, you can tell me what team meetings are like currently? How do those meetings go?

Phase 3: Implementation		Yes	Sometimes Somewhat	No	Missing
3.1 FVC	Are important decisions made about your child or family when you are not there?	0	1	2	666 777 888 999
3.2 Ind	When your wraparound team has a good idea for a support or service for your child, can it find the resources or figure out some way to make it happen?	2	1	0	666 777 888 999
3.3 SB	Does your wraparound team get your child involved with activities she or he likes and does well?  Please give two examples of those activities:	Two examples of activities youth likes and does well.	One example of an activity youth likes and does well.	No examples of activities youth likes and does well.	666 777 888 999
	1.  2.	2	1	0	
<i>*Follow scoring rules</i>					
3.4 NS	Does the team find ways to increase the support you get from your friends and family?	2	1	0	666 777 888 999
3.5 Col	Do the members of your team hold one another responsible for doing their part of the wraparound plan?	2	1	0	666 777 888 999
3.6 NS	Is there a friend or advocate of your child or family who actively participates on the wraparound team?	2	1	0	666 777 888 999
3.7 Per	Does your team come up with new ideas for your wraparound plan whenever your needs change?  Circle one: YES NO	YES to both questions	YES to only one question	NO to both questions	666 777 888 999
	Does your team come up with new ideas for your wraparound plan whenever something is not working?  Circle one: YES NO	2	1	0	
3.8 CB	Are the services and supports in your wraparound plan difficult for your family to access?  (SUGGESTED PROMPTS: Because of scheduling or transportation issues or because services and supports are far away or hard to get to.)	0	1	2	666 777 888 999

# WFI 4- Caregiver Form

March 18, 2008 version

Phase 3: Implementation (continued)		Yes	Sometimes Somewhat	No	Missing
3.9 OB	Does the team assign specific tasks to all team members at the end of each meeting? <i>Circle one: YES NO</i>	YES to both questions	YES to only one question	NO to both questions	666 777 888 999
	Does the team review each team member's follow-through on their tasks at the next meeting? <i>Circle one: YES NO</i>	2	1	0	
3.10 CC	Do members of your team always use language you can understand? <i>(NOTE: For caregivers for whom English is not a first language, this may mean that bilingual facilitators, translators, or other means are used to ensure adequate understanding. For English-speaking caregivers, this means that facilitators and team members translate or do not use professional jargon or acronyms that the caregiver does not understand.)</i>	2	1	0	666 777 888 999
	3.11 SB Does your team create a positive atmosphere around successes and accomplishments at each team meeting?	2	1	0	666 777 888 999
3.12 TB	Does your team go out of its way to make sure that all team members – including friends, family, and natural supports – present ideas and participate in decision making?	2	1	0	666 777 888 999
3.13 Per	Do you think your wraparound process could be discontinued before you or your family is ready for it to end? <i>For example, because of time limits, because of your child's behavior, because of a placement change, or a change in funding or eligibility?</i>	0	1	2	666 777 888 999
3.14 CC	Do all the members of your team demonstrate respect for you and your family?	2	1	0	666 777 888 999
3.15 FVC	Does your child have the opportunity to communicate his or her own ideas when the time comes to make decisions?	2	1	0	666 777 888 999

# WFI 4- Caregiver Form

March 18, 2008 version

OK, we're almost done. I now want to ask you a few final questions about wraparound and the future for your child and family.

Phase 4: Transition		Yes	Sometimes Somewhat	No	Missing
4.1 OB	Has your team discussed a plan for how the wraparound process will end? (i.e., a "transition plan")  Circle one: YES NO  Does your team have a plan for when this will occur?  Circle one: YES NO	YES to both questions  2	YES to only the first question  1	NO to the first question  0	666 777 888 999
4.2 NS	Has the wraparound process helped your child develop friendships with other youth who will have a positive influence on her or him?	2	1	0	666 777 888 999
4.3 OB	Has the wraparound process helped your child to solve her or his own problems?	2	1	0	666 777 888 999
4.4 Ind	Has your team helped you and your child prepare for major transitions (e.g., new school, new residential placement) by making plans to deal with these changes?	2	1	0	666 777 888 999
4.5 Per	After formal wraparound has ended, do you think that the process will be able to be "re-started" if you need it?	2	1	0	666 777 888 999
4.6 NS	Has the wraparound process helped your family to develop or strengthen relationships that will support you when wraparound is finished?	2	1	0	666 777 888 999
4.7 CB	Do you feel like you and your family will be able to succeed without the formal wraparound process?  <i>In other words, with the help of family, friends, community supports, and key providers, but without formal team meetings or wraparound facilitation.</i>	2	1	0	666 777 888 999
4.8 Per	Will some members of your team be there to support you when formal wraparound is finished?	2	1	0	666 777 888 999

# WFI 4- Caregiver Form

March 18, 2008 version

Thank you for taking the time to complete this interview. Are there any comments you would like to add, like what have been the best things about your wraparound? What has not gone well or could be improved?

*Positive feedback:*

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*Negative feedback:*

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End Time \_\_\_\_\_ am/pm

Interviewer observations about interview, respondent and any validity concerns: \_\_\_\_\_

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# Wraparound Fidelity Index



## Youth Form March 2008 version

Youth's name: \_\_\_\_\_  
Caregiver's name: \_\_\_\_\_  
Facilitators's name: \_\_\_\_\_  
Interviewer's name: \_\_\_\_\_  
Today's date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
Administration method: 1 Face-to-face 2 Phone  
Start time: \_\_\_\_\_ am/pm  
Length of interview: \_\_\_\_\_ minutes

Project ID:	
Youth/Family ID:	
Caregiver ID:	
Facilitator ID:	
Interviewer ID:	
Timeframe:	

1. Respondent age \_\_\_\_\_ years
2. Respondent gender 1 Male 2 Female
3. Do you have a wraparound team?

*[NOTE: Also may be referred to as a 'child and family team,' 'interagency team' or other term.*

*PROMPTS may also include asking whether the youth has a group of people involved in his/her services that comes together to meet and plan services for the youth and family.]*

- 1 No 2 Yes

**If No,** For the purposes of this interview, when we ask you about "the team" please consider all the people that work with you and your family to provide services and supports.

**If Yes,** We will be asking questions about the team so keep those people in mind as you answer the following questions.

# WFI 4-Youth Form

March 2008 version

***I am going to ask you some questions about the services and supports you and your family is receiving now and has received since you started receiving services through the wraparound process.***



**Let's start by talking about how wraparound began for you and your family. Can you tell me a little bit about the first time you met (your facilitator). What were those very first meetings like?**

*NOTE: During this discussion, other prompts may include: Who participated in the planning? How did you decide what would be in the plan? Did certain people have more input than others?*

Phase 1: Engagement		Yes	Sometimes Somewhat	No	Missing
1.1 CC	When you first met your wraparound facilitator, were you given time to talk about things you are good at and things you like to do?	2	1	0	666 777 888 999
1.2 FVC	Before your first team meeting, did your wraparound facilitator fully explain how the wraparound process would work?	2	1	0	666 777 888 999
1.3 SB	At the beginning of the wraparound process, did you have a chance to tell your wraparound facilitator what things have worked in the past to help you and family?	2	1	0	666 777 888 999
1.4 TB	Did you help pick the people who would be on your wraparound team?	2	1	0	666 777 888 999
1.5 TB	Do you have a friend or advocate who participates actively on your wraparound team?	2	1	0	666 777 888 999
1.6 TB	Would you have different people on your team if you could?	0	1	2	666 777 888 999

**Missing Data Codes: 666 Not Applicable; 777 Refused; 888 Don't Know; 999 Missing/Question Was Not Asked**

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# WFI 4-Youth Form

March 2008 version

Now I am going to move onto questions about how the planning process went for you and your family. Can you tell me about how your wraparound plan was first developed?

During this discussion, other prompts may include: Who participated in this planning? How did you decide what would be in the plan? Did you get asked what you wanted?

Phase 2: Planning		Yes	Sometimes Somewhat	No	Missing		
2.1	Did you help to create a written plan that describes how the team will meet your family's needs? <i>Col</i>	YES to both questions	YES to only the first question	NO to the first question	666 777		
	Circle one: YES NO Do you have a copy of the plan? Circle one: YES NO	2	1	0	888 999		
2.2	During meetings does your team brainstorm many ideas to meet your needs before picking one? <i>Col</i>	2	1	0	666 777 888 999		
2.3	Does the team know what you like and the things that you do well? <i>SB</i>	2	1	0	666 777 888 999		
2.4	Does your wraparound plan include things that get you involved with activities in your community?  Can you give two examples of those activities: <table border="1" style="width: 100%;"><tr><td>1.</td></tr><tr><td>2.</td></tr></table> <i>*Follow scoring rules.</i> <i>(SUGGESTED PROMPTS: After school activities, activities with a church, volunteer activities, recreational activities with normal peers)</i> <i>CB</i>	1.	2.	Two examples of community activities.	One example of a community activity.	No examples of community activities.	666 777 888 999
1.							
2.							
2.5	When your team was making its plan, did you and your family have many chances to talk about what you like and what you believe in? <i>CC</i>	2	1	0	666 777 888 999		
2.6	Does your wraparound plan include mostly professional services? <i>Ind</i>	0	1	2	666 777 888 999		
2.7	If things go wrong or there is a crisis, is there a plan that says what everyone must do? <i>Ind</i>	2	1	0	666 777 888 999		
2.8	Do you and your family get the help that you need? <i>OB</i>	2	1	0	666 777 888 999		

# WFI 4-Youth Form

March 2008 version

Now I am going to ask you a number of questions about what your services and your team meetings are like. First, you can tell me what team meetings are like currently? How do those meetings go?

Phase 3: Implementation		Yes	Sometimes Somewhat	No	Missing
3.1 <i>FVC</i>	Are important decisions made about you or your family when you are not there?	0	1	2	666 777 888 999
3.2 <i>Ind</i>	When your wraparound team has a good idea, can it figure out some way to make it happen?	2	1	0	666 777 888 999
3.3 <i>SB</i>	<p>Does your wraparound team get you involved with activities you like and do well?</p> <p>Please give two examples of those activities:</p> <p>1. <input type="text"/></p> <p>2. <input type="text"/></p> <p><i>*Follow scoring rules</i></p>	Two examples of activities youth likes and does well.	One example of an activity youth likes and does well.	No examples of activities youth likes and does well.	666 777 888 999
3.4 <i>NS</i>	Do people on the team help you do things with your friends and family?	2	1	0	666 777 888 999
3.5 <i>NS</i>	When things are not going right, does the team help you talk with friends and other people you like to talk to?	2	1	0	666 777 888 999
3.6 <i>Per</i>	Does your team come up with new ideas for your wraparound plan whenever something is not working?	2	1	0	666 777 888 999
3.7 <i>CB</i>	<p>Are the places you go to for services hard to reach because they are far away?</p> <p><i>(SUGGESTED PROMPTS: Because of scheduling or transportation issues or because services and supports are far away or hard to get to.)</i></p>	0	1	2	666 777 888 999

Missing Data Codes: 666 Not Applicable; 777 Refused; 888 Don't Know; 999 Missing/Question Was Not Asked

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Phase 3: Implementation (continued)		Yes	Sometimes Somewhat	No	Missing
3.8 CC	<p>Do members of your team always use language you can understand?</p> <p><i>(NOTE: For youth for whom English is not a first language, this may mean that bilingual facilitators, translators, or other means are used to ensure adequate understanding.</i></p> <p><i>For English-speaking youth, this means that facilitators and team members translate or do not use professional jargon or acronyms that the youth does not understand.)</i></p>	2	1	0	666 777 888 999
3.9 SB	Do your wraparound team meetings make you feel good about your successes and accomplishments?	2	1	0	666 777 888 999
3.10 TB	Does everyone on your team talk and give their ideas during your wraparound team meeting?	2	1	0	666 777 888 999
3.11 Per	<p>Do you think you could get "kicked out" of wraparound before you or your family is ready for it to end?</p> <p><i>For example, because of time limits, because of your behavior, or because of a placement change?</i></p>	0	1	2	666 777 888 999
3.12 CC	Do all the members of your team show respect for you and your family?	2	1	0	666 777 888 999
3.13 FVC	Do you have the chance to give your ideas during the wraparound team meetings?	2	1	0	666 777 888 999

OK, we're almost done. I now want to ask you a few final questions about wraparound and the future for you and your family.

Phase 4: Transition		Yes	Sometimes Somewhat	No	Missing
4.1 OB	Has your team discussed a plan for how the wraparound process will end? ( <i>i.e.</i> , a "transition plan") <i>Circle one: YES NO</i>	YES to both questions	YES to only the first question	NO to the first question	666 777
	Does your team have a plan for when this will occur? <i>Circle one: YES NO</i>	2	1	0	888 999
4.2 NS	Has the wraparound process helped you and your family to develop relationships with people who will support you when wraparound is finished?	2	1	0	666 777 888 999
4.3 NS	Has the wraparound process helped you become friends with other youth in the community?	2	1	0	666 777 888 999
4.4 Ind	Has your team helped you prepare for major changes (e.g., new school, new residential placement, independent living)?	2	1	0	666 777 888 999
4.5 Per	Will people on your team be there to help you when wraparound is finished?	2	1	0	666 777 888 999

# WFI 4-Youth Form

March 2008 version

Thank you for taking the time to complete this interview. Are there any comments you would like to add, like what have been the best things about your wraparound? What has not gone well or could be improved?

*Positive feedback:*

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*Negative feedback:*

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End Time \_\_\_\_\_ am/pm

Interviewer observations about interview, respondent and any validity concerns: \_\_\_\_\_

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# Wraparound Fidelity Index 4

## Team Member Form March 18, 2008 version



Youth's name: \_\_\_\_\_

Team member's name: \_\_\_\_\_

Facilitator's name: \_\_\_\_\_

Interviewer's name: \_\_\_\_\_

Today's date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Administration method: 1 Face-to-face 2 Phone

Start time: \_\_\_\_\_ am/pm

Length of interview: \_\_\_\_\_ minutes

Project ID:	
Team member ID:	
Youth/ Family ID:	
Caregiver ID:	
Facilitator ID:	
Interviewer ID:	
Timeframe:	

1. What is the team member's relationship to \_\_\_\_\_ (*child's name*)? (Check one)

- |                                 |  |
|---------------------------------|--|
| 1 Birth/Adoptive parent         | 2 Stepparent                                 |
| 3 Foster parent                 | 4 Live-in partner of parent                  |
| 5 Sibling                       | 6 Aunt or uncle                              |
| 7 Grandparent                   | 8 Cousin                                     |
| 9 Other family relative         | 10 Adult friend                              |
| 11 Youth friend                 | 12 Parent support partner/ peer professional |
| 13 Mentor                       | 14 Therapist/clinician                       |
| 15 Case worker                  | 16 Respite worker                            |
| 17 Residential/group home staff | 18 Probation officer                         |
| 19 Teacher/school staff         | 20 Minister/faith-based                      |
| 21 Community member _____       | (please specify)                             |
| 22 Other _____                  | (please specify)                             |



# WFI 4-Team Member Form

March 18, 2008 version

2. How many months or years have you worked with or known the youth and family? \_\_\_\_\_ months / years  
(circle one)

3. Are you a part of the family's "wraparound team"?

*[NOTE: Also may be referred to as a 'child and family team,' 'interagency team' or other term.*

*PROMPTS may include asking whether the family has a group of people involved in services for the child or youth that comes together to meet and plan services for the child or youth and family]*

1 No                      2 Yes

**If No,** For the purposes of this interview, when we ask you about 'the wraparound team,' please consider the people that work with the youth and his or her family to provide services and supports.

**If Yes,** We will be asking questions about the team so keep those people in mind as you answer the following questions.

4. How many months have you been a member of the family's wraparound team? \_\_\_\_\_ months

# WFI 4-Team Member Form

March 18, 2008 version

***I am going to ask you some questions about the services and supports the youth and family are receiving now and have received since they started receiving services through the wraparound process.***



**Let's start by talking about how wraparound began for this family.**

Phase 1: Engagement		Yes	Sometimes Somewhat	No	Missing
1.1 CC	At the beginning of the wraparound process, were the family's strengths, beliefs, and traditions shared with all team members? <i>Circle one: YES NO</i>	YES to both questions	YES to only the first question	NO to the first question	666 777
	At the first team meeting, were you given an opportunity to talk about the family's strengths? <i>Circle one: YES NO</i>	2	1	0	888 999
1.2 FVC	Before the first team meeting, did the facilitator fully explain the wraparound process and how it would work?	2	1	0	666 777 888 999
1.3 SB	At the beginning of the wraparound process, was the family given an opportunity to tell the team what things have worked in the past for the child and family?	2	1	0	666 777 888 999
1.4 TB	Did the family members select the people who would be on their team?	2	1	0	666 777 888 999
1.5 TB	Is it difficult for you to attend scheduled team meetings?	0	1	2	666 777 888 999
1.6 OB	Before the first wraparound team meeting, did you go through a process of identifying what leads to crises or dangerous situations for the child and family?	2	1	0	666 777 888 999

**Missing Data Codes: 666 Not Applicable; 777 Refused; 888 Don't Know; 999 Missing/Question Was Not Asked**

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# WFI 4-Team Member Form March 18, 2008 version

**Now I am going to move onto questions about how the planning process went for this child and family. Can you tell me about how the family's wraparound plan was first developed?**

*During this discussion, other prompts may include: Who participated in this planning? How did you decide what would be in the plan? Did certain people have more input than others?*

Phase 2: Planning		Yes	Sometimes Somewhat	No	Missing				
2.1 <i>Col</i>	<p>Did you and your team plan and create a written plan of care (or wraparound plan, child and family plan) that describes how the team will meet the child's needs?</p> <p style="text-align: center;"><i>Circle one: YES NO</i></p> <p>Do you have a written copy of the plan?</p> <p style="text-align: center;"><i>Circle one: YES NO</i></p>	<p>YES to both questions</p> <p style="text-align: center;">2</p>	<p>YES to only the first question</p> <p style="text-align: center;">1</p>	<p>NO to the first question</p> <p style="text-align: center;">0</p>	<p>666 777</p> <p>888 999</p>				
2.2 <i>TB</i>	<p>Did the team develop any kind of written statement about what it is working on with the youth and family?</p> <p><i>(PROMPTS: This statement might be a mission statement for the team or vision statement for the family. It may also be a statement of the ultimate goal for the team. The statement should be a 'big picture' statement and different than individual goals in the wraparound plan.)</i></p> <p style="text-align: center;"><i>Circle one: YES NO</i></p> <p>Can you describe what your team's mission says?</p> <p style="text-align: center;"><i>Circle one: YES NO</i></p>	<p>YES to both questions</p> <p style="text-align: center;">2</p>	<p>YES to only the first question</p> <p style="text-align: center;">1</p>	<p>NO to the first question</p> <p style="text-align: center;">0</p>	<p>666 777</p> <p>888 999</p>				
2.3 <i>Ind</i>	<p>Does the family's wraparound plan include mostly professional services?</p>	<p style="text-align: center;">0</p>	<p style="text-align: center;">1</p>	<p style="text-align: center;">2</p>	<p>666 777</p> <p>888 999</p>				
2.4 <i>SB</i>	<p>Are the supports and services in the wraparound plan connected to the strengths and abilities of the child and family?</p> <p><i>(PROMPTS: Strengths are the positive things the child and family members do well.</i></p> <p><i>Do the strategies in the plan use your child and family's strengths? Do they help build the child and family's strengths and abilities?)</i></p>	<p style="text-align: center;">2</p>	<p style="text-align: center;">1</p>	<p style="text-align: center;">0</p>	<p>666 777</p> <p>888 999</p>				
2.5 <i>CB</i>	<p>Does the wraparound plan include strategies for helping the child get involved with activities in her or his community?</p> <p>Please give two examples of those activities:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50px; text-align: center;">1.</td> <td style="height: 20px;"></td> </tr> <tr> <td style="text-align: center;">2.</td> <td style="height: 20px;"></td> </tr> </table> <p><i>*Follow scoring rules.</i></p> <p><i>(SUGGESTED PROMPTS: After school activities, activities with a church, volunteer activities, recreational activities with normal peers)</i></p>	1.		2.		<p>Two examples of community activities.</p> <p style="text-align: center;">2</p>	<p>One example of a community activity.</p> <p style="text-align: center;">1</p>	<p>No examples of community activities.</p> <p style="text-align: center;">0</p>	<p>666 777</p> <p>888 999</p>
1.									
2.									

# WFI 4-Team Member Form March 18, 2008 version

Phase 2: Planning (continued)		Yes	Sometimes Somewhat	No	Missing
2.6 <i>Col</i>	Are there members of the wraparound team who do <u>not</u> have a role in implementing the plan?	0	1	2	666 777 888 999
2.7 <i>Col</i>	Does the team brainstorm many strategies to address the family's needs before selecting one?	2	1	0	666 777 888 999
2.8 <i>Ind</i>	<p>Is there a crisis or safety plan that specifies what everyone must do to respond to a crisis? <i>Circle one: YES NO</i></p> <p>Does this plan also specify how to prevent crises from occurring? <i>Circle one: YES NO</i></p>	<p>YES to both questions</p> 2	<p>YES to only the first question</p> 1	<p>NO to the first question</p> 0	<p>666 777</p> 888 999
2.9 <i>CB</i>	<p>Do you feel confident that, in the event of a major crisis, the team can keep the child or youth in the community? <i>(SUGGESTED PROMPTS: i.e., not immediately placed in a hospital, jail, residential treatment center)</i></p>	2	1	0	666 777 888 999
2.10 <i>FVC</i>	Would you say that non-family members on the team have higher priority than the family in designing their wraparound plan?	0	1	2	666 777 888 999
2.11 <i>CC</i>	<p>During the planning process, did the team take enough time to understand the family's values and beliefs? <i>Circle one: YES SOMEWHAT NO</i></p> <p>Is the wraparound plan in tune with the family's values and beliefs? <i>Circle one: YES SOMEWHAT NO</i></p>	<p>YES to both questions</p> 2	<p>YES to only one question</p> 1	<p>NO to both questions</p> 0	<p>666 777</p> 888 999

**Missing Data Codes: 666 Not Applicable; 777 Refused; 888 Don't Know; 999 Missing/Question Was Not Asked**

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# WFI 4-Team Member Form March 18, 2008 version

Now I am going to ask you a number of questions about what this family's services and team meetings are like. First, you can tell me what team meetings are like currently? How do those meetings go?

Phase 3: Implementation		Yes	Sometimes Somewhat	No	Missing
3.1 <i>FVC</i>	Are important decisions ever made about the child or family when they are not there?	0	1	2	666 777 888 999
3.2 <i>Ind</i>	When the wraparound team has a good idea for a support or service for the child, can it find the resources or figure out some way to make it happen?	2	1	0	666 777 888 999
3.3 <i>SB</i>	Does the wraparound team get the child involved with activities she or he likes and does well?  Please give two examples of those activities:	Two examples of activities youth likes and does well.	One example of an activity youth likes and does well.	No examples of activities youth likes and does well.	666 777 888 999
	1.  2.				
*Follow scoring rules		2	1	0	
3.4 <i>NS</i>	Does the team find ways to increase the support the family gets from its friends and family members?	2	1	0	666 777 888 999
3.5 <i>Col</i>	Do the members of the team hold each another responsible for doing their part of the wraparound plan?	2	1	0	666 777 888 999
3.6 <i>NS</i>	Is there a friend or advocate of the child or family who actively participates on the wraparound team?	2	1	0	666 777 888 999
3.7 <i>Per</i>	Does the team come up with new ideas for the wraparound plan whenever the family's needs change?  <i>Circle one: YES NO</i>	YES to both questions	YES to only one question	NO to both questions	666 777 888 999
	Does the team come up with new ideas for the wraparound plan whenever something is not working?  <i>Circle one: YES NO</i>	2	1	0	
3.8 <i>CB</i>	Are the services and supports in the wraparound plan difficult for the family to access?  <i>(SUGGESTED PROMPTS: Because of scheduling or transportation issues or because services and supports are far away or hard to get to.)</i>	0	1	2	666 777 888 999

**Missing Data Codes: 666 Not Applicable; 777 Refused; 888 Don't Know; 999 Missing/Question Was Not Asked**

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# WFI 4-Team Member Form March 18, 2008 version

Phase 3: Implementation (continued)		Yes	Sometimes Somewhat	No	Missing
3.9	Does the team assign specific tasks to all team members at the end of each meeting? <i>Circle one: YES NO</i>	YES to both questions	YES to only one question	NO to both questions	666 777
OB	Does the team review each team member's follow-through on their tasks at the next meeting? <i>Circle one: YES NO</i>	2	1	0	888 999
3.10	Do members of the team always use language the family can understand? <i>(NOTE: For family members for whom English is not a first language, this may mean that bilingual facilitators, translators, or other means are used to ensure adequate understanding. For English-speaking caregivers, this means that facilitators and team members translate or do not use professional jargon or acronyms that the caregiver does not understand.)</i>	2	1	0	666 777 888 999
CC					
3.11	Does the team create a positive atmosphere around successes and accomplishments at each team meeting?	2	1	0	666 777 888 999
SB					
3.12	Does the team go out of its way to make sure that all team members – including friends, family, and natural supports – present ideas and participate in decision making?	2	1	0	666 777 888 999
TB					
3.13	Do you think the wraparound process could be discontinued before the family is ready for it to end? <i>For example, because of time limits, because of the child's behavior, because of a placement change, or funding or eligibility changes?</i>	0	1	2	666 777 888 999
Per					
3.14	Do all the members of the team demonstrate respect for the family?	2	1	0	666 777 888 999
CC					
3.15	Does the child or youth have the opportunity to communicate his or her own ideas when the time comes to make decisions?	2	1	0	666 777 888 999
FVC					

**Missing Data Codes: 666 Not Applicable; 777 Refused; 888 Don't Know; 999 Missing/Question Was Not Asked**

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# WFI 4-Team Member Form March 18, 2008 version

**OK, we're almost done. I now want to ask you a few final questions about wraparound and the future for this child and family.**

Phase 4: Transition		Yes	Sometimes Somewhat	No	Missing
4.1 <i>OB</i>	Has the team discussed a plan for how the wraparound process will end? ( <i>i.e.</i> , a "transition plan")	YES to both questions	YES to only the first question	NO to the first question	666 777
	<p>Circle one: YES NO</p> <p>Does the team have a plan for when this will occur?</p> <p>Circle one: YES NO</p>	2	1	0	888 999
4.2 <i>NS</i>	Has the wraparound process helped the child develop friendships with other youth who will have a positive influence on him or her?	2	1	0	666 777 888 999
4.3 <i>OB</i>	Has the wraparound process helped the child to solve her or his own problems?	2	1	0	666 777 888 999
4.4 <i>Ind</i>	Has the team helped the child or youth prepare for major transitions (e.g., new school, new residential placement) by making plans to deal with these changes?	2	1	0	666 777 888 999
4.5 <i>Per</i>	After formal wraparound has ended, do you think that the process will be able to be "re-started" if the youth or family needs it?	2	1	0	666 777 888 999
4.6 <i>NS</i>	Has the wraparound process helped the family to develop or strengthen relationships that will support them when wraparound is finished?	2	1	0	666 777 888 999
4.7 <i>CB</i>	Do you feel like the youth and family will be able to succeed without the formal wraparound process? <i>In other words, with the help of family, friends, community supports, and key providers, but without formal team meetings or wraparound facilitation.</i>	2	1	0	666 777 888 999
4.8 <i>Per</i>	Will some members of the team be there to support the family when formal wraparound is finished?	2	1	0	666 777 888 999

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**Missing Data Codes: 666 Not Applicable; 777 Refused; 888 Don't Know; 999 Missing/Question Was Not Asked**

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# WFI 4-Team Member Form March 18, 2008 version

Thank you for taking the time to complete the interview. Are there any comments you would like to add? We are particularly interested in hearing anything you might want to say about things that have worked well or that would need to be improved around how well wraparound is working in your community for families such as *[name of youth/family]*.

*Positive feedback:*

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*Negative feedback:*

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End Time \_\_\_\_\_ am/pm

Interviewer observations about interview, respondent and any validity concerns: \_\_\_\_\_

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**Missing Data Codes: 666 Not Applicable; 777 Refused; 888 Don't Know; 999 Missing/Question Was Not Asked**

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# Wraparound Fidelity Assessment System Team Observation Measure

October 1, 2007 version



Team Members	How many present?	Notes
Youth		
Parent (birth or adoptive)		
Foster parent		
Caregiver (if different from parent or foster parent)		
Sibling		
Facilitator		
Friend of parent/caregiver		
Friend of youth		
Extended family member		
School representative		
Family support partner or advocate		
Mental health provider		
Mental health agency representative		
Social services representative/social worker		
Medical provider		
Juvenile justice representative/probation officer		
Court appointed special advocate (CASA)		
Attorney		
Community support or other natural support		
Other (please specify)		
Other (please specify)		
Other (please specify)		
Other (please specify)		

Project ID:	
Youth/Family ID:	
Facilitator ID:	
Observer ID:	
Timeframe:	
Meeting date:	
Meeting place:	
Start time:	
End time:	
Type of meeting (circle one):	
1 Initial team meeting	
2 Initial planning meeting	
3 Follow-up meeting	
4 Transition/discharge meeting	
5 Other (please specify):	

# Wraparound Fidelity Assessment System: Team Observation Measure

October 1, 2007 version

Item	Indicators	Indicator	Score (Circle 1)	Notes
<b>1. Team Membership &amp; Attendance</b> <i>Team based</i>	a. Parent/caregiver is a team member and present at the meeting.	Y N N/A		
	b. Youth (over age 9) is a team member and present at the meeting.	Y N N/A		
	c. Natural supports for the family are team members and present.	Y N	0 1 2 3 4	
	d. Key school or other public stakeholder agency representatives are present.*	Y N N/A	888 999	
	e. Key service providers are team members and are present.*	Y N N/A		
<b>2. Effective Team Process</b> <i>Team based</i>	a. Team meeting attendees are oriented to the wraparound process and understand the purpose of the meeting.	Y N		
	b. The facilitator assists the team to review and prioritize family and youth needs.	Y N N/A	0 1 2 3 4	
	c. Tasks and strategies are explicitly linked to goals.*	Y N	888 999	
	d. Potential barriers to the nominated strategy or option are discussed and problem-solved.	Y N N/A		
<b>3. Facilitator Preparation</b> <i>Collaborative</i>	a. There is a clear agenda or outline for the meeting, which provides an understanding of the overall purpose of the meeting and the major sections of the meeting.	Y N		
	b. The meeting follows an agenda or outline such that team members know the purpose of their activities at a given time.	Y N	0 1 2 3 4	
	c. The facilitator has prepared needed documents and materials prior to the meeting.	Y N N/A	888 999	
	d. A plan for the next meeting is presented, including time & date.	Y N N/A		
<b>4. Effective Decision Making</b> <i>Collaborative</i>	a. Team members demonstrate consistent willingness to compromise or explore further options when there is disagreement.	Y N N/A		
	b. Team members reach shared agreement after having solicited information from several members or having generated several ideas.	Y N	0 1 2 3 4	
	c. The plan of care is agreed upon by all present at the meeting.	Y N N/A	888 999	
	d. The facilitator summarizes the content of the meeting at the end of the meeting, including next steps and responsibilities.	Y N		

\*Indicator for which follow-up with facilitator or team leader may be necessary

**KEY TO ITEM SCORES:** 0 = None of the indicators for this item evident during observation; 1 = Some, but fewer than half of the indicators evident; 2 = About half of the indicators evident; 3 = More than half, but not all, of the indicators present; 4 = All of the indicators for this item evident during observation. 666 = Not Applicable; 888 = Don't know; 999 = Missing

# Wraparound Fidelity Assessment System: Team Observation Measure

October 1, 2007 version

Item	Indicators	Indicator	Score (Circle 1)	Notes
<b>5. Creative Brainstorming and Options</b> <i>Individualized</i>	a. The team considers several different strategies for meeting each need and achieving each goal that is discussed. b. The team considers multiple options for tasks or action steps. c. The team uses a structured process or procedure to generate options or choices. d. The facilitator leads a robust brainstorming process to develop multiple options to meet priority needs.	Y N N/A Y N N/A Y N N/A Y N N/A	0 1 2 3 4 666 888 999	
<b>6. Individualized process</b> <i>Individualized</i>	a. Planning includes action steps or goals for other family members, not just identified child. b. Facilitator and team members draw from knowledge about the community to generate strategies and action steps based on unique community supports. c. Team facilitates the creation of individualized supports or services to meet the unique needs of child and/or family.* d. Youth, caregiver, & family members give their opinions about potential services, supports, or strategies; including describing what has or has not worked in the past.	Y N N/A Y N N/A Y N Y N	0 1 2 3 4 888 999	
<b>7. Natural and Community Supports</b> <i>Natural supports</i>	a. Team provides multiple opportunities for natural supports to participate in significant areas of discussion. b. Community team members and natural supports participate in decision-making. c. Community team members and natural supports have a clear role on the team.*	Y N N/A Y N N/A Y N N/A	0 1 2 3 4 666 888 999	
<b>8. Natural Support Plans</b> <i>Natural supports</i>	a. Brainstorming of options and strategies include strategies to be implemented by natural and community supports. b. The plan of care represents a balance between formal services and in formal supports.* c. There is flexible funding available to the team to allow for creative services, supports, and strategies.	Y N N/A Y N Y N N/A	0 1 2 3 4 888 999	

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# Wraparound Fidelity Assessment System: Team Observation Measure

October 1, 2007 version

Item	Indicators	Indicator	Score (Circle 1)	Notes
<b>9. Team Mission and Plans</b>  <i>Persistence</i>	a. The team discusses or has produced a mission/vision statement.	Y N	0 1 2 3 4	
	b. The team creates or references a plan that guides its work.	Y N N/A		
	c. The team has confirmed or is creating a crisis plan.*	Y N	888 999	
	d. The team plan contains specific goals that are linked to strategies and action steps.*	Y N N/A		
<b>10. Shared Responsibility</b>  <i>Persistence</i>	a. The team explicitly assigns responsibility for action steps that define who will do what, when, and how often.*	Y N N/A	0 1 2 3 4	
	b. There is a clear understanding of who is responsible for action steps and follow up on strategies in the plan.	Y N N/A	666 888 999	
	c. Providers and agency representatives at the meeting demonstrate that they are working for the family and not there to represent a different agenda or set of interests.	Y N N/A		
	d. Team members communicate outside of team meetings about completion of action steps or accomplishment of plan strategies.	Y N N/A		
<b>11. Facilitation Skills</b>  <i>Cultural competence</i>	a. The facilitator checks in with the team members about their comfort and satisfaction with the team process.	Y N		
	b. Facilitator is able to impart understanding about what the wraparound process is, how it will work for this family, and how individual team members will participate.	Y N	0 1 2 3 4	
	c. Facilitator reflects, summarizes, and makes process-oriented comments.	Y N	888 999	
	d. Facilitator is able to manage disagreement & conflict and elicit underlying interests, needs, and motivations of team members.	Y N N/A		
	e. Talk is well distributed across team members and each team member makes an extended or important contribution.	Y N		
<b>12. Cultural and Linguistic Competence</b>  <i>Cultural competence</i>	a. The youth, caregiver, and family members are given time to talk about the family's values, beliefs, and traditions.	Y N N/A		
	b. The team demonstrates a clear and strong sense of respect for the family's values, beliefs, and traditions.	Y N	0 1 2 3 4	
	c. Team members do not hold "side-bar" conversations that do not include the youth and family.	Y N N/A	888 999	
	d. Meetings and meeting materials are provided in the language the family is most comfortable with.	Y N N/A		
	e. Members of the team use language the family can understand	Y N N/A		

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# Wraparound Fidelity Assessment System: Team Observation Measure

October 1, 2007 version

Item	Indicators	Indicator	Score (Circle 1)	Notes
<b>13. Outcomes Based Process</b> <i>Outcomes based</i>	a. The team has or sets goals with objective measurement strategies.* b. The team assesses goals/strategies using measures of progress. c. The team revises the plan if progress toward goals is not evident.	Y N N/A Y N N/A Y N N/A	0 1 2 3 4 666 888 999	
<b>14. Evaluating Progress and Success</b> <i>Outcomes based</i>	a. The team conducts a systematic review of members' progress on assigned action steps.* b. The team sets or reviews progress on measurable outcomes that are included in the plan. c. Objective or verifiable data is used as evidence of success, progress, or lack thereof.	Y N N/A Y N N/A Y N N/A	0 1 2 3 4 666 888 999	
<b>15. Youth and Family Voice</b> <i>Voice and Choice</i>	a. The team provides extra opportunity for caregivers to speak and offer opinions, especially during decision making. b. The team provides extra opportunity for the youth to speak and offer opinions, especially during decision making. c. Caregivers, parents, and family members are afforded opportunities to speak in an open-ended way about current and past experiences and/or about hopes for the future. d. The youth is invited to speak in an open-ended way about current and past experiences and/or about hopes for the future.	Y N N/A Y N N/A Y N N/A Y N N/A	0 1 2 3 4 666 888 999	
<b>16. Youth and Family Choice</b> <i>Voice and Choice</i>	a. The youth prioritizes life domains, goals, or needs on which he or she would like the team to work. b. The caregiver or parent prioritizes life domains goals, or needs on which he or she would like the team to work. c. The family and youth have highest priority in decision making.	Y N N/A Y N N/A Y N N/A	0 1 2 3 4 666 888 999	

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# Wraparound Fidelity Assessment System: Team Observation Measure

October 1, 2007 version

Item	Indicators	Indicator	Score (Circle 1)	Notes
17. Focus on strengths <i>Strengths based</i>	a. Team members acknowledge or list caregiver/youth strengths.	Y N	0 1 2 3 4 888 999	
	b. Team builds an understanding of how youth strengths contribute to the success of team mission or goals.	Y N		
	c. In designing strategies, team members consider and build on strengths of the youth and family.	Y N N/A		
	d. Facilitator and team members analyze youth & family member perspectives and stories to identify functional strengths.	Y N		
18. Positive team culture <i>Strengths based</i>	a. The team focuses on improvements or accomplishments throughout the meeting.	Y N	0 1 2 3 4 888 999	
	b. The facilitator directs a process that prevents blame or excessive focus on or discussion of negative events.	Y N		
	c. The facilitator encourages team culture by celebrating successes since the last meeting	Y N N/A		
	d. Serious challenges are discussed in terms of finding solutions, not termination of services or sanctions for the family.	Y N N/A		
	e. There is a sense of openness and trust among team members.	Y N N/A		
19. Community focus <i>Community-based</i>	a. The team is actively brainstorming and facilitating community activities for the youth and family.*	Y N N/A	0 1 2 3 4 666 888 999	
	b. The team prioritizes services that are community-based.	Y N N/A		
	c. The team prioritizes access to services that are easily accessible to the youth and family.	Y N N/A		
20. Least Restrictive Environment <i>Community-based</i>	a. The team's mission and/or identified needs support the youth's integration into the least restrictive residential and educational environments possible.*	Y N N/A	0 1 2 3 4 666 888 999	
	b. When residential placements are discussed, team chooses community placements for the child or youth rather than out-of-community placements, wherever possible.	Y N N/A		
	c. When educational options are discussed, team chooses the most normative options possible for the child or youth.	Y N N/A		
	d. Serious challenges are discussed in terms of finding solutions, not placement in more restrictive residential or educational environments.	Y N N/A		

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**Wraparound Fidelity Assessment System: Team Observation Measure**

October 1, 2007 version

**OBSERVER NOTES:**

**\*Indicator for which follow-up with facilitator or team leader may be necessary**

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**Wraparound Fidelity Assessment System: Team Observation Measure**

October 1, 2007 version

**OBSERVER NOTES:**

**Guide to Item scoring based on number of indicators scored 'Yes'**

Number of scorable indicators	Number of indicators scored 'Yes'	Correct item score
5	5	4
	4	3
	3	2
	2	2
	1	1
4	0	0
	4	4
	3	3
	2	2
	1	1
3	0	0
	3	4
	2	3
	1	1
	0	0
2	2	4
	1	2
	0	0
	1	4
	0	0
1	1	4
	0	0
	0	0
	0	0
	0	0
0	--	666

**\*Indicator for which follow-up with facilitator or team leader may be necessary**

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# Wraparound Fidelity Assessment System Document Review Measure

October 9, 2007 version



Scoring Code      3 - Met      2 - Mostly Met      1 - Some Met      0 - Not Met

Case ID - \_\_\_\_\_ Unit - \_\_\_\_\_ Facilitator - \_\_\_\_\_ Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Item	Score	Comments
<b>Strengths Discovery (SNCD)</b>		
1. There is evidence that the youth and family were engaged in the service delivery process within seven days of the referral.		
2. The family and youth's needs or concerns are identified across life domains.		
3. Documentation identifies and prioritizes the needs (not deficits) for the child and family.		
4. There is a clearly articulated long range vision of the youth and family.		
5. Detailed examples of family and youth strengths, assets, and resources are included to support areas of priority need.		
6. Specific examples of family and youth culture, values and beliefs are included to clarify areas of priority need.		
7. Documentation identifies extended family members, friends, and others who have in the past and/or who are currently providing needed support to the family and youth.		
8. There is evidence that a strengths, needs and culture discovery process was completed within 30 days of initial contact with the youth and family.		
<b>Plan of Care, CFT Notes and/or SNCD</b>		
9. The initial wraparound plan was developed within 30 days of initial contact with the child and family		
10. Planning and implementation with this child and family is being done through a child and family team.		

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# Wraparound Fidelity Assessment System Document Review Measure

October 9, 2007 version



Scoring Code	3 - Met	2 - Mostly Met	1 - Some Met	0 - Not Met	Comments
Item	Score				
11. There is a clearly articulated team mission for the youth and family team that defines what they will accomplish through wraparound.					
12. The wraparound plan or other documentation specifies the goals that will help the family reach their long range vision.					
13. There is evidence that natural supports are actively involved in the planning process or there are ongoing and persistent efforts to identify and engage natural supports.					
14. There is evidence that the wraparound plan is updated at each team meeting or as needed					
<b>Plan of Care or CFT Notes</b>					
15. The services, supports, and action plans for the child and family are coordinated through an integrated wraparound plan.					
16. The plan includes goals or objectives that are measurable with specific measurement strategies.					
17. Services, supports, and action plans are based on the needs of the youth and family not availability of services or supports that are needed					
18. There is evidence that the team brainstorms options to address goals.					
19. The wraparound plan and crisis/safety plan(s) are a mix of strategies (including natural supports) that are clearly coordinated for the child/family.					
20. The wraparound plan includes strategies to maintain or transition the youth to the least restrictive environment possible.					
21. Documentation indicates that services and supports are based on the strengths of the youth and family					

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# Wraparound Fidelity Assessment System Document Review Measure

October 9, 2007 version



Scoring Code	3 - Met	2 - Mostly Met	1 - Some Met	0 - Not Met	Comments
Item	Score	Crisis Plan or CFT Notes			
22. Services and supports are based on the culture of the youth and family.					
23. The wraparound plan includes opportunities for the youth to engage in community activities that he or she likes and does well.					
24. Transition planning documentation identifies needs, services and supports that will continue to need attention after formal wraparound ends or when the youth transitions to the adult service system.					
<b>Crisis Plan or CFT Notes</b>					
25. The crisis plan includes strategies for preventing potential crises and is based on a comprehensive functional assessment.					
26. The crisis plan identifies signs or behaviors that indicate the crisis is beginning and ways to identify and deescalate crisis situations.					
27. The crisis plan includes specific steps to be taken if the crisis occurs and assigns responsibility for who will do each step					
<b>Progress or CFT Notes</b>					
28. There is evidence that the family and youth's successes are identified and celebrated by the team.					
29. Documentation indicates that the wraparound plan is being at least partially implemented by natural supports for the child and family.					
30. There is evidence that the family and/or youth are making decisions about the direction and methods of the team.					
31. There is evidence that the people working with the child and family are working together to provide coordinated services and supports.					

# Wraparound Fidelity Assessment System Document Review Measure

October 9, 2007 version



Scoring Code	3 - Met	2 -- Mostly Met	1 -- Some Met	0 -- Not Met
	<b>Item</b>	<b>Score</b>	<b>Comments</b>	
32.	There is documentation that progress toward goals and action steps has been monitored.			
33.	There is evidence that the child and family are making progress towards their goals.			

## Overview



### Overview

The Community Supports for Wraparound Inventory (CSWI) is a research and quality improvement tool that assesses how well a local community or system supports the implementation of high quality wraparound. The CSWI can be used in several ways:

- To help communities evaluate to what extent the supports that are needed for wraparound are (or are not) in place in their community. Using this information, the community partners can make changes and track improvements in community supports over time.
- To help researchers determine how much these community support conditions affect fidelity and outcomes of wraparound.
- To help evaluators understand the system context for wraparound as part of their local evaluation projects.

In general, the information that you and others in your community provide on the CSWI will be used to improve implementation of community based services for children, youth, and families.

The CSWI typically takes up to 45 minutes to complete.

CSWI responses will be kept confidential

Thank you for agreeing to complete the CSWI.

# Instructions

## Instructions

**Please check off each of the boxes below to confirm that you have covered that part of the instructions.**

The CSWI is organized into six themes, with six to eight items per theme. Each item has one "anchor" statement that describes what a **fully developed system** would look like relevant to that item, and another anchor statement that describes what the **least developed system**, or **a system at the beginning of its development** might look like related to that item.

For each item, you should consider the conditions in your community or system relevant to that item. Next, you should select a rating on the five-point scale that is provided.

On this scale, **a score of 4 is the highest** and indicates that your community resembles the description of the **fully developed system** for that item. In other words, your community shows the greatest level of system support.

On the other end of the scale, **a score of 0 is the lowest** and would indicate that your community resembles the description of the **least developed system** for that item.

Often, your community will not resemble either extreme of the scale. In this case, you should choose a score elsewhere on the 4-to-0 scale that best approximates where you feel your community lies on the continuum from the description of the **fully developed system** to the **least developed**.

### Check each of the boxes below:

- A 4 rating means you believe your community fits the description of **fully developed system** for this item.
- A 3 means your community is fairly close to achieving the fully developed system. It has made substantial progress, but is not all the way there yet.
- A 2 means midway between the two end points, indicating that you believe your community or system is about **midway between "fully" and "least"** developed system support.
- A 1 means that a small amount of progress has been made, but that your system still resembles the least developed description.
- A 0 means that the description for **least developed system support** is accurate for your community.

**If you do not feel adequately informed or knowledgeable about your community's system choose "DK" for "Don't Know".**

- I should choose "Don't know" for any item that I don't know enough about to rate

### ***How to stop the survey and finish it later***

**If you don't have enough time to complete the survey in one sitting, you may leave the survey and then resume it later. In order to do this, SurveyMonkey needs to place a cookie on your web browser. You will need to use the same original computer to resume the survey. For this feature to work, you will also need to have your browser settings configured so as to allow cookies.**

**When you want to leave the survey, click on the white "exit this survey" link in the upper right-hand corner of the page. When you are ready to access the survey again, just click on the link you received in the original invitation e-mail. The link remembers where respondents left off based on the last completed page. As you click on the "next" button in the survey, the survey page saves.**

If I want to stop the survey and finish later, I just have to click on the "exit this survey" link to leave, and then using the same original computer click on the link in the invitation e-mail I received to resume from the point where I left off.

Click "Next" to proceed to the CSWI Survey.

## Respondent Information

Please enter the identification number from your email invitation. If you do not have the email invitation, please contact April Sather at [sathea@u.washington.edu](mailto:sathea@u.washington.edu).

How many TOTAL years have you been involved in wraparound in ANY role?

How many years have you participated in the following roles? (Please provide an answer in each row. Choose 0 if you have never had this role.)

	0 or N/A	less than 1 year	between 1 and 2 years	between 2 and 4 years	between 4 and 7 years	between 7 and 10 years	10 years or more
Family member/youth on a wrap team or involved in wrap implementation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural support on teams other than your family's own	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family partner/other wraparound family support role	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wraparound facilitator or care coordinator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wraparound team member who is a professional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wraparound supervisor or coach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program manager/agency administrator involved with wraparound	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Higher-level (e.g., county or state) administrator or policy maker involved with wrap	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluator or researcher on wraparound	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**Primary Role**

**Describe your primary role within the wraparound project that you will be referencing as you fill out this form. (Choose one answer.)**

- Facilitator/care coordinator in this wraparound project
- Parent/family partner or other formal parent support role in this wraparound project
- Other provider or supervisor of direct wraparound practice employed in this wraparound project
- Family member or natural support on teams
- Youth
- Service provider not primarily employed in wraparound (therapist, parole officer, teacher, respite provider)
- Administrator of wraparound program
- Administrator of some other service program
- Other (please specify)

**How long have you been involved with this wraparound program?**

**In terms of your ethnic or racial background, which of these best describes you?**

- African American
- Latino/Hispanic
- Native American/American Indian
- Asian American
- Pacific Islander
- Caucasian/European American
- Other (please specify)

## Theme 1: Community Partnership (7 items)



If you are unable to make a rating, please click "Don't know." There is space for comments at the end of this survey.

**THEME 1-- Community Partnership: Collective community ownership of and responsibility for wraparound is built through collaborations among key stakeholder groups.**

\*\*In this theme, "community team" means a group of people who have formally organized themselves into a collaborative structure to take collective responsibility for the wraparound effort. **Your community may have a different name for this group of people.** Also, the "team" can take many forms, and may be composed of several smaller committees or forums that work together in a coordinated manner to set policies and make decisions, etc.

### Item 1.1 Community Team

**Fully developed system**

**There is a formal collaborative structure (e.g., a "community team" or other body) for joint planning and decision making through which community partners take collective responsibility for development and implementation of wraparound.**

4 - Fully developed

3 - Almost there

2 - Midway

1 - Beginning

0 - Least developed

Don't know

**Least developed system**

**The wraparound effort is not supported by any collaborative system-level decision-making entity to oversee wraparound implementation, bust barriers and solve system-level problems.**

**Item 1.2 Empowered Community Team**

**Fully developed system**

**The community team includes leaders who are empowered to make decisions and commit resources on behalf of their organizations to support the development and implementation of wraparound.**

4 - Fully developed

3 - Almost there

2 - Midway

1 - Beginning

0 - Least developed

Don't know

**Least developed system**

**People who represent their agencies and organizations in planning and overseeing the wraparound effort do not have the power to make decisions or commit resources for wraparound on behalf of their organizations.**

**Item 1.3 Influential Family Voice**

**Fully developed system**

**Families are influential members of the community team and other community level decision-making entities, and they take active roles in wraparound program planning, implementation oversight, and evaluation. Families are provided with support and training so that they can participate fully and comfortably in these roles.**

4 - Fully developed

3 - Almost there

2 - Midway

1 - Beginning

0 - Least developed

Don't know

**Least developed system**

**Family members are not actively involved in decision-making, or are uninfluential or "token" components of the community team, boards, and other collaborative bodies that plan programs and guide implementation and evaluation.**

**Item 1.4 Influential Youth Voice**

**Fully developed system**

Youth and young adults are influential members of the community team and other community level decision-making entities, and they take active roles in wraparound program planning, implementation oversight, and evaluation. Young people are provided with support and training so that they can participate fully and comfortably in these roles.

4 - Fully developed

3 - Almost there

2 - Midway

1 - Beginning

0 - Least developed

Don't know

**Least developed system**

Young people are not actively involved in decision-making, or are uninfluential or "token" components of the community team, boards, and other collaborative bodies that plan programs, oversee implementation, and conduct evaluation.

**Item 1.5 Full Agency Support**

**Fully developed system**

Relevant public agencies (e.g., mental health, child welfare, schools, courts) and major provider organizations all collaborate with and participate actively and productively on the community team. These agencies and organizations fully "buy in" to the wraparound effort.

4 - Fully developed

3 - Almost there

2 - Midway

1 - Beginning

0 - Least developed

Don't know

**Least developed system**

Relevant child-serving agencies and major provider organizations do not participate actively and constructively on the community team. The organizations or agencies that provide wraparound do so in the absence of "buy-in" from these other agencies and their staff.

**Item 1.6 Community Stakeholders**

**Fully developed system**

The community team includes leaders from the business, service, faith and other sectors, who partner in system design, implementation oversight, and evaluation, and provide tangible resources (including human resources such as volunteers).

4 - Fully developed

3 - Almost there

2 - Midway

1 - Beginning

0 - Least developed

Don't know

**Least developed system**

Few if any representatives of the business, service, faith or other sectors participate actively in the wraparound effort or provide tangible resources.

**Item 1.7 Community Representativeness**

**Fully developed system**

The membership of the community team reflects the social, cultural, and economic diversity of the community and the families served by wraparound.

4 - Fully developed

3 - Almost there

2 - Midway

1 - Beginning

0 - Least developed

Don't know

**Least developed system**

Members on the community team and/or other collaborative bodies do not reflect the social, cultural, and economic diversity of the community and the families served by wraparound.

## Theme 2: Collaborative Action.



*If you are unable to make a rating, please click "Don't know." There is space for comments at the end of this survey.*

**THEME 2 Collaborative Action: Stakeholders involved in the wraparound effort take specific steps to translate the wraparound philosophy into concrete policies, practices and achievements.**

### Item 2.1 Community Principles & Values

**Fully developed system**

**Least developed system**

**Key stakeholders in the wraparound effort have collectively developed and formally ratified statements of mission, principles, and desired outcomes that provide a clear direction for planning, implementation, and joint action.**

**Statements of mission, principles, and/or outcomes have not been developed. Each agency and organization has its own mission and values and there is no common vision or set of values or desired outcomes shared across agencies.**

4 - Fully developed

3 - Almost there

2 - Midway

1 - Beginning

0 - Least developed

Don't know

**Item 2.2 High-Level Leadership**

**Fully developed system**

The system has multiple high level leaders (e.g., senior agency administrators, elected officials, and other influential stakeholders) who understand wraparound and who actively support wraparound development by forging partnerships among agencies and organizations, changing policies, inspiring individual stakeholders, and creating effective fiscal strategies.

4 - Fully developed

3 - Almost there

2 - Midway

1 - Beginning

0 - Least developed

Don't know

**Least developed system**

There are few if any high-level leaders in the system who truly understand or actively support wraparound development. Leaders are unable or unwilling to forge partnerships, integrate systems, or create effective fiscal strategies to support the wraparound effort.

**Item 2.3 Proactive Planning**

**Fully developed system**

The wraparound effort is guided by a plan for joint action that describes the goals of the wraparound effort, the strategies that will be used to achieve the goals, and the roles of specific stakeholders in carrying out the strategies.

4 - Fully developed

3 - Almost there

2 - Midway

1 - Beginning

0 - Least developed

Don't know

**Least developed system**

There is no plan for joint action that describes goals of the wraparound effort, strategies for achieving the goals, or roles of specific stakeholders.

**Item 2.4 Joint Action Steps**

**Fully developed system**

**Collaborative and individual agency plans demonstrate specific and tangible collaborative steps (e.g., developing MOUs, contributing resources, revising agency regulations, participating in planning activities) toward achieving joint goals that are central to the wraparound effort.**

4 - Fully developed

3 - Almost there

2 - Midway

1 - Beginning

0 - Least developed

Don't know

**Least developed system**

**Though there may be a stated commitment to the wraparound effort, agencies and other key stakeholders have NOT taken specific and tangible steps toward achieving central goals of the wraparound effort (such as developing MOUs, revising policies and regulations, etc).**

**Item 2.5 Partner Agency Staff Preparation**

**Fully developed system**

**The collaborating agencies take concrete steps to ensure that their staff members are informed about wraparound values and practice. All staff who participate directly in the wraparound effort do so in a manner that is in keeping with wraparound principles, such as collaborative, strengths-based, and respectful of families and youth.**

4 - Fully developed

3 - Almost there

2 - Midway

1 - Beginning

0 - Least developed

Don't know

**Least developed system**

**Providers and agency personnel are not informed about the wraparound philosophy, and staff who participate in the wraparound effort are unable or unwilling to do so in a manner that is in keeping with wraparound principles.**



### Item 2.6 Information Sharing

**Fully developed system**

Information is shared efficiently across systems (or is maintained centrally for the wraparound program) so as to provide the data needed to monitor wraparound quality, plan implementation, costs, and outcomes.

4 - Fully developed

3 - Almost there

2 - Midway

1 - Beginning

0 - Least developed

Don't know

**Least developed system**

Agencies have not resolved legal issues and/or developed mechanisms for efficiently sharing the information that is required to monitor wraparound quality, plan implementation, costs, and outcomes.

### Item 2.7 Single Plan

**Fully developed system**

The wraparound plan is the plan of care that structures and coordinates all partner agencies' work with a given child and family. The format and structure for documenting the plan reinforces relevant wraparound principles such as strengths-based, family-driven, and individualized.

4 - Fully developed

3 - Almost there

2 - Midway

1 - Beginning

0 - Least developed

Don't know

**Least developed system**

Different agencies and systems that serve a child and family develop and maintain separate, uncoordinated plans of care; and/or the wraparound plan or other agency plans are recorded in ways that are not in keeping with wraparound principles (e.g., plans reflect deficit-based, family-blaming, or expert-driven perspectives).

**Item 2.8 State Interface**

**Fully developed system**

**The wraparound effort has an active and productive partnership with state agencies. This partnership has been successful in motivating policy and funding changes that support wraparound programs and practice.**

4 - Fully developed

3 - Almost there

2 - Midway

1 - Beginning

0 - Least developed

Don't know

**Least developed system**

**There is no organized interface between the community and state agencies around children's services and supports. State level policies, regulations, and funding are in conflict with the community's wraparound effort and different stakeholder groups are competing for different types of changes to rules, regulations, and laws.**

## Theme 3: Fiscal Policies and Sustainability.



*If you are unable to make a rating, please click "Don't know." There is space for comments at the end of this survey.*

**THEME 3 Fiscal Policies and Sustainability:** The community has developed fiscal strategies to meet the needs of children participating in wraparound and methods to collect and use data on expenditures for wraparound-eligible children.

### Item 3.1 Fiscal Understanding

**Fully developed system**

**Agencies and decision makers have access to accurate information about the types and magnitudes of expenditures from all funding streams (e.g., mental health, special education, juvenile justice, developmental disabilities) for services and supports for all children with serious and complex needs (regardless of whether or not they are actually enrolled in wraparound).**

**Least developed system**

**Information about expenditures for services and supports is fragmented across different information systems/sources such that decision makers cannot determine the use and costs of services and supports for children with serious and complex needs (regardless of whether or not they are actually enrolled in wraparound).**

4 - Fully developed

3 - Almost there

2 - Midway

1 - Beginning

0 - Least developed

Don't know

**Item 3.2 Removing Fiscal Barriers**

**Fully developed system**

**The community collaborative has a formalized process for identifying and acting to remedy fiscal policies that impede the implementation of the wraparound program or the fulfillment of wraparound plans. Important changes to fiscal policies have been made.**

4 - Fully developed

3 - Almost there

2 - Midway

1 - Beginning

0 - Least developed

Don't know

**Least developed system**

**The community collaborative lacks formal understanding of the ways in which fiscal policies act as barriers to the implementation of the wraparound program or the fulfillment of wraparound plans; and/or, where awareness exists, no action is taken to change policy.**

**Item 3.3 Collective Fiscal Responsibility**

**Fully developed system**

**Key decision-makers and relevant agencies assume collective fiscal responsibility for children and families participating in wraparound and do not attempt to shift costs to each other or to entities outside of the wraparound effort.**

4 - Fully developed

3 - Almost there

2 - Midway

1 - Beginning

0 - Least developed

Don't know

**Least developed system**

**Each agency has its own cost controls and agencies do not collaborate to reduce cost shifting, either to each other or to entities outside of the wraparound effort.**

### Item 3.4 Fiscal Monitoring

**Fully developed system**

There is a formalized mechanism for reviewing the costs of implementing the wraparound program and wraparound plans. This information is used to clarify/streamline spending policies and to seek ways to become more efficient at providing high-quality wraparound.

4 - Fully developed

3 - Almost there

2 - Midway

1 - Beginning

0 - Least developed

Don't know

**Least developed system**

There is little or no information available about the costs of implementing the wraparound program or wraparound plans and/or what information is available is not used to streamline spending policies or improve efficiency.

### Item 3.5 Fiscal Flexibility

**Fully developed system**

Funds are available to pay for services and supports, and funds are flexible, so that teams can fully implement the strategies included in individual wraparound plans and safety/crisis plans.

4 - Fully developed

3 - Almost there

2 - Midway

1 - Beginning

0 - Least developed

Don't know

**Least developed system**

Financing policies are rigid and are largely or entirely designed to facilitate payment for categorical services. There is little latitude for flexibility to provide creative, individualized care for children, youth, and families.

### Item 3.6 Sustained Funding

**Fully developed system**

There is a clear and feasible plan for sustaining fiscal support for the wraparound effort over the long term, and this plan is being fully implemented.

4 - Fully developed

3 - Almost there

2 - Midway

1 - Beginning

0 - Least developed

Don't know

**Least developed system**

There is no clear and feasible plan for sustaining fiscal support for the wraparound effort.

# CERTIFIED COPY OF ORDER

STATE OF MISSOURI

} ea.

December Session of the October Adjourned

Term. 20 14

County of Boone

In the County Commission of said county, on the

11th

day of

December

20 14

the following, among other proceedings, were had, viz:

Now on this day the County Commission of the County of Boone does hereby award bid 49-31OCT14 – Street Sweeping Services Term & Supply to Contractors and Municipal Sweeping Services, Inc. of St. Peters, MO.

The terms of the bid award are stipulated in the attached Purchase Agreement. It is further ordered the Presiding Commissioner is hereby authorized to sign said Purchase Agreement.

Done this 11th day of December, 2014.

ATTEST:

Wendy S. Noren  
Wendy S. Noren  
Clerk of the County Commission

Daniel K. Atwill  
Daniel K. Atwill  
Presiding Commissioner  
Karen M. Miller  
Karen M. Miller  
District I Commissioner  
Absent  
Janet M. Thompson  
District II Commissioner

# Boone County Purchasing

**Amy Robbins**  
Senior Buyer



613 E. Ash Street, Room 109  
Columbia, MO 65201  
Phone: (573) 886-4392  
Fax: (573) 886-4390

## MEMORANDUM

TO: Boone County Commission  
FROM: Amy Robbins, Senior Buyer  
DATE: December 2, 2014  
RE: 49-31OCT14 – Street Sweeping Services Term & Supply

49-31OCT14 – Street Sweeping Services Term & Supply opened on October 31, 2014. Two bids were received and Public Works recommends award to Contractors and Municipal Sweeping Services, Inc. of St. Peters, MO for offering the lowest and best bid for Boone County.

This is a term and supply contract and invoices will be paid from department 2040 – Public Works Maintenance Operations, account 71100 – Outside Services. \$22,000.00 was budgeted for this contract in 2015.

ATT: Bid Tabulation

cc: Chet Dunn, Public Works  
Bid File

**49-310CT14 - STREET SWEEPING SERVICES TERM & SUPPLY**

<b>BID TABULATION</b>		<b>Contractors and Municipal Sweeping Service, Inc.</b>										<b>Scrubby, Inc.</b>								
		<b>Initial Contract Period-Firm, Fixed Price Per Hourly Rate</b>	<b>1<sup>st</sup> Renewal Period-Maximum Price Per Hourly Rate</b>	<b>2<sup>nd</sup> Renewal Period-Maximum Price Per Hourly Rate</b>	<b>3<sup>rd</sup> Renewal Period-Maximum Price Per Hourly Rate</b>	<b>4<sup>th</sup> Renewal Period-Maximum Price Per Hourly Rate</b>	<b>Initial Contract Period-Firm, Fixed Price Per Hourly Rate</b>	<b>1<sup>st</sup> Renewal Period-Maximum Price Per Hourly Rate</b>	<b>2<sup>nd</sup> Renewal Period-Maximum Price Per Hourly Rate</b>	<b>3<sup>rd</sup> Renewal Period-Maximum Price Per Hourly Rate</b>	<b>4<sup>th</sup> Renewal Period-Maximum Price Per Hourly Rate</b>									
	<b>Description</b>																			
	Contractor Sweeping at Hourly Rate within Various Boone County Subdivisions and Roadways.	\$112.00	\$113.00	\$114.00	\$114.00	\$115.00	\$120.00	\$120.00	\$120.00	\$120.00	\$120.00	\$120.00	\$120.00	\$120.00	\$120.00	\$120.00	\$120.00	\$120.00	\$120.00	\$120.00
4.8.1.	Mobilization (per call out)	\$250.00	\$250.00	\$275.00	\$275.00	\$280.00	\$120.00	\$120.00	\$120.00	\$120.00	\$120.00	\$120.00	\$120.00	\$120.00	\$120.00	\$120.00	\$120.00	\$120.00	\$120.00	\$120.00
4.8.1.1.	Add Alternate: Daily Rate Haul Off Truck(8 hrs)	\$600.00	\$600.00	\$625.00	\$625.00	\$650.00	\$880.00	\$880.00	\$880.00	\$880.00	\$880.00	\$880.00	\$880.00	\$880.00	\$880.00	\$880.00	\$880.00	\$880.00	\$880.00	\$880.00
4.8.2.	<b>Total:</b>	<b>\$962.00</b>	<b>\$963.00</b>	<b>\$1,014.00</b>	<b>\$1,014.00</b>	<b>\$1,045.00</b>	<b>\$1,120.00</b>	<b>\$1,120.00</b>	<b>\$1,120.00</b>	<b>\$1,120.00</b>	<b>\$1,120.00</b>	<b>\$1,120.00</b>	<b>\$1,120.00</b>	<b>\$1,120.00</b>	<b>\$1,120.00</b>	<b>\$1,120.00</b>	<b>\$1,120.00</b>	<b>\$1,120.00</b>	<b>\$1,120.00</b>	<b>\$1,120.00</b>
4.9.	Holidays	Memorial Day (last Mon. in May), Labor Day (1st Mon. in Sept), July 4th, Thanksgiving Day, Christmas Day (observed on holiday or closest work day)																		
4.11.	Coop?	Yes																		
		New Year's Day, Easter, Labor Day, Memorial Day, Christmas, Thanksgiving																		



**PURCHASE AGREEMENT  
FOR  
Street Sweeping Services Term and Supply**

**THIS AGREEMENT** dated the 15<sup>th</sup> day of December 2014 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, herein "County" and **Contractors and Municipal Sweeping Service, Inc.**, herein "Contractor".

**IN CONSIDERATION** of the parties performance of the respective obligations contained herein, the parties agree as follows:

**1. Contract Documents** - This agreement shall consist of this Purchase Agreement for **Street Sweeping Services Term and Supply**, County of Boone Request for Bid number **49-31OCT14**, any applicable addenda, as well as the Contractor's bid response dated **October 27, 2014** and executed by **Nancy K. Sanders** on behalf of the Contractor. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein by reference. Service or product data, specification and literature submitted with bid response may be permanently maintained in the County Purchasing Office bid file for this bid if not attached. In the event of conflict between any of the foregoing documents, this Purchase Agreement, Bid Number **49-31OCT14**, and any applicable addenda shall prevail and control over the Contractor's bid response.

**2. Contract Duration** - This agreement shall commence on **January 1, 2015 and extend through December 31, 2015** subject to the provisions for termination specified below. This agreement may be automatically renewed up to **four (4) additional one (1) year periods** unless canceled by the Purchasing Director in writing prior to a renewal term.

**3. Purchase** - The County agrees to purchase from the Contractor and the Contractor agrees to supply the County all items per the bid specifications and responded to on the Response Form, and in conformity with the contract documents for the prices set forth in the Contractor's bid response, as needed and as ordered by County. Pricing shall be as follows:

Description	Initial Contract	1 <sup>st</sup> Renewal	2 <sup>nd</sup> Renewal	3 <sup>rd</sup> Renewal	4 <sup>th</sup> Renewal
	Period through 12/31/15	Period through 12/31/16	Period through 12/31/17	Period through 12/31/18	Period through 12/31/19
	Firm, Fixed Price	Maximum Price	Maximum Price	Maximum Price	Maximum Price
Contractor Sweeping at <b>Hourly Rate</b> within Various Boone County Subdivisions and Roadways.	\$112.00	\$113.00	\$114.00	\$114.00	\$115.00
Mobilization ( <b>per call out</b> )	\$250.00	\$250.00	\$275.00	\$275.00	\$280.00
<u>Add Alternate:</u> Daily Rate Haul Off Truck( <b>8 hrs</b> )	\$600.00	\$600.00	\$625.00	\$625.00	\$650.00

**4. Billing and Payment** - All billing shall be invoiced to the Boone County Public Works Department. Billings may only include the prices listed in the Contractor's bid response. No additional fees or extra services not included in the bid response or taxes shall be included as additional charges in excess of the charges in the Contractor's bid response to the specifications. The County agrees to pay all correct monthly invoices within thirty days of receipt; Contractor agrees to honor any cash or prompt payment discounts offered in its bid response if county makes payment as provided therein. In the event of a billing dispute, the County reserves the right to withhold payment on the disputed amount; in the

event the billing dispute is resolved in favor of the Contractor, the County agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

**5. Binding Effect** - This agreement shall be binding upon the parties hereto and their successors and assigns for so long as this agreement remains in full force and effect.

**6. Entire Agreement** - This agreement constitutes the entire agreement between the parties and supersedes any prior negotiations, written or verbal, and any other bid or bid specification or contractual agreement. This agreement may only be amended by a signed writing executed with the same formality as this agreement.

**7. Termination** - This agreement may be terminated by the County upon thirty days advance written notice for any of the following reasons or under any of the following circumstances:

- a. County may terminate this agreement due to material breach of any term or condition of this agreement, or
- b. County may terminate this agreement if in the opinion of the Boone County Commission if delivery of products are delayed or products delivered are not in conformity with bidding specifications or variances authorized by County, or
- c. If appropriations are not made available and budgeted for any calendar year.

**IN WITNESS WHEREOF** the parties through their duly authorized representatives have executed this agreement on the day and year first above written.

**CONTRACTORS AND MUNICIPAL SWEEPING SERVICES INC.**

by: *Nancy K. Sawyers*  
 title: *Nancy K. Sawyers - President*  
 address: *P.O. Box 1621*  
*St. Peters, Mo 63376*

**BOONE COUNTY, MISSOURI**

by: Boone County Commission  
*Daniel K. Atwill*  
 Daniel K. Atwill, Presiding Commissioner

**APPROVED AS TO FORM:**

*C.J. Dykhouse*  
 C.J. Dykhouse, County Counselor

**ATTEST:**

*Wendy S. Noren*  
 Wendy S. Noren, County Clerk

**AUDITOR CERTIFICATION**

In accordance with RSMo 50.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note: Certification of this contract is not required if the terms of this contract do not create a measurable county obligation at this time.)

*James E. Pitchford*  
 Signature by *ceff*

*12/3/14*  
 Date

*2040 / 71100 Term/Supply*  
*No Encumbrance Required*  
 Appropriation Account



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/10/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> The Warren Group 14567 North Outer Forty Suite 125 Chesterfield MO 63017	<b>CONTACT NAME:</b> Vicki Just <b>PHONE (A/G. No. Ext.):</b> (636) 530-0440 <b>FAX (A/G. No.):</b> (636) 530-1947 <b>E-MAIL ADDRESS:</b> vicki@aiaatl.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Allied Insurance Company</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Allied Insurance Company		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A: Allied Insurance Company														
INSURER B:														
INSURER C:														
INSURER D:														
INSURER E:														
INSURER F:														
<b>INSURED</b> Contractors & Municipal Sweeping Service Inc. Po Box 1621 Saint Peters MO 63376														

**COVERAGES**      **CERTIFICATE NUMBER:** CL14101010229      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			ACP3006825329	10/14/2014	10/14/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 200,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			ACP3006825329	10/14/2014	10/14/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ MCS-90 \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR <input checked="" type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			ACP3006825329	10/14/2014	10/14/2015	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	ACP3006825329	10/14/2014	10/14/2015	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E L EACH ACCIDENT \$ 1,000,000 E L DISEASE - EA EMPLOYEE \$ 1,000,000 E L DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 COUNTY OF BOONE IS NAMED AS ADDITIONAL INSURED AS THEIR INTEREST MAY APPEAR

CLIENT IS INCREASING THE UMBRELLA TO 3 MILLION BY ENDORSEMENT EFFECTIVE 7-1-2015

<b>CERTIFICATE HOLDER</b> BOONE COUNTY ANNEX AMY ROBBINS - PURCHASING DEPARTMENT 613 E ASH STREET COLUMBIA, MO 65201	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE D Boehme CPCU/VICKIJ
--	--

4. Response Form

- 4.1. Company Name: Contractors and Municipal Sweeping Service, Inc.
- 4.2. Address: P.O. Box 1621
- 4.3. City/Zip: ST Peters Mo 63376
- 4.4. Phone Number: (636) 441-7622
- 4.5. Fax Number: (636) 447-0176
- 4.6. Federal Tax ID: 43-1498808
- 4.6.1.  Corporation  
 Partnership - Name \_\_\_\_\_  
 Individual/Proprietorship - Individual Name \_\_\_\_\_  
 Other (Specify) \_\_\_\_\_
- 4.7. Prompt Payment Terms: NET 30
- 4.7.1. Will you accept automated clearinghouse (ACH) for payment of invoices? No
- 4.8. **Street Sweeping** – The bidder proposes to furnish the equipment/material as specified elsewhere herein to the County of Boone-Missouri, to include all transportation and disposal costs, for the prices indicated below.

Description	Initial				
	Contract Period-Firm, Fixed Price Per Hourly Rate	1 <sup>st</sup> Renewal Period-Maximum Price Per Hourly Rate	2 <sup>nd</sup> Renewal Period-Maximum Price Per Hourly Rate	3 <sup>rd</sup> Renewal Period-Maximum Price Per Hourly Rate	4 <sup>th</sup> Renewal Period-Maximum Price Per Hourly Rate
Contractor Sweeping at Hourly					
4.8.1. Rate within Various Boone County Subdivisions and Roadways.	\$ <u>112.-</u>	\$ <u>113.-</u>	\$ <u>114.-</u>	\$ <u>114.-</u>	\$ <u>115.-</u>
4.8.1.1. Mobilization (per call out)	\$ <u>250.-</u>	\$ <u>250.-</u>	\$ <u>275.-</u>	\$ <u>275.-</u>	\$ <u>280.-</u>
4.8.2. Add Alternate: Daily Rate Haul Off Truck( 8 hrs)	\$ <u>600.-</u>	\$ <u>600.-</u>	\$ <u>625.00</u>	\$ <u>625.-</u>	\$ <u>650.-</u>

- 4.9. **Holidays:** Bidder shall list the holidays and dates of holidays observed by their company:  
Memorial Day (Last Monday in May) Labor Day (1<sup>st</sup> Monday in Sept)  
July 4<sup>th</sup>, Thanksgiving Day, Christmas Day (observed on holiday or closest work day)

4.10. **References** – Bidder must provide three (3) references for services rendered to public / commercial clients which are similar in size and scope.

4.10.1. Reference #1

Individual Name: ANDY Bolm  
Company Name: Missouri Petroleum Products Co.  
Address: 1620 Woodson Road, St. Louis, Mo  
Telephone: 314-220-5832 63114

4.10.2. Reference #2

Individual Name: Kenny Bates  
Company Name: City of St. Peters  
Address: One St. Peters Center Blvd. St. Peters Mo  
Telephone: 636-485-5535 63376

4.10.3. Reference #3

Individual Name: Chris West  
Company Name: NB WEST CONTRACTING  
Address: 2780 Mary Avenue, St. Louis, Mo 63144  
Telephone: 314-581-6830

4.11. Will you honor the submitted prices for purchase by other entities in Boone County who participate in cooperative purchasing with Boone County, Missouri?

Yes  No

4.12. Authorized Representative (Sign By Hand):

Nancy K Sanders

4.12.1. Type or Print Signed Name:

Nancy K. SANDERS

4.12.2. Today's Date: 10-27-14



**WORK AUTHORIZATION CERTIFICATION  
PURSUANT TO 285.530 RSMo  
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

County of St. Charles )  
State of Missouri )ss  
 )

My name is Nancy K. Sanders. I am an authorized agent of Contractors and Municipal Sweeping Service Inc. (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

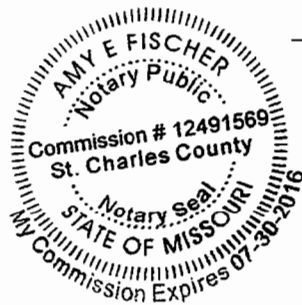
Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

Nancy K Sanders  
Affiant Date

NANCY K. SANDERS  
Printed Name

Subscribed and sworn to before me this 28<sup>th</sup> day of October, 2014.

J. Fischer 7/30/16  
Notary Public



Company ID Number: 184343

## THE E-VERIFY PROGRAM FOR EMPLOYMENT VERIFICATION MEMORANDUM OF UNDERSTANDING

### ARTICLE I

#### PURPOSE AND AUTHORITY

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Department of Homeland Security (DHS) and **Contractors & Municipal Sweeping Service, INC.** (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). This MOU explains certain features of the E-Verify program and enumerates specific responsibilities of DHS, the Social Security Administration (SSA), and the Employer. E-Verify is a program that electronically confirms an employee's eligibility to work in the United States after completion of the Employment Eligibility Verification Form (Form I-9). For covered government contractors, E-Verify is used to verify the employment eligibility of all newly hired employees and all existing employees assigned to Federal contracts.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note). Authority for use of the E-Verify program by Federal contractors and subcontractors covered by the terms of Subpart 22.18, "Employment Eligibility Verification", of the Federal Acquisition Regulation (FAR) (hereinafter referred to in this MOU as a "Federal contractor") to verify the employment eligibility of certain employees working on Federal contracts is also found in Subpart 22.18 and in Executive Order 12989, as amended.

### ARTICLE II

#### FUNCTIONS TO BE PERFORMED

##### A. RESPONSIBILITIES OF SSA

1. SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all employees verified under this MOU and the employment authorization of U.S. citizens.
2. SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).



Company ID Number: 184343

**Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:**

Name: **Katie E Hunsaker**  
Telephone Number: **(636) 441 - 7622**  
E-mail Address: **katie@hke-llc.com**

Fax Number: **(636) 447 - 0176**

Name: **Nancy K Sanders**  
Telephone Number: **(636) 441 - 7622**  
E-mail Address: **sanders.n@hotmail.com**

Fax Number: **(636) 447 - 0176**

**CERTIFICATION OF INDIVIDUAL BIDDER**

Pursuant to Section 208.009 RSMo, any person applying for or receiving any grant, contract, loan, retirement, welfare, health benefit, post secondary education, scholarship, disability benefit, housing benefit or food assistance who is over 18 must verify their lawful presence in the United States. Please indicate compliance below. Note: A parent or guardian applying for a public benefit on behalf of a child who is citizen or permanent resident need not comply.

- \_\_\_\_ 1. I have provided a copy of documents showing citizenship or lawful presence in the United States. (Such proof may be a Missouri driver's license, U.S. passport, birth certificate, or immigration documents). Note: If the applicant is an alien, verification of lawful presence must occur prior to receiving a public benefit.
- \_\_\_\_ 2. I do not have the above documents, but provide an affidavit (copy attached) which may allow for temporary 90 day qualification.
- \_\_\_\_ 3. I have provided a completed application for a birth certificate pending in the State of \_\_\_\_\_. Qualification shall terminate upon receipt of the birth certificate or determination that a birth certificate does not exist because I am not a United States citizen.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



## ***Request for Bid (RFB)***

**Boone County Purchasing**  
613 E. Ash Street, Room 109  
Columbia, MO 65201

***Amy Robbins, Senior Buyer***  
(573) 886-4392 – Fax: (573) 886-4390  
Email: arobbins@boonecountymo.org

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### ***Bid Data***

Bid Number: **49-31OCT14**  
Commodity Title: **Street Sweeping Services Term & Supply**

### **DIRECT BID FORMAT OR SUBMISSION QUESTIONS TO THE PURCHASING DEPARTMENT**

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#### ***Bid Submission Address and Deadline***

Day / Date: **FRIDAY, OCTOBER 31, 2014**  
Time: **1:30 P.M. (Bids received after this time will be returned unopened)**  
Location / Mail Address: **Boone County Purchasing Department  
Boone County Annex Building  
613 E. Ash Street, Room 109  
Columbia, MO 65201**  
Directions: The Annex Building is located on the Northwest corner of 7<sup>th</sup> Street and Ash Street. Enter the building from the South Side. Wheel chair accessible entrance is available on the South side of the building.

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#### ***Bid Opening***

Day / Date: **FRIDAY, OCTOBER 31, 2014**  
Time: **1:30 P.M. (Bids received after this time will be returned unopened)**  
Location / Address: **Boone County Annex Building Conference Room  
613 E. Ash Street  
Columbia, MO 65201**

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#### ***Bid Contents***

- 1.0: **Introduction and General Conditions of Bidding**
- 2.0: **Primary Specifications**
- 3.0: **Response Presentation and Review**
- 4.0: **Response Form  
Debarment Form  
Instructions for Compliance with House Bill 1549  
Work Authorization Certification  
Certification of Individual Bidder  
Individual Bidder Affidavit  
Standard Terms and Conditions  
"No Bid" Response Form**

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**1. Introduction and General Conditions of Bidding**


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- 1.1. **INVITATION** - The County of Boone, through its Purchasing Department, invites responses, which offer to provide the goods and/or services identified on the title page, and described in greater detail in Section 2.
- 1.2. **DEFINITIONS**
- 1.2.1. **County** - This term refers to the County of Boone, a duly organized public entity. It may also be used as a pronoun for various subsets of the County organization, including, as the context will indicate:  
*Purchasing* - The Purchasing Department, including its Purchasing Director and staff.  
*Department(s) or Office(s)* - The County Department(s) or Office(s) for which this Bid is prepared, and which will be the end user(s) of the goods and/or services sought.  
*Designee* - The County employee(s) assigned as your primary contact(s) for interaction regarding Contract performance.
- 1.2.2. **Bidder / Contractor / Supplier** - These terms refer generally to businesses having some sort of relationship to or with us. The term may apply differently to different classes of entities, as the context will indicate.  
*Bidder* - Any business entity submitting a response to this Bid. Suppliers, which may be invited to respond, or which express interest in this bid, but which do not submit a response, have no obligations with respect to the bid requirements.  
*Contractor* - The Bidder whose response to this bid is found by Purchasing to meet the best interests of the County. The Contractor will be selected for award, and will enter into a Contract for provision of the goods and/or services described in the Bid.  
*Supplier* - All business(s) entities which may provide the subject goods and/or services.
- 1.2.3. **Bid** - This entire document, including attachments. A Bid may be used to solicit various kinds of information. The kind of information this Bid seeks is indicated by the title appearing at the top of the first page. A "Request for Bid" is used when the need is well defined.
- 1.2.4. **Response** - The written, sealed document submitted according to the Bid instructions.
- 1.3. **BID CLARIFICATION** - Questions regarding this Bid should be directed in writing, by e-mail or fax, to the Purchasing Department. Answers, citing the question asked but not identifying the questioner, will be distributed simultaneously to all known prospective Bidders in the form of an addendum. We strongly suggest that you check for any addenda a minimum of [forty eight] hours in advance of the bid deadline. Bids, addendums, bid tabulations and bid awards are posted on our web site at: [www.showmeboone.com](http://www.showmeboone.com)  
 Note: written requirements in the Bid or its Amendments are binding, but any oral communications between County and Bidder are not.
- 1.3.1. **Bidder Responsibility** - The Bidder is expected to be thoroughly familiar with all specifications and requirements of this Bid. Bidder's failure or omission to examine any relevant form, article, site or document will not relieve them from any obligation regarding this Bid. By submitting a Response, Bidder is presumed to concur with all terms, conditions and specifications of this Bid.
- 1.3.2. **Bid Amendment** - If it becomes evident that this Bid must be amended, the Purchasing Department will issue a formal written Amendment to all known prospective Bidders. If necessary, a new due date will be established.
- 1.4. **AWARD** - Award will be made to the Bidder(s) whose offer(s) provide the greatest value to the County from the standpoint of suitability to purpose, quality, service, previous experience, price, lifecycle cost, ability to deliver, or for any other reason deemed by Purchasing to be in the best interest of the County. Thus, the result will not be determined by price alone. The County will be seeking the least costly outcome that meets the County needs as interpreted by the County. The County reserves the right to award this bid on an item by item basis, or an "all or none" basis, whichever is in the best interest of the County.
- 1.4.1. **Award of Contract** - The County of Boone reserves the right to accept or reject any and all bids in the best interest of the County.
- 1.5. **CONTRACT EXECUTION** - This Bid and the Contractor's Response will be made part of any

- resultant Contract and will be incorporated in the Contract as set forth, verbatim.
- 1.5.1. **Precedence** - In the event of contradictions or conflicts between the provisions of the documents comprising this Contract, they will be resolved by giving precedence in the following order:
    - 1) the provisions of the Contract (as it may be amended);
    - 2) the provisions of the Bid;
    - 3) the provisions of the Bidder's Response.
  - 1.6. **CONTRACT PERIOD** - The Term and Supply Contract period shall be from **January 1, 2015 through December 31, 2015** and may be automatically **renewed for up to an additional four (4) one-year periods** unless canceled by the Purchasing Director in writing prior to a renewal term.
  - 1.7. **Contract Extension** - The County Purchasing Director may exercise the option to extend the contract on a month to month basis for a maximum of 6 months from the date of termination if it is deemed to be in the best interest of Boone County.
  - 1.8. **Contract Documents** - The successful bidder(s) shall be obligated to enter into a written contract with the County within 30 days of award on contract forms provided by the County. If bidders desire to contract under their own written agreement, any such proposed agreement shall be submitted in blank with their bid. County reserves the right to modify any proposed form agreement or withdraw its award to a successful bidder if any proposed agreement contains terms and conditions inconsistent with its bid or are unacceptable to county legal counsel.
  - 1.9. **COMPLIANCE WITH STANDARD TERMS AND CONDITIONS** - Bidder agrees to be bound by the County's standard "boilerplate" terms and conditions for Contracts, a sample of which is attached to this Bid.

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**2. Primary Specifications**

- 2.1. **ITEMS TO BE PROVIDED** - Boone County, hereafter referred to as "County", proposes to contract with an individual(s) or organization(s), hereinafter referred to as "Contractor" for a Term and Supply contract for the furnishing of all labor, materials, tools, equipment, transportation, services, and supervision to perform **Street Sweeping Services** to various Streets of Boone County – Missouri.
- 2.2. **SCOPE OF SERVICES** - The Contractor shall furnish all labor, equipment, and traffic control necessary to completely remove all dirt, debris, sand, gravel, and cinders, etc. over entire chip and sealed roadway. Contractor shall bid sweeping services on an **hourly rate basis**. The County may vary quantities of hourly work at the request of the department depending upon funding. Sweeping work will be directly coordinated with yearly Seal Coat operations and street plans will be provided yearly. At the discretion of department, contractor will provide sweeping services in support of yearly Seal Coat operations which will include a 72 hour sweeping after application. Additional sweeping shall be required approximately 30-45 days after initial completion and may be required again until all substantial loose rock is removed from roadway surface. Ten (10) working days notice will be given prior to first 72 hour sweeping and second sweeping will be tentatively scheduled at completion of first sweeping.
- 2.2.1. **SPECIFICATIONS** – This bid is set up on an hourly rate. The locations are spread out at various locations around the County and will be based, but not limited to, current year Seal Coat operations. As part of this contract, the County will be responsible for providing/installing notifications to residents and Joint Communications to effectuate sweeping services. A log will be kept by sweeping operator as each subdivision/street is completed and available to the inspector upon request. If determined after inspection that there is a need for additional sweeping, the Contractor will be instructed to schedule additional passes until the gutter line and roadway are clear of all debris. Contractor will not be responsible for debris that has been added once initial sweeping has been made in an area.

The Sweeper must be a truck mounted, self-propelled mechanical sweeper, with a high dump hopper, complete with brushes and sprinkler system in full working order with a qualified driver possessing a valid CDL appropriate for this equipment. It is the County's intent to supply a haul off truck for sweepings and to handle any landfill fees; however, an **add alternate** is to be bid for the use of a truck for rock/debris removal and any costs associated with landfill fees should the need arise. All debris must be dumped in accordance with all local codes and regulations. The sweeper shall work at the County's discretion between the hours of 7:00 a.m. and 3:30 p.m., Monday through Friday, and may be parked overnight at the Boone County South Facility. Water is available at the North and South Facility at no charge to the Contractor. Minimum Call Out Time of 8 hours.

- 2.2.2. **Frequency of Sweeping:** It is specified that the first sweeping be performed 72 hours post sealant application and a second sweeping in the 30 – 45 day range post application. At discretion of County, a third sweeping may be required at around 180 – to 240 days post application.

2.3. **GENERAL CONDITIONS**

- 2.3.1. This contract shall be for Street Sweeping services as requested by the Public Works Department to meet the needs of various streets within Boone County on an hourly basis.
- 2.3.2. In the event any provisions of contract are not fulfilled by Contractor, and or the quality of workmanship is deemed unsatisfactory by the County, the County may, upon written notice to the Contractor, terminate this contract in ten (10) days after such written notice.
- 2.3.3. **Sub-Contractors:** Only trucking of debris shall be allowed to be sub-contracted out. All subcontractors shall be approved by the Public Works Maintenance Manager.
- 2.3.4. **Contractor Qualifications and Experience:** The Contractor to whom Street Sweeping Services contract is awarded must provide evidence that they have a minimum of three (3) years past experience in the type of work.
- 2.3.4.1. The Contractor must provide evidence that they have been performing Street Sweeping Services in the State of Missouri for a period of not less than three (3) consecutive years immediately preceding

- the submission of this bid and currently be engaged in the business of such work.
- 2.3.4.2. The Bidder, at time of bid submittal, shall possess the correct occupational licenses, all professional licenses or other authorizations necessary to carry out and perform the work required by the project pursuant to all-applicable Federal, State and Local laws, statutes, ordinances, and rules and regulations of any kind.
- 2.3.4.3. The Bidder is assumed to be familiar with all Federal, State and Local laws, ordinances, rules and regulations that in any manner affect the work. Special attention is called to, but not limited to, the local environmental ordinances. Ignorance on the part of the Bidder will in no way relieve him from responsibility of compliance with all said laws, ordinances, rules and regulations.
- 2.3.4.4. In addition to complying with all pertinent codes and regulations, the successful Bidder must comply with all pertinent requirements of the local codes and utility companies.
- 2.3.4.5. The Contractor will be responsible for obtaining any and all required permits. The County shall not be responsible for the cost of any permits.
- 2.3.5. **Invoices:** The County's contract number / purchase order must appear on the invoice.
- 2.3.6. **Billing and Payment:** Payment for street sweeping shall be made at the contract unit price per hourly rate. A list of streets/subdivisions cleaned (log book) with the hours for each street/subdivision shall accompany the invoice. Invoices shall be submitted to Boone County Public Works for payment which will be made 30 days after receipt of a correct and monthly invoice. The billing address is Boone County Public Works, 5551 Tom Bass Rd., Columbia, Missouri 65201.
- 2.3.6.1. **ACH Payment:** Bidder may agree to accept automated clearinghouse (ACH) payment of invoices and monthly statements. Payment terms are Net 30 upon receipt of an accurate monthly statement, although the Bidder may offer additional discounts for early payment on the Response Form.
- 2.4. **CONTRACTOR RESPONSIBILITY/SERVICE REQUIREMENTS**
- 2.4.1. **Work Hours:** Contractor shall provide unlimited service during normal business hours. Normal business hours are Monday - Friday 7 a.m. to 3:30 p.m. and excluding holidays as defined on the response page.
- 2.4.2. **Equipment/Safety:** The safety of the Contractor's employees and the public is of prime concern to the County, and the Contractor must take all necessary steps to assure proper safety during the performance of the Contract. Any bidders that have a history of safety problems or a high incidence of accidents will not be considered for award of a Contract.
- 2.4.3. The Contractor is aware of the provisions of the Overhead Power Line Safety Act, 319.075 to 319.090 RSMo, and agrees to comply with the provisions thereof. Contractor understands that it is their duty to notify any utility operating high voltage overhead lines and make appropriate arrangements with said utility if the performance of contract would cause any activity within ten feet of any high voltage overhead line. To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, officers, agents, and employees from and against all claims, damages, losses and expenses (including but not limited to attorney's fees) arising by reason of any act or failure to act, negligent or otherwise, of Contractor, of any subcontractor (meaning anyone, including but not limited to consultants having a contract with contractor or a subcontract for part of the services), of anyone directly or indirectly employed by contractor or by any subcontractor, or of anyone for whose acts the contractor or its subcontractor may be liable, in connection with any claims arising under the Overhead Power Line Safety Act. Contractor expressly waives any action for Contribution against the County on behalf of the Contractor, any subcontractor (meaning anyone, including but not limited to consultants having a contract with contractor or a subcontract for part of the services), anyone directly or indirectly employed by contractor or by any subcontractor, or of anyone for whose acts the contractor or its subcontractor may be liable, and agrees to provide a copy of this waiver to any party affected by this provision.
- 2.4.4. **Final Inspection and Approval:** The Contractor shall notify the Public Works Department to conduct site inspections after work completed each day. The Public Works Department will inspect roadways within 24 hours after notification and prepare a "punch-list" during the inspection if necessary and will forward a copy of the "punch-list" to the Contractor / Driver. After the "punch-list" items have been corrected, the Contractor shall request a final inspection with the Public Works

Department. Final project approval is contingent upon the Public Works Department's final inspection and written approval. **In order to assure compliance and expectations, an on-site initial start up run shall be coordinated with the department and inspection team before allowing contractor to proceed.**

- 2.4.5. **Property Damage:** Contractor shall be responsible for repair of any damage to County property and restoration of any facility damage, beyond normal wear and tear, caused by Contractor's activities. Repair and restoration shall be to the satisfaction of the County. Any repair/restoration of these damages shall be performed at no cost to the County.
- 2.4.6. **Deviations** - It is the bidder's responsibility to submit a bid that meets all mandatory specifications stated within.
- 2.5. **Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County, nor shall the Contractor allow any subcontractor to commence work on their subcontract until all similar insurance required of subcontractor has been so obtained and approved. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide. Insurance limits indicated below may be lowered at the discretion of the County.
- 2.5.1. **Employers Liability and Workers Compensation Insurance** - The Contractor shall take out and maintain during the life of this contract, **Employers Liability and Workers Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Workers Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor. Workers Compensation coverage shall meet Missouri statutory limits or provide evidence of monopolistic state coverage. Employers Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit. In case any class of employees engaged in hazardous work under this Contract at the site of the work is not protected under the Workers Compensation Statute, the Contractor shall provide and shall cause each subcontractor to provide Employers Liability Insurance for the protection of their employees not otherwise protected.
- 2.5.2. **Commercial General Liability Insurance** - The Contractor shall take out and maintain during the life of this contract, such commercial general liability insurance as shall protect them and any subcontractor performing work covered by this contract, from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or for any subcontractor or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$3,000,000.00 combined single limit for any one occurrence covering both bodily injury and property damage, including accidental death. If the Contract involves any underground/digging operations, the general liability certificate shall include X, C, and U (Explosion, Collapse, and Underground) coverage. If providing Commercial General Liability Insurance, then the Proof of Coverage of Insurance shall also be included.

Contractor may satisfy the minimum liability limits required for Commercial General Liability or Business Auto Liability under an Umbrella or Excess Liability policy. There is no minimum per occurrence limit of liability under the umbrella or Excess Liability; however, the Annual Aggregate limit shall not be less than the highest "Each Occurrence" limit for either Commercial General Liability or Business Auto Liability. Contractor agrees to endorse the County as an Additional Insured on the umbrella or Excess Liability, unless the Certificate of Insurance state the Umbrella or Excess Liability provides coverage on a "Follow-Form" basis.

- 2.5.3. The Contractor has the option to provide **Owner's Contingent or Protective Liability and Property Damage** instead of the **Comprehensive General Liability Insurance**- The Contractor shall provide the County with proof of Owner's Protective Liability and Property Damage Insurance with the County as named insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum amounts of such insurance will be \$3,000,000.00 per



occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply.

- 2.5.4. **Business Automobile Liability** – The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$3,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor’s own automobiles, teams and trucks; hired automobiles, teams and trucks; non-owned and both on and off the site of work.
- 2.5.5. **Proof of Carriage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name the County as additional insured in an amount as required in this contract, contain a description of the project or work to be performed and provided for Commercial General Liability, Business Auto Liability, and Umbrella or Excess Liability (not on Workers Compensation). The Certificate of Insurance shall provide that there will be no cancellation or reduction of coverage without 30 days prior written notice to the Owner. In addition, such insurance shall be on occurrence basis and shall remain in effect until such time as the County has made final acceptance of the facility contracted.
- 2.5.6. **INDEMNITY AGREEMENT:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, officers, agents, and employees from and against all claims, damages, losses and expenses (including but not limited to attorney’s fees) arising by reason of any act or failure to act, negligent or otherwise, of Contractor, of any subcontractor (meaning anyone, including but not limited to consultants having a contract with contractor or a subcontract for part of the services), of anyone directly or indirectly employed by contractor or by any subcontractor, or of anyone for whose acts the contractor or its subcontractor may be liable, in connection with providing these services. This provision does not, however, require contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

Failure to maintain the required insurance in force may be cause for contract termination. In the event the Agency/Service fails to maintain and keep in force the required insurance or to obtain coverage from its subcontractors, the County shall have the right to cancel and terminate the contract without notice.

- 2.5.7. **Subcontractors:** Contractor shall cause each Subcontractor to purchase and maintain insurance of the types and amounts specified herein. Limits of such coverage may be reduced only upon written agreement of Owner. Contractor shall provide to Owner copies of certificates evidencing coverage for each Subcontractor. Subcontractors’ commercial general liability and business automobile liability insurance shall name Owner as Additional Insured and have the Waiver of Subrogation endorsements added.
- 2.6. **SALES/USE TAX EXEMPTION** - County will provide the Contractor with a completed Missouri Project Exemption and Missouri Tax Exemption letter for Boone County, Missouri and the Contractor shall be responsible for furnishing the exemption certificate and tax exemption letter to all authorized sub-contractors and suppliers providing materials incorporated in the work. All invoices issued for purchases for such materials, supplies, and taxable rentals shall be in the name of Boone County and contain the project number assigned by Boone County for the contract awarded. It shall be the responsibility of the Contractor to insure that no sales or use taxes are included in the invoices and that the County pays no sales/use taxes from which it is exempt. The Contractor shall be responsible for obtaining revised exemption certificates and revised expiration dates if the work extends beyond the estimated project completion date or a certificate expiration date. The Contractor shall also be responsible for retaining a copy of the project exemption certificate for a period of five years and for compliance with all other terms and conditions of section 144.062 RSMo. Not otherwise herein specified. The Contractor agrees not to use or permit others to use the project exemption certificate for taxable purchases of materials or rentals and supplies not directly incorporated into or used in the work to which it applies and agrees to indemnify and hold the County harmless from all losses, expenses and costs including litigation expenses and attorney fees resulting from the unauthorized use of such project exemption certificates.

- 2.7. **OSHA Program Requirements As of August 28, 2009** – The Contractor is familiar with the requirements of 292.675 RSMo. The Contractor shall provide a ten-hour Occupational Safety and Health Administration (OSHA) construction safety program for their on-site employees, subcontractors or others acting on behalf of Contractor on-site which meets the requirements of 292.675 RSMo.
- 2.7.1 The Contractor and each subcontractor shall keep accurate records of those employees who are working on-site and a record of each such employee's completion of the OSHA program.
- 2.7.2. The Contractor shall forfeit as a penalty to the County the sum of Two Thousand Five Hundred Dollars (\$2,500.00) plus One Hundred Dollars (\$100.00) for each employee employed by the Contractor or subcontractor, for each calendar day, or portion thereof, such employee is found to be employed in violation of 292.675 RSMo. Said amounts shall be withheld from all sums and amounts due under this provision when making payments to the Contractor.
- 2.8. **Inspection of Equipment:** The County reserves the right to inspect the contractor's equipment and to perform such investigation as may be deemed necessary to insure that competent personnel and management will be utilized in the performance of the contract.
- 2.9. The County will not compensate for meal time or excessive downtime. The County will allow time for minor repairs, adjustments and fueling not to exceed five percent (5%) of the actual time worked on any calendar day. If the Contractor furnishes a piece of equipment that is deemed by the County not to be in good working order, the County will not pay for any time for the use of such equipment.
- 2.10. No compensation will be allowed over and above the bid hourly rate.
- 2.11. **DESIGNEE** - Boone County Public Works Department, 5551 Tom Bass Rd., Columbia, Missouri 65201.
- 2.12. **BID CLARIFICATION** - Any questions or clarifications concerning bid documents should be addressed in writing, PRIOR TO BID OPENING, to Amy Robbins, Senior Buyer, 613 E. Ash Street, Room 109, Columbia, Missouri 65201. Telephone (573) 886-4392; Fax (573) 886-4390, E-mail: arobbins@boonecountymo.org.

**3. Response Presentation and Review**

- 3.1. **RESPONSE CONTENT** - In order to enable direct comparison of competing Responses, you must submit your Response in strict conformity to the requirements stated here. Failure to adhere to all requirements may result in your Response being disqualified as non-responsive. All Responses must be submitted using the provided Response Sheet. Every question must be answered and if not applicable, the section must contain "N/A" or "No Bid". Manufacturer's published specifications for the items requested shall be included with the response.
- 3.2. **SUBMITTAL OF RESPONSES** - Responses MUST be received by the date and time noted on the title page under "Bid Submission Information and Deadline". NO EXCEPTIONS. We are not responsible for late or incorrect deliveries from the US Postal Service or any other mail carrier.
- 3.2.1. **Submittal Package** - Submit, to the location specified on the title page, **three (3) complete copies** of your Response in a single sealed envelope, clearly marked on the outside with your company name and return address, the proposal number and the due date and time.
- 3.2.2. **Advice of Award** - A Bid Tabulation of responses received as well as Award status can be viewed at [www.showmeboone.com](http://www.showmeboone.com).
- 3.3. **BID OPENING** - On the date and time and at the location specified on the title page under "Bid Opening", all Responses will be opened in public. Brief summary information from each will be read aloud.
- 3.3.1. **Removal from Vendor Database** - If any prospective Bidder currently in our Vendor Database to whom the Bid was sent elects not to submit a Response and fails to reply in writing stating reasons for not bidding, that Bidder's name may be removed from our database. Other reasons for removal include unwillingness or inability to show financial responsibility, reported poor performance, unsatisfactory service, or repeated inability to meet delivery requirements.
- 3.4. **RESPONSE CLARIFICATION** - We reserve the right to request additional written or oral information from Bidders in order to obtain clarification of their Responses.
- 3.4.1. **Rejection or Correction of Responses** - We reserve the right to reject any or all Responses. Minor irregularities or informalities in any Response which are immaterial or inconsequential in nature, and are neither affected by law nor at substantial variance with Bid conditions, may be waived at our discretion whenever it is determined to be in the County's best interest.
- 3.5. **EVALUATION PROCESS** - Our sole purpose in the evaluation process is to determine from among the Responses received which one is best suited to meet the County's needs at the lowest possible cost. Any final analysis or weighted point score does not imply that one Bidder is superior to another, but simply that in our judgment the Contractor selected appears to offer the best overall solution for our current and anticipated needs at the lowest possible cost.
- 3.5.1. **Method of Evaluation** - We will evaluate submitted responses in relation to all aspects of this Bid.
- 3.5.2. **Acceptability** - We reserve the sole right to determine whether goods and/or services offered are acceptable for our use.
- 3.5.3. In the event of a discrepancy between a unit price and an extended line item price, the unit price shall govern.
- 3.5.4. **Endurance of Pricing** - Your pricing must be held until contract execution or 60 days, whichever comes first.

**4. Response Form**

- 4.1. Company Name: \_\_\_\_\_
- 4.2. Address: \_\_\_\_\_
- 4.3. City/Zip: \_\_\_\_\_
- 4.4. Phone Number: \_\_\_\_\_
- 4.5. Fax Number: \_\_\_\_\_
- 4.6. Federal Tax ID: \_\_\_\_\_
- 4.6.1. ( ) Corporation  
 ( ) Partnership - Name \_\_\_\_\_  
 ( ) Individual/Proprietorship - Individual Name \_\_\_\_\_  
 ( ) Other (Specify) \_\_\_\_\_
- 4.7. Prompt Payment Terms: \_\_\_\_\_
- 4.7.1. Will you accept automated clearinghouse (ACH) for payment of invoices? \_\_\_\_\_
- 4.8. **Street Sweeping** – The bidder proposes to furnish the equipment/material as specified elsewhere herein to the County of Boone-Missouri, to include all transportation and disposal costs, for the prices indicated below.

Description	<b>Initial Contract Period- Firm, Fixed Price Per Hourly Rate</b>	<b>1<sup>st</sup> Renewal Period- Maximum Price Per Hourly Rate</b>	<b>2<sup>nd</sup> Renewal Period- Maximum Price Per Hourly Rate</b>	<b>3<sup>rd</sup> Renewal Period- Maximum Price Per Hourly Rate</b>	<b>4<sup>th</sup> Renewal Period- Maximum Price Per Hourly Rate</b>
Contractor Sweeping at Hourly					
4.8.1. Rate within Various Boone County Subdivisions and Roadways.	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
4.8.1.1. Mobilization (per call out)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
4.8.2. <u>Add Alternate:</u> Daily Rate Haul Off Truck( 8 hrs)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

- 4.9. **Holidays:** Bidder shall list the holidays and dates of holidays observed by their company:  
 \_\_\_\_\_  
 \_\_\_\_\_

4.10. **References** – Bidder must provide three (3) references for services rendered to public / commercial clients which are similar in size and scope.

4.10.1. Reference #1

Individual Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

4.10.2. Reference #2

Individual Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

4.10.3. Reference #3

Individual Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

4.11. Will you honor the submitted prices for purchase by other entities in Boone County who participate in cooperative purchasing with Boone County, Missouri?  
\_\_\_\_\_ Yes                      \_\_\_\_\_ No

4.12. Authorized Representative (Sign By Hand):  
\_\_\_\_\_

4.12.1. Type or Print Signed Name:  
\_\_\_\_\_

4.12.2. Today's Date: \_\_\_\_\_

**(Please complete and return with Contract)**

Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, 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.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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Name and Title of Authorized Representative

---

Signature

---

Date

## INSTRUCTIONS FOR COMPLIANCE WITH HOUSE BILL 1549

House Bill 1549 addresses the Department of Homeland Security's and the Social Security Administration's E-Verify Program (Employment Eligibility Verification Program) that requires the County to verify "lawful presence" of individuals when we contract for work/service; verify that contractor has programs to verify lawful presence of their employees when contracts exceed \$5,000; and a requirement for OSHA safety training for public works projects.

The County is required to obtain certification that the bidder awarded the attached contract participates in a federal work authorization program. To obtain additional information on the Department of Homeland Security's E-Verify program, go to:

<http://www.uscis.gov/portal/site/uscis/menuitem.eb1d4c2a3e5b9ac89243c6a7543f6d1a/?vgnextoid=75bce2e261405110VgnVCM1000004718190aRCRD&vgnnextchannel=75bce2e261405110VgnVCM1000004718190aRCRD>

Please complete and return form *Work Authorization Certification Pursuant to 285.530 RSMo* if your contract amount is in excess of \$5,000. **Attach to this form the first and last page of the *E-Verify Memorandum of Understanding* that you completed when enrolling for proof of enrollment.**

If you are an Individual/Proprietorship, then you must return the attached *Certification of Individual Bidder*. On that form, you may do one of the three options listed. Be sure to attach any required information for those options as detailed on the *Certification of Individual Bidder*. If you choose option number two, then you will also need to complete and return the attached form *Affidavit*.





**CERTIFICATION OF INDIVIDUAL BIDDER**

Pursuant to Section 208.009 RSMo, any person applying for or receiving any grant, contract, loan, retirement, welfare, health benefit, post secondary education, scholarship, disability benefit, housing benefit or food assistance who is over 18 must verify their lawful presence in the United States. Please indicate compliance below. Note: A parent or guardian applying for a public benefit on behalf of a child who is citizen or permanent resident need not comply.

- \_\_\_\_ 1. I have provided a copy of documents showing citizenship or lawful presence in the United States. (Such proof may be a Missouri driver's license, U.S. passport, birth certificate, or immigration documents). Note: If the applicant is an alien, verification of lawful presence must occur prior to receiving a public benefit.
  
- \_\_\_\_ 2. I do not have the above documents, but provide an affidavit (copy attached) which may allow for temporary 90 day qualification.
  
- \_\_\_\_ 3. I have provided a completed application for a birth certificate pending in the State of \_\_\_\_\_. Qualification shall terminate upon receipt of the birth certificate or determination that a birth certificate does not exist because I am not a United States citizen.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**AFFIDAVIT**  
**(Only Required for Individual Bidder Certification Option #2)**

State of Missouri                    )  
  )SS.  
County of \_\_\_\_\_            )

I, the undersigned, being at least eighteen years of age, swear upon my oath that I am either a United States citizen or am classified by the United States government as being lawfully admitted for permanent residence.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number  
or Other Federal I.D. Number

\_\_\_\_\_  
Printed Name

On the date above written \_\_\_\_\_ appeared before me and swore that the facts contained in the foregoing affidavit are true according to his/her best knowledge, information and belief.

\_\_\_\_\_  
Notary Public

My Commission Expires:

## STANDARD TERMS AND CONDITIONS - BOONE COUNTY, MISSOURI

1. Contractor shall comply with all applicable federal, state, and local laws and failure to do so, in County's sole discretion, shall give County the right to terminate this Contract.
2. Responses shall include all charges for packing, delivery, installation, etc., (unless otherwise specified) to the Boone County Department identified in the Request for Bid and/or Proposal.
3. The Boone County Commission has the right to accept or reject any part or parts of all bids, to waive technicalities, and to accept the offer the County Commission considers the most advantageous to the County. Boone County reserves the right to award this bid on an item-by-item basis, or an "all or none" basis, whichever is in the best interest of the County.
4. Bidders must use the bid forms provided for the purpose of submitting bids, must return the bid and bid sheets comprised in this bid, give the unit price, extended totals, and sign the bid. The Purchasing Director reserves the right, when only one bid has been received by the bid closing date, to delay the opening of bids to another date and time in order to revise specifications and/or establish further competition for the commodity or service required. The one (1) bid received will be retained unopened until the new Closing date, or at request of bidder, returned unopened for re-submittal at the new date and time of bid closing.
5. When products or materials of any particular producer or manufacturer are mentioned in our specifications, such products or materials are intended to be descriptive of type or quality and not restricted to those mentioned.
6. Do not include Federal Excise Tax or Sales and Use Taxes in bid process, as law exempts the County from them.
7. The delivery date shall be stated in definite terms, as it will be taken into consideration in awarding the bid.
8. The County Commission reserves the right to cancel all or any part of orders if delivery is not made or work is not started as guaranteed. In case of delay, the Contractor must notify the Purchasing Department.
9. In case of default by the Contractor, the County of Boone will procure the articles or services from other sources and hold the Bidder responsible for any excess cost occasioned thereby.
10. Failure to deliver as guaranteed may disqualify Bidder from future bidding.
11. Prices must be as stated in units of quantity specified, and must be firm. Bids qualified by escalator clauses may not be considered unless specified in the bid specifications.
12. No bid transmitted by fax machine or e-mail will be accepted.
13. The County of Boone, Missouri expressly denies responsibility for, or ownership of any item purchased until same is delivered to the County and is accepted by the County.
14. The County reserves the right to award to one or multiple respondents. The County also reserves the right to not award any item or group of items if the services can be obtained from a state or other governmental entities contract under more favorable terms.
15. The County, from time to time, uses federal grant funds for the procurement of goods and services.

Accordingly, the provider of goods and/or services shall comply with federal laws, rules and regulations applicable to the funds used by the County for said procurement, and contract clauses required by the federal government in such circumstances are incorporated herein by reference. These clauses can generally be found in the Federal Transit Administration's Best Practices Procurement Manual – Appendix A. Any questions regarding the applicability of federal clauses to a particular bid should be directed to the Purchasing Department prior to bid opening.

16. In the event of a discrepancy between a unit price and an extended line item price, the unit price shall govern.
17. Should an audit of Contractor's invoices during the term of the Agreement, and any renewals thereof, indicate that the County has remitted payment on invoices that constitute an over-charging to the County above the pricing terms agreed to herein, the Contractor shall issue a refund check to the County for any over-charges within 30-days of being notified of the same.
18. **For all titled vehicles and equipment the dealer must use the actual delivery date to the County on all transfer documents** including the Certificate of Origin (COO,) Manufacturer's Statement of Origin (MSO,) Bill of Sale (BOS,) and Application for Title.
19. **Equipment and serial and model numbers** - The contractor is strongly encouraged to include equipment serial and model numbers for all amounts invoiced to the County. If equipment serial and model numbers are not provided on the face of the invoice, such information may be required by the County before issuing payment.



**Boone County Purchasing**  
613 E. Ash Street, Room 109  
Columbia, MO 65201  
**Amy Robbins, Senior Buyer**  
Phone: (573) 886-4392 – Fax: (573) 886-4390

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**“NO BID RESPONSE FORM”**

**NOTE: COMPLETE AND RETURN THIS FORM ONLY IF YOU DO NOT WANT TO SUBMIT A  
BID**

If you do not wish to respond to this bid request, but would like to remain on the Boone County vendor list **for this service/commodity**, please remove form and return to the Purchasing Department by mail or fax.

If you would like to FAX this “No Bid” Response Form to our office, the FAX number is (573) 886-4390.

**Bid: 49-31OCT14 – Street Sweeping Services – Term and Supply**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Contact: \_\_\_\_\_

Date: \_\_\_\_\_

Reason(s) for not bidding:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# MISSOURI ONLINE BUSINESS FILING



## Gen. Business - For Profit Details as of 11/7/2014

- Fees & Forms
- FAQ
- Corporations Home
- Business Outreach Office
- UCC Filings
- Corporation Filings
- SOS Home
- Contact Us

\*Required Field

If you wish to file online, select the filing from the Filing drop-down list, then click the FILE ONLINE button.

To file a registration report, click the FILE REGISTRATION REPORT button.

To order copies or certificates, click the COPIES/CERTIFICATES button.

---

RETURN TO SEARCH RESULTS Select filing from the list. FILE ONLINE

Filing Type Acceptance of a General Business to a Non Pr

ORDER COPIES: CERTIFICATES

General Information	Filings	Address	Contact(s)
Name(s) CONTRACTORS AND MUNICIPAL SWEEPING SERVICE, INC.		Address 111 BOONE HILLS DRIVE ST. PETERS, MO 63376	
Type Gen. Business - For Profit	Charter No. 00322438		Status Good Standing
Domesticity Domestic	Registered Agent Nancy K Sanders 111 BOONE HILLS DRIVE ST. Peters, MO 63376		Date Formed 12/15/1988
Duration Perpetual			
Renewal Month January			
Report Due 4/30/2016			

The information contained herein is provided as a public service. The State makes no representation or guarantee as to the correctness, completeness or suitability of the information provided or of any linked information. All critical information should be verified directly with the Secretary of State, Corporation Division. The State, its employees, contractors, subcontractors or their employees do not make any warranty, expressed or implied, or assume any legal liability for the accuracy, completeness or usefulness of any information, apparatus, product or process disclosed or represent that its use would not infringe on privately-owned rights. The information and/or services provided may change at any time without notice.

**SAM Search Results**  
**List of records matching your search for :**

**Search Term : Contractors\* and\* Municipal\* Sweeping\* Services\* Inc.\***  
**Record Status: Active**

**No Search Results**

# CERTIFIED COPY OF ORDER

STATE OF MISSOURI }  
County of Boone } ea.

December Session of the October Adjourned

Term. 20 14

In the County Commission of said county, on the 11th day of December 20 14

the following, among other proceedings, were had, viz:

Now on this day the County Commission of the County of Boone does hereby approve the request by the Purchasing Department to dispose of the attached list of surplus PC & Peripheral equipment through MRC Recycling Center.

It is further ordered the Presiding Commissioner is hereby authorized to sign said Request for Disposal forms.

Done this 11th day of December, 2014

ATTEST:

Wendy S. Noren  
Wendy S. Noren  
Clerk of the County Commission

Daniel K. Atwill  
Daniel K. Atwill  
Presiding Commissioner

Karen M. Miller  
Karen M. Miller  
District I Commissioner

Absent  
Janet M. Thompson  
District II Commissioner



Boone County Purchasing  
David Eagle  
Office Specialist



613 E. Ash St.  
Columbia, MO 65201  
Phone: (573) 886-4394

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**MEMORANDUM**

TO: Boone County Commission  
FROM: David Eagle  
RE: Computer and Peripheral Surplus Disposal  
DATE: December 3, 2014

The Purchasing Departments requests permission to dispose of the following list of surplus PC & Peripheral equipment through MRC Recycling Center. MRC Recycling will pick up our surplus at no charge. They are a State of Missouri, DNR Level Four recycling center. No computer items are land-filled. Purchasing will obtain a Certificate of Destruction, and we will let them know that we want everything recycled, not reused so nothing ends up in the landfill.

Prior to Computer surplus coming to Purchasing for disposal, Information Technology has removed the hard-drives for destruction by their department. Their procedure for PC disposal is:

Once all the data is copied or recovered for the user, IT removes the hard drive and memory from the PC. The memory is held to be used for upgrading other PCs at the county that can benefit. IT sometimes removes parts that can be used as spare if the model is current enough. (ie Power Supplies, Video Cards, etc.) The hard drive is held for a minimum of 30 days in case a user identifies something is missing. After 30 days IT may reuse the hard drive in other county PCs if there are failures. If a hard drive goes unused or fails and IT needs to physically dispose of it, they drill a 5/8" hole through the drive and the data platters. Once IT has collection of "drilled" drives, they deliver them to PC recycling vendor, MRC Recycling Center.

MRC Recycling Center certifies that they have picked up the following items and that all items will be recycled, not reused, so nothing ends up in the landfill.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

	Asset #	Description	Make & Model	Department	Condition of Asset	Serial #
1.	NO TAG	17" LCD MONITOR	ACER	JJC	UNKNOWN	ETL21021355310187 8ED22
2.	16849	LAPTOP NOTEBOOK	HP ELITEBOOK 8730W	SHERIFF	UNKNOWN	
3.	17081	PC WORKSTATION	HP COMPAQ 6000	COLLECTOR	UNKNOWN	

4.	14345	SERVER NETWORK	HP PROLIANT DL380	GIS – CONSORTIUM	UNKNOWN	
5.	13416	17" CRT MONITOR	GATEWAY EV700	COUNTY COMMISSION	UNKNOWN	
6.	15487	PC WORKSTATION	HP DC7600	SHERIFF	UNKNOWN	
7.	15036	17" LCD MONITOR	HP L1740	INFORMATION TECHNOLOGY	UNKNOWN	
8.	15782	PC WORKSTATION	HP DC7600	COUNTY COMMISSION	UNKNOWN	
9.	14276	SERVER NETWORK	INTEL XEON 2.4 GHZ	INFORMATION TECHNOLOGY	UNKNOWN	
10.	14320	COPIER	KYROCERA 4035	JJC	UNKNOWN	
11.	15862	PC WORKSTATION	HP DC5700	COUNTY CLERK	UNKNOWN	
12.	NO TAG	LASER PRINTER	HP 243N	CIRCUIT CLERK	UNKNOWN	
13.	13792	19" LCD MONITOR	DELL USTRASHAR P	INFORMATION TECHNOLOGY	UNKNOWN	
14.	16987	WORKSTATION	HP COMPAQ DC5800	CIRCUIT CLERK	UNKNOWN	
15.	16984	WORKSTATION	HP COMPAQ DC5800	CIRCUIT CLERK	UNKNOWN	
16.	14204	PRINT BOX	IO CORP 4465 TX	INFORMATION TECHNOLOGY	UNKNOWN	
17.	16283	LAPTOP NOTEBOOK	PANASONIC TOUGHBOOK CF19	DESIGN & CONSTRUCTION	UNKNOWN	
18.	15865	PC WORKSTATION	HP DC5700	ASSESSOR	UNKNOWN	
19.	15864	PC WORKSTATION	HP DC5700	ASSESSOR	UNKNOWN	

20.	16880	PC WORKSTATION	HP DC5800	ASSESSOR	UNKNOWN	
21.	15847	SERVER NETWORK	HP PROLIANT DL360	INFORMATION TECHNOLOGY	UNKNOWN	
22.	11235	PRINTER LASER MONOCHROME	LEXMARK OPTRA S 1620	PROSECUTING ATTORNEY	UNKNOWN	
23.	11244	PRINTER LASER MONOCHROME	LEXMARK OPTRA S 1620	PROSECUTING ATTORNEY	UNKNOWN	
24.	16339	19" LCD MONITOR	ACER AL1917W ABD	AUDITOR	UNKNOWN	
25	16599	LAPTOP NOTEBOOK	IBM THINKPAD T21	SHERIFF	UNKNOWN	
26	NO TAG	NINE KEYBORDS AND MICE	HP	RECORDER	POOR	
27	14898	17" LCD MONITOR	HP L1740	SHERIFF	UNKNOWN	
29	15565	15" NOTEBOOK COMPUTER	HP/COMPAQ NC8230	CIRCUIT COURT	UNKNOWN	
30	16711	15" NOTEBOOK COMPUTER	MERIDIAN / NT4X37	CIRCUIT COURT	UNKNOWN	
31	16959	PC WORKSTATION	HP/COMPAQ DC5800	CIRCUIT COURT	UNKNOWN	
32	17120	PRINTER	HP/LASERJET P1505	CIRCUIT COURT	UNKNOWN	
33	18099	PRINTER HP	HP/OFFICJET 8000	CIRCUIT COURT	UNKNOWN	
34	NO TAG	15"CRT MONITOR	HP/COMPAQ S710	CIRCUIT COURT	UNKNOWN	110CG43HS593
35	NO TAG	15"CRT MONITOR	HP/S710	CIRCUIT COURT	UNKNOWN	110CG43HA216
37	NO TAG	17" LCD MONITOR	HP/L1706	CIRCUIT COURT	UNKNOWN	CNC6122K47
38	NO TAG	15"CRT MONITOR	HP/COMPAQ S710	CIRCUIT COURT	UNKNOWN	110CG43HS586

39	NO TAG	15" CRT MONITOR	HP/COMPAQ S710	CIRCUIT COURT	UNKNOWN	928CD61SG170
40	NO TAG	15" CRT MONITOR	HP/COMPAQ S710	CIRCUIT COURT	UNKNOWN	110CG43HS160
41	NO TAG	15" CRT MONITOR	HP/COMPAQ S700	CIRCUIT COURT	UNKNOWN	928CD61SI418
42	NO TAG	15" NOTEBOOK COMPUTER	DELL/D505	CIRCUIT COURT	UNKNOWN	

cc: HEATHER ACTON, AUDITOR  
Surplus File

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : 11/24/14

FIXED ASSET TAG NUMBER: N/A

RECEIVED

DESCRIPTION: Acer 17" Monitor SN# ETL210213553101878ED22

NOV 24 2014

REQUESTED MEANS OF DISPOSAL: sell

BOONE COUNTY  
AUDITOR

OTHER INFORMATION:

CONDITION OF ASSET: not working

REASON FOR DISPOSITION: not working

COUNTY / COURT IT DEPT. (circle one) DOES / DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: as soon as possible

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO

IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: JJC

SIGNATURE

*Ann Schull*

**AUDITOR**

No DATA

ORIGINAL PURCHASE DATE \_\_\_\_\_

RECEIPT INTO 1190-3836 HA

ORIGINAL COST \_\_\_\_\_

GRANT FUNDED (Y/N) \_\_\_\_\_

ORIGINAL FUNDING SOURCE \_\_\_\_\_

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

ASSET GROUP \_\_\_\_\_

AGENCY \_\_\_\_\_

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_ AUCTION \_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 562-2014

DATE APPROVED 12-11-14

SIGNATURE *Donna Schull*

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : November 21, 2014

FIXED ASSET TAG NUMBER: 00016849

DESCRIPTION HP ELITEBOOK 8730W  
LAPTOP NOTEBOOK

REQUESTED MEANS OF DISPOSAL: SELL

OTHER INFORMATION:

CONDITION OF ASSET: HARD DRIVE/MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

COUNTY/COURT IT DEPT. (circle one) DOES/DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: *As soon as possible - In GC Room 123.*

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF

SIGNATURE

*Judy*

### AUDITOR

ORIGINAL PURCHASE DATE 4-17-2009  
ORIGINAL COST \$ 1534.00  
ORIGINAL FUNDING SOURCE 2731  
ASSET GROUP 1603

RECEIPT INTO 1190-3836 HA  
TRANSFER CONFIRMED \_\_\_\_\_

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_ AUCTION \_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 562-2014

DATE APPROVED 12-11-14

SIGNATURE *[Signature]*

**RECEIVED**

NOV 21 2014

**BOONE COUNTY AUDITOR**

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : November 21, 2014

FIXED ASSET TAG NUMBER: 00017081

DESCRIPTION HP COMPAQ 6000  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: SELL

OTHER INFORMATION:

CONDITION OF ASSET: HARD DRIVE/MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

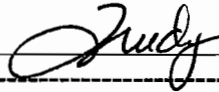
~~COUNTY/COURT IT DEPT.~~ (circle one) ~~DOES/DOES NOT~~ (circle one) ~~WISH TO TRANSFER THIS ITEM FOR ITS OWN USE~~ (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: *As soon as possible. In GC Room 123.*

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: COLLECTOR

SIGNATURE



### AUDITOR

ORIGINAL PURCHASE DATE 2-24-2010  
ORIGINAL COST \$ 538.14  
ORIGINAL FUNDING SOURCE 2788  
ASSET GROUP 1003

RECEIPT INTO 2110-3836 HA  
TRANSFER CONFIRMED \_\_\_\_\_

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

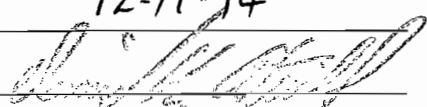
INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 562-2014

DATE APPROVED 12-11-14

SIGNATURE 

**RECEIVED**

NOV 21 2014

**BOONE COUNTY AUDITOR**

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : November 19, 2014

FIXED ASSET TAG NUMBER: 00014345

DESCRIPTION HP PROLIANT DL380  
SERVER NETWORK

**RECEIVED**

REQUESTED MEANS OF DISPOSAL: SELL

NOV 20 2014

OTHER INFORMATION:

**BOONE COUNTY AUDITOR**

CONDITION OF ASSET: HARD DRIVE/MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

COUNTY/COURT IT DEPT. (circle one) DOES/DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: *As soon as possible. In GC Room 123.*

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: GIS - CONSORTIUM

SIGNATURE \_\_\_\_\_

### AUDITOR

ORIGINAL PURCHASE DATE 4-06-04  
ORIGINAL COST \$12,351.10  
ORIGINAL FUNDING SOURCE 2731 + 2743  
ASSET GROUP 1603

8.64% 2010-3835  
RECEIPT INTO 91.36% 1190-3835 HQ  
TRANSFER CONFIRMED \_\_\_\_\_

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

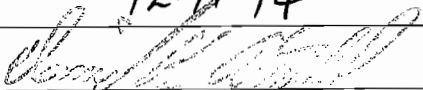
INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_ AUCTION \_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 562-2014

DATE APPROVED 12-11-14

SIGNATURE 



# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : November 12, 2014

FIXED ASSET TAG NUMBER: 00013416

DESCRIPTION GATEWAY EV700  
MONITOR CRT 17 INCH

**RECEIVED**

NOV 12 2014

REQUESTED MEANS OF DISPOSAL: SELL

**BOONE COUNTY AUDITOR**

OTHER INFORMATION:

CONDITION OF ASSET: PURCHASED 2002 - VERY POOR

REASON FOR DISPOSITION: REPLACEMENT

COUNTY/COURT IT DEPT. (circle one) DOES/DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: *As soon as possible. In GC Room 123.*

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO

IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: COUNTY COMMISSION

SIGNATURE *Judy*

### AUDITOR

ORIGINAL PURCHASE DATE 7-16-02  
ORIGINAL COST \$1.00  
ORIGINAL FUNDING SOURCE 2731  
ASSET GROUP 1603

RECEIPT INTO 1190-3836 Ha

TRANSFER CONFIRMED \_\_\_\_\_

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_ AUCTION \_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 562-2014

DATE APPROVED 12-11-14

SIGNATURE *[Signature]*

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : November 7, 2014

FIXED ASSET TAG NUMBER: 00015487

DESCRIPTION HP DC7600  
PC WORKSTATION

**RECEIVED**

REQUESTED MEANS OF DISPOSAL: SELL

NOV 12 2014

OTHER INFORMATION:

**BOONE COUNTY AUDITOR**

CONDITION OF ASSET: HARD DRIVE/MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

COUNTY/COURT IT DEPT. (circle one) DOES/DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: *As soon as possible. In GC Room 123.*

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF

SIGNATURE

*Judy*

### AUDITOR

ORIGINAL PURCHASE DATE 5-22-2006  
ORIGINAL COST 1,095  
ORIGINAL FUNDING SOURCE 2731  
ASSET GROUP 1603

RECEIPT INTO 1190-3836 HA

TRANSFER CONFIRMED  
*Mistakenly disposed of 6/13/13 b/c of typo on memo*

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 562-2014

DATE APPROVED 12-11-14

SIGNATURE *[Signature]*

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : November 5, 2014

FIXED ASSET TAG NUMBER: 00015036

DESCRIPTION HP L1740  
MONITOR LCD 17 INCH

REQUESTED MEANS OF DISPOSAL: SELL

OTHER INFORMATION:

CONDITION OF ASSET: NON-WORKING

REASON FOR DISPOSITION: REPLACEMENT

COUNTY/COURT IT DEPT. (circle one) DOES/DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: *As soon as possible. In GC Room 123.*

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOLOGY

SIGNATURE

*Judy*

### AUDITOR

ORIGINAL PURCHASE DATE 6-15-05  
ORIGINAL COST \$319.00  
ORIGINAL FUNDING SOURCE 2731  
ASSET GROUP 1603

RECEIPT INTO 1190-3836 Ha  
TRANSFER CONFIRMED \_\_\_\_\_

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_ AUCTION \_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 562-2614

DATE APPROVED 12-11-14

SIGNATURE *[Signature]*

**RECEIVED**

NOV 06 2014

**BOONE COUNTY AUDITOR**

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : October 28, 2014

FIXED ASSET TAG NUMBER: 00015782

DESCRIPTION HP DC7600  
PC WORKSTATION

**RECEIVED**

REQUESTED MEANS OF DISPOSAL: SELL

OCT 30 2014

OTHER INFORMATION:

**BOONE COUNTY AUDITOR**

CONDITION OF ASSET: HARD DRIVE/MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

COUNTY/COURT IT DEPT. (circle one) DOES/DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: *As soon as possible. In GC Room 123.*

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: COUNTY COMMISSION

SIGNATURE *Judy*

**AUDITOR**

ORIGINAL PURCHASE DATE 12-22-06  
ORIGINAL COST \$1462  
ORIGINAL FUNDING SOURCE 2743  
ASSET GROUP 1603

RECEIPT INTO 2010-3836 HA  
TRANSFER CONFIRMED \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 562-2014

DATE APPROVED 12-11-14

SIGNATURE *[Signature]*

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : October 29, 2014

FIXED ASSET TAG NUMBER: 00014276

DESCRIPTION INTEL XEON 2.4 GHZ  
SERVER NETWORK

REQUESTED MEANS OF DISPOSAL: SELL

OTHER INFORMATION:

CONDITION OF ASSET: HARD DRIVE/MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

COUNTY/COURT IT DEPT. (circle one) DOES/DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: *As soon as possible. In GC Room 123.*

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOLOGY

SIGNATURE *Judy*

### AUDITOR

ORIGINAL PURCHASE DATE 12-31-2003  
ORIGINAL COST \$ 2,200  
ORIGINAL FUNDING SOURCE 2772  
ASSET GROUP 1603

RECEIPT INTO 2020-3836 Ha  
TRANSFER CONFIRMED \_\_\_\_\_

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_ TRADE \_\_\_ AUCTION \_\_\_ SEALED BIDS

\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 562-2014

DATE APPROVED 12-11-14

SIGNATURE *[Signature]*

RECEIVED

OCT 30 2014

BOONE COUNTY AUDITOR

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : 10/9/14

FIXED ASSET TAG NUMBER: 14320

DESCRIPTION: Kyrocera 4035 Serial Number: L3006168

**RECEIVED**

REQUESTED MEANS OF DISPOSAL: Sell

Oct 09 2014

OTHER INFORMATION:

**BOONE COUNTY AUDITOR**

CONDITION OF ASSET: Fair

REASON FOR DISPOSITION: No Longer Need

COUNTY / COURT IT DEPT. (circle one) DOES /DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: as soon as possible

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: JJC

SIGNATURE

*Ann Schell*

**AUDITOR**

ORIGINAL PURCHASE DATE 3-2-14

RECEIPT INTO 1190-3835

ORIGINAL COST \$8,829

GRANT FUNDED (Y/N) \_\_\_\_\_

ORIGINAL FUNDING SOURCE 2731

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

ASSET GROUP 1601

AGENCY \_\_\_\_\_

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 562-2014

DATE APPROVED 12-11-14

SIGNATURE *[Signature]*

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : October 21, 2014

FIXED ASSET TAG NUMBER: 00015862

**RECEIVED**

DESCRIPTION HP DC5700  
PC WORKSTATION

OCT 24 2014

**BOONE COUNTY AUDITOR**

REQUESTED MEANS OF DISPOSAL: SELL

OTHER INFORMATION:

CONDITION OF ASSET: HARD DRIVE/MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

COUNTY/COURT IT DEPT. (circle one) DOES/DOES NOT (circle one) WISH TO ~~TRANSFER THIS ITEM FOR ITS OWN USE~~ (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: *As soon as possible. In GC Room 123.*

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: COUNTY CLERK

SIGNATURE

*Judy*

### AUDITOR

ORIGINAL PURCHASE DATE 3-9-07  
ORIGINAL COST 748.00  
ORIGINAL FUNDING SOURCE 2731  
ASSET GROUP 1603

RECEIPT INTO 1190-3836 HA  
TRANSFER CONFIRMED \_\_\_\_\_

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_ AUCTION \_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 562-2014

DATE APPROVED 12-11-14

SIGNATURE \_\_\_\_\_

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : October 22, 2014

FIXED ASSET TAG NUMBER: NA

**RECEIVED**

DESCRIPTION: HP Laser Printer 2430N

OCT 22 2014

**BOONE COUNTY AUDITOR**

REQUESTED MEANS OF DISPOSAL: Surplus item

OTHER INFORMATION: Printer is located on the 2<sup>nd</sup> floor next to the Circuit Clerk's Conference Room.

CONDITION OF ASSET: Poor

REASON FOR DISPOSITION: No longer works

COUNTY / COURT IT DEPT. (check one)  DOES  DOES NOT (check one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE:

WAS ASSET PURCHASED WITH GRANT FUNDING?  YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: 1221

SIGNATURE

*D. White*  
*Joe*

**AUDITOR**

ORIGINAL PURCHASE DATE \_\_\_\_\_

RECEIPT INTO 1190-3836 HA

ORIGINAL COST \_\_\_\_\_

GRANT FUNDED (Y/N) \_\_\_\_\_

ORIGINAL FUNDING SOURCE \_\_\_\_\_

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

ASSET GROUP \_\_\_\_\_

AGENCY \_\_\_\_\_

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 562-2014

DATE APPROVED 12-11-14

SIGNATURE \_\_\_\_\_



# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : October 2, 2014

FIXED ASSET TAG NUMBER: 00013792

DESCRIPTION DELL ULTRASHARP  
MONITOR LCD 19 INCH

REQUESTED MEANS OF DISPOSAL: SELL

OTHER INFORMATION:

CONDITION OF ASSET: NON-WORKING

REASON FOR DISPOSITION: REPLACEMENT

**RECEIVED**

OCT 07 2014

**BOONE COUNTY AUDITOR**

~~COUNTY/COURT~~ IT DEPT. (circle one) DOES/DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: *As soon as possible. In 6C Room 123*

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOLOGY

SIGNATURE *Judy*

### AUDITOR

ORIGINAL PURCHASE DATE 3-6-2003  
ORIGINAL COST \$1.00  
ORIGINAL FUNDING SOURCE 2731  
ASSET GROUP 1603

RECEIPT INTO 1190-3836  
TRANSFER CONFIRMED \_\_\_\_\_

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_ AUCTION \_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 562-2014

DATE APPROVED 12-11-14

SIGNATURE \_\_\_\_\_

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 10/2/14

FIXED ASSET TAG NUMBER: 16987

DESCRIPTION: workstation *HP Compaq 305800*

**RECEIVED**

REQUESTED MEANS OF DISPOSAL: pick up

OCT 06 2014

OTHER INFORMATION:

**BOONE COUNTY AUDITOR**

CONDITION OF ASSET: old

REASON FOR DISPOSITION: not compatible

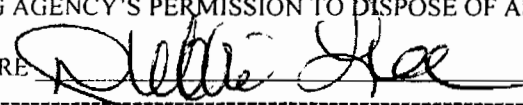
COUNTY / COURT IT DEPT. (check one)  DOES  DOES NOT (check one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP

WAS ASSET PURCHASED WITH GRANT FUNDING?  YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: 1221

SIGNATURE



**AUDITOR**

ORIGINAL PURCHASE DATE 9-25-09

RECEIPT INTO 1190-3836

ORIGINAL COST \$494.21

GRANT FUNDED (Y/N) \_\_\_\_\_

ORIGINAL FUNDING SOURCE 273i

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

ASSET GROUP 1603

AGENCY \_\_\_\_\_

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 562-2014

DATE APPROVED 12-16-14

SIGNATURE \_\_\_\_\_

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : 10/2/14

FIXED ASSET TAG NUMBER: 16984

DESCRIPTION: workstation

*HP COMPAQ DC5700*

**RECEIVED**

REQUESTED MEANS OF DISPOSAL: pick up

OCT 06 2014

OTHER INFORMATION:

**BOONE COUNTY AUDITOR**

CONDITION OF ASSET: old

REASON FOR DISPOSITION: not compatible

COUNTY / COURT IT DEPT. (check one)  DOES /  DOES NOT (check one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP

WAS ASSET PURCHASED WITH GRANT FUNDING?  YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: 1221

SIGNATURE

*Dodie Hae*

**AUDITOR**

ORIGINAL PURCHASE DATE 9-25-2009

RECEIPT INTO 1190-3836

ORIGINAL COST \$494.21

GRANT FUNDED (Y/N) \_\_\_\_\_

ORIGINAL FUNDING SOURCE 2731

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

ASSET GROUP 1603

AGENCY \_\_\_\_\_

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 562-2014

DATE APPROVED 12-11-14

SIGNATURE \_\_\_\_\_



# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : September 25, 2014

FIXED ASSET TAG NUMBER: 00014204

DESCRIPTION 10 CORP 4465 TX  
PRINT BOX

**RECEIVED**

SEP 30 2014

REQUESTED MEANS OF DISPOSAL: SELL

**BOONE COUNTY AUDITOR**

OTHER INFORMATION:

CONDITION OF ASSET: NON-WORKING

REASON FOR DISPOSITION: REPLACEMENT

COUNTY/COURT IT DEPT. (circle one) ~~DOES/DOES NOT~~ (circle one) ~~WISH TO TRANSFER THIS ITEM FOR ITS OWN USE~~ (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: *As soon as possible. In 6L Room 123.*

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOLOGY

SIGNATURE *Judy*

### AUDITOR

ORIGINAL PURCHASE DATE 10/23/2003  
ORIGINAL COST \$725  
ORIGINAL FUNDING SOURCE 2731  
ASSET GROUP 1603

RECEIPT INTO 1190-3836  
TRANSFER CONFIRMED \_\_\_\_\_

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 562-2014

DATE APPROVED 12-11-14

SIGNATURE \_\_\_\_\_

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : September 24, 2014

FIXED ASSET TAG NUMBER: 00016283

DESCRIPTION PANASONIC TOUGHBOOK CF19  
LAPTOP NOTEBOOK

**RECEIVED**

SEP 30 2014

REQUESTED MEANS OF DISPOSAL: SELL

**BOONE COUNTY AUDITOR**

OTHER INFORMATION:

CONDITION OF ASSET: HARD DRIVE/MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

COUNTY/COURT IT DEPT. (circle one) DOES/DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: *As soon as possible. In GC Room 123.*

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: DESIGN & CONSTRUCTION

SIGNATURE *Judy*

### AUDITOR

ORIGINAL PURCHASE DATE 8/15/2007  
ORIGINAL COST \$ 3732.21  
ORIGINAL FUNDING SOURCE 2741  
ASSET GROUP 1603

RECEIPT INTO 2045-3836  
TRANSFER CONFIRMED \_\_\_\_\_

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_ AUCTION \_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 562-2014

DATE APPROVED 12-11-14

SIGNATURE \_\_\_\_\_

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : August 29, 2014

FIXED ASSET TAG NUMBER: 00015865

DESCRIPTION HP DC5700  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: SELL

OTHER INFORMATION:

CONDITION OF ASSET: HARD DRIVE/MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

COUNTY/COURT IT DEPT. (circle one) DOES/DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: *As soon as possible. In GC Room 123*

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: ASSESSOR

SIGNATURE



### AUDITOR

ORIGINAL PURCHASE DATE 3/9/07  
ORIGINAL COST \$ 748  
ORIGINAL FUNDING SOURCE 2743  
ASSET GROUP 1603

RECEIPT INTO 2010-3836 HM  
TRANSFER CONFIRMED \_\_\_\_\_

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_ AUCTION \_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 562-2014

DATE APPROVED 12-11-14

SIGNATURE \_\_\_\_\_

**RECEIVED**

AUG 29 2014

**BOONE COUNTY AUDITOR**

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : August 29, 2014

FIXED ASSET TAG NUMBER: 00015864

DESCRIPTION HP DC5700  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: SELL

OTHER INFORMATION:

CONDITION OF ASSET: HARD DRIVE/MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

**RECEIVED**

AUG 29 2014

**BOONE COUNTY AUDITOR**

COUNTY/COURT IT DEPT. (circle one) DOES/DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: *As soon as possible. In 6C Room 123.*

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: ASSESSOR

SIGNATURE

*Judy*

### AUDITOR

ORIGINAL PURCHASE DATE 3/9/07  
ORIGINAL COST \$748.00  
ORIGINAL FUNDING SOURCE 2743  
ASSET GROUP 1603

RECEIPT INTO 2010-3836 *NM*  
TRANSFER CONFIRMED \_\_\_\_\_

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 562-2014

DATE APPROVED 12-11-14

SIGNATURE \_\_\_\_\_



# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : August 29, 2014

FIXED ASSET TAG NUMBER: 00016880

DESCRIPTION HP DC5800  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: SELL

OTHER INFORMATION:

CONDITION OF ASSET: HARD DRIVE/MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

COUNTY/COURT IT DEPT. (circle one) DOES/DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: *As soon as possible. In 6C Room 125*

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: ASSESSOR

SIGNATURE

*Judy*

### AUDITOR

ORIGINAL PURCHASE DATE 5/5/09  
ORIGINAL COST \$381.38  
ORIGINAL FUNDING SOURCE 2743  
ASSET GROUP 1603

RECEIPT INTO 2010-3836 Hm  
TRANSFER CONFIRMED \_\_\_\_\_

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_ AUCTION \_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 562-2014

DATE APPROVED 12-11-14

SIGNATURE \_\_\_\_\_

**RECEIVED**

**AUG 29 2014**

**BOONE COUNTY AUDITOR**

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : August 26, 2014

FIXED ASSET TAG NUMBER: 00015847

DESCRIPTION HP PROLIANT DL360  
SERVER NETWORK

**RECEIVED**

AUG 27 2014

REQUESTED MEANS OF DISPOSAL: SELL

**BOONE COUNTY AUDITOR**

OTHER INFORMATION:

CONDITION OF ASSET: HARD DRIVES/MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

COUNTY/COURT IT DEPT. (circle one) DOES/DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: *As soon as possible. In 6C Room 123.*

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOLOGY

SIGNATURE

**AUDITOR**

ORIGINAL PURCHASE DATE 4/27/07  
ORIGINAL COST \$5,458.00  
ORIGINAL FUNDING SOURCE 2743  
ASSET GROUP 1603

RECEIPT INTO 2010-3835 JHM  
TRANSFER CONFIRMED \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE      \_\_\_\_ AUCTION      \_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 562-2014

DATE APPROVED 12-11-14

SIGNATURE \_\_\_\_\_

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : August 26, 2014

FIXED ASSET TAG NUMBER: 00011235

DESCRIPTION LEXMARK OPTRA S 1620  
PRINTER LASER MONOCHROME

REQUESTED MEANS OF DISPOSAL: SELL

OTHER INFORMATION:

CONDITION OF ASSET: PURCHASED 1997 - POOR

REASON FOR DISPOSITION: REPLACEMENT

COUNTY/COURT IT DEPT. (circle one) DOES/DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE:

*As soon as possible. In 6C Room 123.*

WAS ASSET PURCHASED WITH GRANT FUNDING?  YES  NO

IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: PROSECUTING ATTORNEY

SIGNATURE

*Judy*

### AUDITOR

ORIGINAL PURCHASE DATE 12/31/97  
ORIGINAL COST \$1497.34  
ORIGINAL FUNDING SOURCE 2731  
ASSET GROUP 1603

RECEIPT INTO 1190-3836 HM

TRANSFER CONFIRMED \_\_\_\_\_  
Grant asset < \$5,000

### COUNTY COMMISSION / COUNTY CLERK

100% US DoJ  
MO Dept Pub Safety

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 562-2014

DATE APPROVED 12-11-14

SIGNATURE \_\_\_\_\_

**RECEIVED**

AUG 27 2014

**BOONE COUNTY AUDITOR**

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : August 26, 2014

FIXED ASSET TAG NUMBER: 00011244

DESCRIPTION LEXMARK OPTRA S 1620  
PRINTER LASER MONOCHROME

REQUESTED MEANS OF DISPOSAL: SELL

OTHER INFORMATION:

CONDITION OF ASSET: PURCHASED 1997 - POOR

REASON FOR DISPOSITION: REPLACEMENT

**RECEIVED**

AUG 27 2014

**BOONE COUNTY AUDITOR**

COUNTY/COURT IT DEPT. (circle one) DOES/DOES NOT (circle one) WISH TO TRANSFER ~~THIS ITEM~~ FOR ITS OWN USE (this item is applicable to computer equipment only) \_\_\_\_\_

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: *As soon as possible. In 6L Room 123.*

WAS ASSET PURCHASED WITH GRANT FUNDING?  YES  NO

IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: PROSECUTING ATTORNEY

SIGNATURE *Judy*

**AUDITOR**

ORIGINAL PURCHASE DATE 12/31/97  
ORIGINAL COST \$ 1,497.34  
ORIGINAL FUNDING SOURCE 2731  
ASSET GROUP 1603

RECEIPT INTO 1190-3836 NM

TRANSFER CONFIRMED \_\_\_\_\_  
*Grant asset < \$5,000*

**COUNTY COMMISSION / COUNTY CLERK**

*100% vs D.J  
MO Dept of Public Safety*

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 562-2014

DATE APPROVED 12-11-14

SIGNATURE \_\_\_\_\_

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : September 8, 2014

FIXED ASSET TAG NUMBER: 00016339

DESCRIPTION ACER AL1917WABD  
MONITOR LCD 19 INCH

**RECEIVED**

SEP 10 2014

REQUESTED MEANS OF DISPOSAL: SELL

**BOONE COUNTY AUDITOR**

OTHER INFORMATION:

CONDITION OF ASSET: PURCHASED 1997 - NON-WORKING

REASON FOR DISPOSITION: REPLACEMENT

COUNTY/COURT IT DEPT. (circle one) DOES/DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: *As soon as possible. In GC Room 123.*

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: AUDITOR

SIGNATURE

*Judy*

### AUDITOR

ORIGINAL PURCHASE DATE 11/28/2007  
ORIGINAL COST \$192.40  
ORIGINAL FUNDING SOURCE 2731  
ASSET GROUP 1603

RECEIPT INTO 1190-3836 HM  
TRANSFER CONFIRMED \_\_\_\_\_

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_ AUCTION \_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 562-2014

DATE APPROVED 12-11-14

SIGNATURE \_\_\_\_\_

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : September 10, 2014

FIXED ASSET TAG NUMBER: 00016599

DESCRIPTION IBM THINKPAD T21  
LAPTOP NOTEBOOK

**RECEIVED**

SEP 10 2014

**BOONE COUNTY AUDITOR**

REQUESTED MEANS OF DISPOSAL: SELL

OTHER INFORMATION: *non-working*

CONDITION OF ASSET: HARDDRIVE/MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

COUNTY/COURT IT DEPT. (circle one) DOES/DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: *As soon as possible. In 6L Room 123*

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF

SIGNATURE

*Judy*

### AUDITOR

ORIGINAL PURCHASE DATE 10/29/08  
ORIGINAL COST \$250.00  
ORIGINAL FUNDING SOURCE 2786  
ASSET GROUP 1603

RECEIPT INTO 1190-3836 AM  
TRANSFER CONFIRMED \_\_\_\_\_

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_ TRADE \_\_\_ AUCTION \_\_\_ SEALED BIDS

\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 562-2014

DATE APPROVED 12-11-14

SIGNATURE \_\_\_\_\_

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 9-5-14 FIXED ASSET TAG NUMBER: N/A

DESCRIPTION: Nine - HP Keyboards and  
Nine - Mice

REQUESTED MEANS OF DISPOSAL:

OTHER INFORMATION:

CONDITION OF ASSET: All

REASON FOR DISPOSITION: Functioning poorly - Replacement

COUNTY / COURT IT DEPT. (check one)  DOES /  DOES NOT (check one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: As soon as possible. In GC Room 12:

WAS ASSET PURCHASED WITH GRANT FUNDING?  YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: Recorder

SIGNATURE: Judy

### AUDITOR

ORIGINAL PURCHASE DATE NO DATA RECEIPT INTO 1190-3836 HA

ORIGINAL COST \_\_\_\_\_

GRANT FUNDED (Y/N) \_\_\_\_\_

ORIGINAL FUNDING SOURCE \_\_\_\_\_

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

AGENCY \_\_\_\_\_

ASSET GROUP \_\_\_\_\_

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 562-2014

DATE APPROVED 12-11-14

SIGNATURE \_\_\_\_\_

RECEIVED

SEP 05 2014

BOONE COUNTY AUDITOR

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : September 2, 2014

FIXED ASSET TAG NUMBER: 00014898

**RECEIVED**

DESCRIPTION HP L1740  
MONITOR LCD 17 INCH

SEP 03 2014

**BOONE COUNTY AUDITOR**

REQUESTED MEANS OF DISPOSAL: SELL

OTHER INFORMATION:

CONDITION OF ASSET: DOES NOT WORK

REASON FOR DISPOSITION: REPLACEMENT

COUNTY/COURT-IT DEPT. (circle one) DOES/DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: *As soon as possible. In GC Room 123*

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF

SIGNATURE

*Judy*

**AUDITOR**

ORIGINAL PURCHASE DATE 4/20/05  
ORIGINAL COST \$ 319.00  
ORIGINAL FUNDING SOURCE 2731  
ASSET GROUP 1003

RECEIPT INTO 1190-3836 (HAR)  
TRANSFER CONFIRMED \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_ AUCTION \_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 562-2014

DATE APPROVED 12-11-14

SIGNATURE *[Signature]*



RECEIVED

OCT 03 2014

# BOONE COUNTY

BOONE COUNTY AUDITOR

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 10/2/14

FIXED ASSET TAG NUMBER: See attached list 15565

DESCRIPTION: Variety of Technology equipment, Tandberg, HP Compac Notebook, Tower PC, local printers, monitors and a Dell notebook computer – See attached list.

REQUESTED MEANS OF DISPOSAL: Surplus

OTHER INFORMATION: - See attached list. All items are located in the IT department, 1<sup>st</sup> floor of the courthouse.

CONDITION OF ASSET: Outdated, no longer works

REASON FOR DISPOSITION: Outdated, no longer works

COUNTY / COURT IT DEPT. (circle one) DOES DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: Immediately

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: Circuit Court

SIGNATURE Katlyn

**AUDITOR**

ORIGINAL PURCHASE DATE 5-23-06

RECEIPT INTO 2850-3836

ORIGINAL COST \$ 1,272.80

GRANT FUNDED (Y/N) \_\_\_\_\_

ORIGINAL FUNDING SOURCE 2731

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

AGENCY \_\_\_\_\_

ASSET GROUP 1603

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 562-2014

DATE APPROVED 12-11-14

SIGNATURE \_\_\_\_\_



RECEIVED

BOONE COUNTY

OCT 03 2014

REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY BOONE COUNTY AUDITOR

DATE: 10/2/14

FIXED ASSET TAG NUMBER: See attached list 16711

DESCRIPTION: Variety of Technology equipment, Tandberg, HP Compac Notebook, Tower PC, local printers, monitors and a Dell notebook computer - See attached list.

REQUESTED MEANS OF DISPOSAL: Surplus

OTHER INFORMATION: - See attached list. All items are located in the IT department, 1st floor of the courthouse.

CONDITION OF ASSET: Outdated, no longer works

REASON FOR DISPOSITION: Outdated, no longer works

COUNTY / COURT IT DEPT. (circle one) DOES DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: Immediately

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: Circuit Court

SIGNATURE

[Handwritten signature]

AUDITOR

ORIGINAL PURCHASE DATE 2-13-09

RECEIPT INTO 1190-3836

ORIGINAL COST \$1,183.72

GRANT FUNDED (Y/N)

ORIGINAL FUNDING SOURCE 2782

GRANT NAME

% FUNDING

AGENCY

DOCUMENTATION ATTACHED (Y/N)

ASSET GROUP 1603

TRANSFER CONFIRMED

COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME NUMBER

LOCATION WITHIN DEPARTMENT

INDIVIDUAL

TRADE AUCTION SEALED BIDS

OTHER EXPLAIN

COMMISSION ORDER NUMBER 562-2014

DATE APPROVED 12-11-14

SIGNATURE



# BOONE COUNTY

RECEIVED

OCT 03 2014

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

BOONE COUNTY AUDITOR

DATE: 10/2/14

FIXED ASSET TAG NUMBER: See attached list 16959

DESCRIPTION: Variety of Technology equipment, Tandberg, HP Compac Notebook, Tower PC, local printers, monitors and a Dell notebook computer – See attached list.

REQUESTED MEANS OF DISPOSAL: Surplus

OTHER INFORMATION: - See attached list. All items are located in the IT department, 1<sup>st</sup> floor of the courthouse.

CONDITION OF ASSET: Outdated, no longer works

REASON FOR DISPOSITION: Outdated, no longer works

COUNTY / COURT IT DEPT. (circle one) DOES DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: Immediately

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: Circuit Court

SIGNATURE Kathy R

### AUDITOR

ORIGINAL PURCHASE DATE 5-1-09

RECEIPT INTO 1190-3836

ORIGINAL COST \$570.39

GRANT FUNDED (Y/N) \_\_\_\_\_

ORIGINAL FUNDING SOURCE 2731

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

AGENCY \_\_\_\_\_

ASSET GROUP 1603

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 562-2014

DATE APPROVED 12-11-14

SIGNATURE [Signature]



# BOONE COUNTY

RECEIVED

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

OCT 03 2014

DATE: 10/2/14

FIXED ASSET TAG NUMBER: 17120 See attached list

BOONE COUNTY AUDITOR

DESCRIPTION: Variety of Technology equipment, Tandberg, HP Compac Notebook, Tower PC, local printers, monitors and a Dell notebook computer – See attached list.

REQUESTED MEANS OF DISPOSAL: Surplus

OTHER INFORMATION: - See attached list. All items are located in the IT department, 1<sup>st</sup> floor of the courthouse.

CONDITION OF ASSET: Outdated, no longer works

REASON FOR DISPOSITION: Outdated, no longer works

COUNTY / COURT IT DEPT. (circle one) DOES DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: Immediately

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: Circuit Court

SIGNATURE 

**AUDITOR**

ORIGINAL PURCHASE DATE 12-31-09

RECEIPT INTO 1190-3836

ORIGINAL COST \$199.99

GRANT FUNDED (Y/N) \_\_\_\_\_

ORIGINAL FUNDING SOURCE 2782

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

AGENCY \_\_\_\_\_

ASSET GROUP 1603

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 562-2014

DATE APPROVED 12-11-14

SIGNATURE 





# BOONE COUNTY

RECEIVED

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

OCT 03 2014

BOONE COUNTY AUDITOR

DATE: 10/2/14

FIXED ASSET TAG NUMBER: 18099 See attached list

DESCRIPTION: Variety of Technology equipment, Tandberg, HP Compac Notebook, Tower PC, local printers, monitors and a Dell notebook computer – See attached list.

REQUESTED MEANS OF DISPOSAL: Surplus

OTHER INFORMATION: - See attached list. All items are located in the IT department, 1<sup>st</sup> floor of the courthouse.

CONDITION OF ASSET: Outdated, no longer works

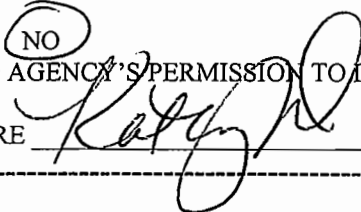
REASON FOR DISPOSITION: Outdated, no longer works

COUNTY / COURT IT DEPT. (circle one) DOES DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: Immediately

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: Circuit Court

SIGNATURE 

**AUDITOR**

ORIGINAL PURCHASE DATE 8-9-12

RECEIPT INTO 2904-3836

ORIGINAL COST \$184.91

GRANT FUNDED (Y/N) \_\_\_\_\_

ORIGINAL FUNDING SOURCE 2787

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

AGENCY \_\_\_\_\_

ASSET GROUP 1603

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

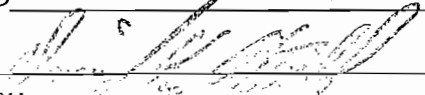
INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 562-2014

DATE APPROVED 12-11-14

SIGNATURE 



# BOONE COUNTY

RECEIVED

OCT 03 2014

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

BOONE COUNTY AUDITOR

DATE: 10/2/14

FIXED ASSET TAG NUMBER: NO TAG  
See attached list

DESCRIPTION: Variety of Technology equipment, Tandberg, HP Compac Notebook, Tower PC, local printers, monitors and a Dell notebook computer – See attached list.

REQUESTED MEANS OF DISPOSAL: Surplus

OTHER INFORMATION: - See attached list. All items are located in the IT department, 1<sup>st</sup> floor of the courthouse.

CONDITION OF ASSET: Outdated, no longer works

REASON FOR DISPOSITION: Outdated, no longer works

COUNTY / COURT IT DEPT. (circle one) DOES DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: Immediately

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: Circuit Court

SIGNATURE Kathy

**AUDITOR**

ORIGINAL PURCHASE DATE \_\_\_\_\_

RECEIPT INTO 1190-3836

ORIGINAL COST \_\_\_\_\_

GRANT FUNDED (Y/N) \_\_\_\_\_

ORIGINAL FUNDING SOURCE \_\_\_\_\_

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

AGENCY \_\_\_\_\_

ASSET GROUP \_\_\_\_\_

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 562-2014

DATE APPROVED 12-11-14

SIGNATURE [Signature]



# BOONE COUNTY

RECEIVED

OCT 03 2014

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

BOONE COUNTY AUDITOR

DATE: 10/2/14

FIXED ASSET TAG NUMBER: NO TAG  
See attached list

DESCRIPTION: Variety of Technology equipment, Tandberg, HP Compac Notebook, Tower PC, local printers, monitors and a Dell notebook computer – See attached list.

REQUESTED MEANS OF DISPOSAL: Surplus

OTHER INFORMATION: - See attached list. All items are located in the IT department, 1<sup>st</sup> floor of the courthouse.

CONDITION OF ASSET: Outdated, no longer works

REASON FOR DISPOSITION: Outdated, no longer works

COUNTY / COURT IT DEPT. (circle one) DOES DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: Immediately

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: Circuit Court

SIGNATURE Kathy R.

**AUDITOR**

ORIGINAL PURCHASE DATE \_\_\_\_\_

RECEIPT INTO 1190-3836

ORIGINAL COST \_\_\_\_\_

GRANT FUNDED (Y/N) \_\_\_\_\_

ORIGINAL FUNDING SOURCE \_\_\_\_\_

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

AGENCY \_\_\_\_\_

ASSET GROUP \_\_\_\_\_

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 562-2014

DATE APPROVED 12-11-14

SIGNATURE [Signature]



RECEIVED

OCT 03 2014

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

COUNTY AUDITOR

NO TAG

DATE: 10/2/14

FIXED ASSET TAG NUMBER: See attached list

DESCRIPTION: Variety of Technology equipment, Tandberg, HP Compac Notebook, Tower PC, local printers, monitors and a Dell notebook computer – See attached list.

REQUESTED MEANS OF DISPOSAL: Surplus

OTHER INFORMATION: - See attached list. All items are located in the IT department, 1<sup>st</sup> floor of the courthouse.

CONDITION OF ASSET: Outdated, no longer works

REASON FOR DISPOSITION: Outdated, no longer works

COUNTY / COURT IT DEPT. (circle one) DOES DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: Immediately

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: Circuit Court

SIGNATURE 

**AUDITOR**

ORIGINAL PURCHASE DATE \_\_\_\_\_

RECEIPT INTO 1190-3836

ORIGINAL COST \_\_\_\_\_

GRANT FUNDED (Y/N) \_\_\_\_\_

ORIGINAL FUNDING SOURCE \_\_\_\_\_

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

AGENCY \_\_\_\_\_

ASSET GROUP \_\_\_\_\_

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 562-2014

DATE APPROVED 12-11-14

SIGNATURE 





# BOONE COUNTY

RECEIVED

OCT 03 2014

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

BOONE COUNTY AUDITOR

NO TAG

DATE: 10/2/14

FIXED ASSET TAG NUMBER: See attached list

DESCRIPTION: Variety of Technology equipment, Tandberg, HP Compac Notebook, Tower PC, local printers, monitors and a Dell notebook computer – See attached list.

REQUESTED MEANS OF DISPOSAL: Surplus

OTHER INFORMATION: - See attached list. All items are located in the IT department, 1<sup>st</sup> floor of the courthouse.

CONDITION OF ASSET: Outdated, no longer works

REASON FOR DISPOSITION: Outdated, no longer works

COUNTY / COURT IT DEPT. (circle one) DOES DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: Immediately

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: Circuit Court

SIGNATURE Kathy

AUDITOR

ORIGINAL PURCHASE DATE \_\_\_\_\_

RECEIPT INTO 1190-3836

ORIGINAL COST \_\_\_\_\_

GRANT FUNDED (Y/N) \_\_\_\_\_

ORIGINAL FUNDING SOURCE \_\_\_\_\_

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

ASSET GROUP \_\_\_\_\_

AGENCY \_\_\_\_\_

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 562-2014

DATE APPROVED 12-16-14

SIGNATURE [Signature]

13th Judicial Circuit Court  
Technology Services  
Surplus Summary Listing

Department Use Only					Auditors Use Only						
Inventory Tag #	Category	Make/Model	Description	Serial Number	Picked Up	Original Purchase Date	Original Cost	Original Funding Source	Transfer Confirmed	Asset Group	Receipt Into
14770	VideoConference	Tandberg / 6000	Video Conferencing CODEC	103613	Y						
15565	Notebook	Hewlett-Packard / Compaq nc8230	15" Notebook Computer	CNU6161N80	Y						
16711	Notebook	Hewlett-Packard / Compaq 6730b	15" Notebook Computer	CNU85058ZK	Y						
16959	Workstation	Hewlett-Packard / Compaq dc5800	Tower PC	MXL9140WL3	Y						
17120	Printer	Hewlett-Packard / LaserJet P1505	Local Printer	VND3C12365	Y						
18099	Printer	Hewlett-Packard / OfficeJet 8000	Local Printer	CN24QBM096	Y						
<none>	Monitor	Hewlett-Packard / Compaq S710	15" CRT Monitor	110CG43HS593	Y						
<none>	Monitor	Hewlett-Packard / S710	15" CRT Monitor	110CG43HA216	Y						
<none>	Monitor	Hewlett-Packard / L1706	17" LCD Monitor	CNC6122K47	Y						
<none>	Monitor	Hewlett-Packard / Compaq S710	15" CRT Monitor	110CG43HS586	Y						
<none>	Monitor	Hewlett-Packard / Compaq S700	15" CRT Monitor	928CD61SG170	Y						
<none>	Monitor	Hewlett-Packard / Compaq S710	15" CRT Monitor	110CG43HS160	Y						
<none>	Monitor	Hewlett-Packard / Compaq S700	15" CRT Monitor	928CD61S1418	Y						
<none>	Notebook	Dell / D505	15" Notebook Computer		Y						
					Y						
					Y						
					Y						
					Y						
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					Y						

Department Signature:

Agency Signature:

# BOONE COUNTY

RECEIVED

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

OCT 03 2014

BOONE COUNTY AUDITOR

DATE: 10/2/14

FIXED ASSET TAG NUMBER: **NO TAG** See attached list

DESCRIPTION: Variety of Technology equipment, Tandberg, HP Compac Notebook, Tower PC, local printers, monitors and a Dell notebook computer – See attached list.

REQUESTED MEANS OF DISPOSAL: Surplus

OTHER INFORMATION: - See attached list. All items are located in the IT department, 1<sup>st</sup> floor of the courthouse.

CONDITION OF ASSET: Outdated, no longer works

REASON FOR DISPOSITION: Outdated, no longer works

COUNTY / COURT IT DEPT. (circle one) DOES DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: Immediately

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: Circuit Court

SIGNATURE Katya

**AUDITOR**

ORIGINAL PURCHASE DATE \_\_\_\_\_

RECEIPT INTO 1190-3836

ORIGINAL COST \_\_\_\_\_

GRANT FUNDED (Y/N) \_\_\_\_\_

ORIGINAL FUNDING SOURCE \_\_\_\_\_

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

AGENCY \_\_\_\_\_

ASSET GROUP \_\_\_\_\_

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 562-2014

DATE APPROVED 12-11-14

SIGNATURE [Signature]

13th Judicial Circuit Court  
Technology Services  
Surplus Summary Listing

Department Use Only					Auditors Use Only						
Inventory Tag #	Category	Make/Model	Description	Serial Number	Picked Up	Original Purchase Date	Original Cost	Original Funding Source	Transfer Confirmed	Asset Group	Receipt Info
14770	VideoConference	Tandberg / 6000	Video Conferencing CODEC	103613	Y						
15565	Notebook	Hewlett-Packard / Compaq nc8230	15" Notebook Computer	CNU6161N80	Y						
16711	Notebook	Hewlett-Packard / Compaq 6730b	15" Notebook Computer	CNUJ85058ZK	Y						
16959	Workstation	Hewlett-Packard / Compaq dc5800	Tower PC	MXL9140WL3	Y						
17120	Printer	Hewlett-Packard / LaserJet P1505	Local Printer	VND3C12365	Y						
18099	Printer	Hewlett-Packard / OfficeJet 8000	Local Printer	CN24QBM096	Y						
<none>	Monitor	Hewlett-Packard / Compaq S710	15" CRT Monitor	110CG43HS593	Y						
<none>	Monitor	Hewlett-Packard / S710	15" CRT Monitor	110CG43HA216	Y						
<none>	Monitor	Hewlett-Packard / L1706	17" LCD Monitor	CNC6122K47	Y						
<none>	Monitor	Hewlett-Packard / Compaq S710	15" CRT Monitor	110CG43HS566	Y						
<none>	Monitor	Hewlett-Packard / Compaq S700	15" CRT Monitor	928CD61SG170	Y						
<none>	Monitor	Hewlett-Packard / Compaq S710	15" CRT Monitor	110CG43HS160	Y						
<none>	Monitor	Hewlett-Packard / Compaq S700	15" CRT Monitor	928CD61S1418	Y						
<none>	Notebook	Dell / D505	15" Notebook Computer		Y						
					Y						
					Y						
					Y						
					Y						
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					Y						
					Y						
					Y						
					Y						

Department Signature:

Agency Signature:

# BOONE COUNTY

RECEIVED

OCT 03 2014

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

BOONE COUNTY AUDITOR

DATE: 10/2/14

FIXED ASSET TAG NUMBER: <sup>NO TAG</sup> See attached list

DESCRIPTION: Variety of Technology equipment, Tandberg, HP Compac Notebook, Tower PC, local printers, monitors and a Dell notebook computer – See attached list.

REQUESTED MEANS OF DISPOSAL: Surplus

OTHER INFORMATION: - See attached list. All items are located in the IT department, 1<sup>st</sup> floor of the courthouse.

CONDITION OF ASSET: Outdated, no longer works

REASON FOR DISPOSITION: Outdated, no longer works

COUNTY / COURT IT DEPT. (circle one) DOES DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: Immediately

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: Circuit Court

SIGNATURE *Kathy*

### AUDITOR

ORIGINAL PURCHASE DATE \_\_\_\_\_

RECEIPT INTO 1190-3836

ORIGINAL COST \_\_\_\_\_

GRANT FUNDED (Y/N) \_\_\_\_\_

ORIGINAL FUNDING SOURCE \_\_\_\_\_

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

AGENCY \_\_\_\_\_

ASSET GROUP \_\_\_\_\_

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_ AUCTION \_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 562-2014

DATE APPROVED 12-11-14

SIGNATURE *[Signature]*

13th Judicial Circuit Court  
Technology Services  
Surplus Summary Listing

Department Use Only				Auditors Use Only							
Inventory Tag #	Category	Make/Model	Description	Serial Number	Picked Up	Original Purchase Date	Original Cost	Original Funding Source	Transfer Confirmed	Asset Group	Receipt Info
14770	VideoConference	Tandberg / 6000	Video Conferencing CODEC	103613	Y						
15565	Notebook	Hewlett-Packard / Compaq nc8230	15" Notebook Computer	CNUJ6161N80	Y						
16711	Notebook	Hewlett-Packard / Compaq 6730b	15" Notebook Computer	CNUJ85058ZK	Y						
16959	Workstation	Hewlett-Packard / Compaq dc5800	Tower PC	MXL9140WL3	Y						
17120	Printer	Hewlett-Packard / LaserJet P1505	Local Printer	VND3C12365	Y						
18099	Printer	Hewlett-Packard / OfficeJet 8000	Local Printer	CN24QBM096	Y						
<none>	Monitor	Hewlett-Packard / Compaq S710	15" CRT Monitor	110CG43HS593	Y						
<none>	Monitor	Hewlett-Packard / S710	15" CRT Monitor	110CG43HA216	Y						
<none>	Monitor	Hewlett-Packard / L1706	17" LCD Monitor	CNC6122K47	Y						
<none>	Monitor	Hewlett-Packard / Compaq S710	15" CRT Monitor	110CG43HS586	Y						
<none>	Monitor	Hewlett-Packard / Compaq S700	15" CRT Monitor	928CD61SG170	Y						
<none>	Monitor	Hewlett-Packard / Compaq S710	15" CRT Monitor	110CG43HS160	Y						
<none>	Monitor	Hewlett-Packard / Compaq S700	15" CRT Monitor	928CD61S1418	Y						
<none>	Notebook	Dell / D505	15" Notebook Computer		Y						
					Y						
					Y						
					Y						
					Y						
					Y						
					Y						
					Y						
					Y						
					Y						
					Y						
					Y						
					Y						
					Y						
					Y						
					Y						
					Y						
					Y						
					Y						
					Y						

Agency Signature:

Department Signature:

# BOONE COUNTY

RECEIVED

OCT 03 2014

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

NO TAG

BOONE COUNTY AUDITOR

DATE: 10/2/14

FIXED ASSET TAG NUMBER: See attached list

DESCRIPTION: Variety of Technology equipment, Tandberg, HP Compac Notebook, Tower PC, local printers, monitors and a Dell notebook computer – See attached list.

REQUESTED MEANS OF DISPOSAL: Surplus

OTHER INFORMATION: - See attached list. All items are located in the IT department, 1<sup>st</sup> floor of the courthouse.

CONDITION OF ASSET: Outdated, no longer works

REASON FOR DISPOSITION: Outdated, no longer works

COUNTY / COURT IT DEPT. (circle one) DOES DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: Immediately

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: Circuit Court

SIGNATURE Kathy

AUDITOR

ORIGINAL PURCHASE DATE \_\_\_\_\_

RECEIPT INTO 1190 - 3836

ORIGINAL COST \_\_\_\_\_

GRANT FUNDED (Y/N) \_\_\_\_\_

ORIGINAL FUNDING SOURCE \_\_\_\_\_

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

ASSET GROUP \_\_\_\_\_

AGENCY \_\_\_\_\_

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 562-2014

DATE APPROVED 12-11-14

SIGNATURE [Signature]

13th Judicial Circuit Court  
Technology Services  
Surplus Summary Listing

Department Use Only						Auditors Use Only					
Inventory Tag #	Category	Make/Model	Description	Serial Number	Picked Up	Original Purchase Date	Original Cost	Original Funding Source	Transfer Confirmed	Asset Group	Receipt Into
14770	VideoConference	Tandberg / 5000	Video Conferencing CODEC	103613	Y						
15565	Notebook	Hewlett-Packard / Compaq nc8230	15" Notebook Computer	GNU6161N80	N						
16711	Notebook	Hewlett-Packard / Compaq 6730b	15" Notebook Computer	CNU85058ZK	Y						
16959	Workstation	Hewlett-Packard / Compaq dc5800	Tower PC	MXL19140WL3	Y						
17120	Printer	Hewlett-Packard / LaserJet P1505	Local Printer	VND3C12365	Y						
18099	Printer	Hewlett-Packard / OfficeJet 8000	Local Printer	CN24QBM096	Y						
<none>	Monitor	Hewlett-Packard / Compaq S710	15" CRT Monitor	110CG43HS593	Y						
<none>	Monitor	Hewlett-Packard / S710	15" CRT Monitor	110CG43HA216	Y						
<none>	Monitor	Hewlett-Packard / L1706	17" LCD Monitor	CNG6122K47	Y						
<none>	Monitor	Hewlett-Packard / Compaq S710	15" CRT Monitor	110CG43HS586	Y						
<none>	Monitor	Hewlett-Packard / Compaq S700	15" CRT Monitor	928CD61SG170	Y						
<none>	Monitor	Hewlett-Packard / Compaq S710	15" CRT Monitor	110CG43HS160	Y						
<none>	Monitor	Hewlett-Packard / Compaq S700	15" CRT Monitor	928CD61S1418	Y						
<none>	Notebook	Dell / D505	15" Notebook Computer		Y						
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Agency Signature:

Department Signature:



# BOONE COUNTY

RECEIVED

OCT 03 2014

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

TWO TAG

BOONE COUNTY AUDITOR

DATE: 10/2/14

FIXED ASSET TAG NUMBER: See attached list

DESCRIPTION: Variety of Technology equipment, Tandberg, HP Compac Notebook, Tower PC, local printers, monitors and a Dell notebook computer – See attached list.

REQUESTED MEANS OF DISPOSAL: Surplus

OTHER INFORMATION: - See attached list. All items are located in the IT department, 1<sup>st</sup> floor of the courthouse.

CONDITION OF ASSET: Outdated, no longer works

REASON FOR DISPOSITION: Outdated, no longer works

COUNTY / COURT IT DEPT. (circle one) DOES DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: Immediately

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: Circuit Court

SIGNATURE 

**AUDITOR**

ORIGINAL PURCHASE DATE \_\_\_\_\_

RECEIPT INTO 1190-3836

ORIGINAL COST \_\_\_\_\_

GRANT FUNDED (Y/N) \_\_\_\_\_

ORIGINAL FUNDING SOURCE \_\_\_\_\_

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

AGENCY \_\_\_\_\_

ASSET GROUP \_\_\_\_\_

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 562-2014

DATE APPROVED 12-11-14

SIGNATURE 

**13th Judicial Circuit Court  
Technology Services  
Surplus Summary Listing**

Inventory Tag #	Category	Make/Model	Description	Serial Number	Picked Up	Department Use Only					Auditors Use Only					
						Original Purchase Date	Original Cost	Original Funding Source	Transfer Confirmed	Asset Group	Receipt Into					
14770	VideoConference	Tandberg / 6000	Video Conferencing CODEC	103613	Y											
15665	Notebook	Hewlett-Packard / Compaq nc8230	15" Notebook Computer	GNU6161N80	Y											
16711	Notebook	Hewlett-Packard / Compaq 6730b	15" Notebook Computer	GNU85058ZK	Y											
16959	Workstation	Hewlett-Packard / Compaq dc5800	Tower PC	MXL9140WL3	Y											
17120	Printer	Hewlett-Packard / LaserJet P1505	Local Printer	VND3C12365	Y											
18099	Printer	Hewlett-Packard / OfficeJet 8000	Local Printer	CN24QBM096	Y											
<none>	Monitor	Hewlett-Packard / Compaq S710	15" CRT Monitor	110CG43HSS93	Y											
<none>	Monitor	Hewlett-Packard / S710	15" CRT Monitor	110CG43HA216	Y											
<none>	Monitor	Hewlett-Packard / L1706	17" LCD Monitor	CNC6122K47	Y											
<none>	Monitor	Hewlett-Packard / Compaq S710	15" CRT Monitor	110CG43HSS86	Y											
<none>	Monitor	Hewlett-Packard / Compaq S700	15" CRT Monitor	928CD61SG170	Y											
<none>	Monitor	Hewlett-Packard / Compaq S710	15" CRT Monitor	110CG43HS160	Y											
<none>	Monitor	Hewlett-Packard / Compaq S700	15" CRT Monitor	928CD61S1418	Y											
<A none>	Notebook	Dell / D505	15" Notebook Computer		Y											
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Department Signature:

Agency Signature:

# CERTIFIED COPY OF ORDER



STATE OF MISSOURI }  
County of Boone } ea.

December Session of the October Adjourned

Term. 20 14

In the County Commission of said county, on the 11th day of December 20 14

the following, among other proceedings, were had, viz:

Now on this day the County Commission of the County of Boone does hereby approve the disposition of surplus, per attached summary order description, to Leroy C. Bennett in the amount of \$1,288.36, as recommended by the County Treasurer.

Done this 11th day of December, 2014

ATTEST:

Wendy S. Noren  
Wendy S. Noren  
Clerk of the County Commission

Daniel K. Atwill  
Daniel K. Atwill  
Presiding Commissioner

Karen M. Miller  
Karen M. Miller  
District I Commissioner

Absent  
Janet M. Thompson  
District II Commissioner

Now on this day the County Commission of the County of Boone does hereby take up the matter of the disposition of the 2014 tax sale surplus relating to parcel 16-319-00-06-010.00:

Pursuant to the provisions of RSMo §140.230, as revised, the Commission has the authority to approve claims for any tax sale surplus that is being held by the County Treasurer associated with the County Collector's annual tax sale. The owner or owners of the subject real property have a period of three (3) years to make a claim for said surplus. In this instance, the owners of record at the time the subject property went to tax sale were Leroy C. Bennett and Alice L. Jackson, as tenants in common. Alice L. Jackson died on January 30, 2009. Leroy C. Bennett has filed a verified surplus claim with the Boone County Treasurer, claiming one-half of the tax surplus proceeds. The Death Certificate of Alice L. Jackson and the verified surplus claim (and other supporting documentation) filed by Leroy C. Bennett are made a part of this record. The application to the County Treasurer for the surplus funds is timely.

The County Treasurer, based upon the documents presented to her office and made a part of the record before the Commission, is satisfied that Leroy C. Bennett is the owner of a one-half, undivided interest as a tenant in common in the subject property and as such is entitled to the one-half of the total surplus of \$2,576.72, or a total amount payable to Leroy C. Bennett of \$1,288.36, and recommends the Commission approve the same.

NOW, THEREFORE, upon the recommendation of the County Treasurer and the evidence made a part of this record, the County Commission hereby approves the disposition of surplus to Leroy C. Bennett of \$1,288.36 via check payable to Leroy C. Bennett in that amount.

**Property Information**

<b>Property Location (Situs Address)</b>	317 LASALLE PL
--	----------------

<b>Legal Description</b>  <u>FB</u> Initial if legal description matches description on delinquent statements. If not, explain discrepancies in Additional Info.	DOUGLAS SCHOOL AREA REPLAT 3 LOT 10	<b>RECEIVED</b>  MAY 28 2014  BOONE COUNTY COLLECTOR

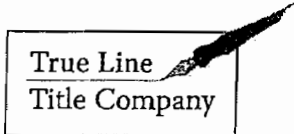
**Vesting Deed**

<b>Name of Owner(s)</b>	BENNETT LEROY C & ALICE L JACKSON C/O CHRISSY HAIRLSON
<b>Address</b>	PO BOX 25934, SAINT LOUIS MO 63136-0934
<b>Title Taken By</b>	GENERAL WARRANTY DEED
<b>Date of Deed</b>	08/22/1986
<b>Date Recorded</b>	08/22/1986
<b>Book/Page</b>	593/282
<b>Address Correction</b>	

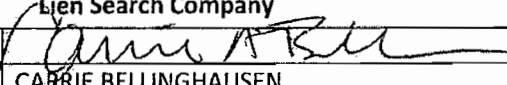
**Open Deed(s) of Trust**

<b>First Deed of Trust</b>	CAPITAL SAVINGS & LOAN ASSN
<b>Lender's Address</b>	7255 RICHLAND AVENUE, KANSAS CITY, KS 66111
<b>Deed of Trust Date</b>	08/22/1986
<b>Date Recorded</b>	08/22/1986
<b>Book/ Page</b>	593/283
<b>Loan Amount</b>	\$19,000.00
<b>Assigned To</b>	
<b>Date Assigned</b>	

<b>Second Deed of Trust</b>	BASSETT, ANITA STIMAC, ROBIN
<b>Lender's Address</b>	NONE SHOWN
<b>Deed of Trust Date</b>	08/22/1986
<b>Date Recorded</b>	08/22/1986
<b>Book/ Page</b>	593/287
<b>Loan Amount</b>	\$5,000.00
<b>Assigned To</b>	
<b>Date Assigned</b>	



Lien Search Company

Signature of Searcher	
Searcher (print)	CARRIE BELLINGHAUSEN
Date Searched	05/24/2014

Additional Liens

Special Assessments	CITY OF COLUMBIA
Date	16767
Address	701 E Broadway, P.O. Box 6015, Columbia, MO 65205

Special Assessments	CITY OF COLUMBIA
Date	16797
Address	701 E Broadway, P.O. Box 6015, Columbia, MO 65205

Special Assessments	CITY OF COLUMBIA
Date	16893
Address	701 E Broadway, P.O. Box 6015, Columbia, MO 65205

Special Assessments	CITY OF COLUMBIA
Date	16932
Address	701 E Broadway, P.O. Box 6015, Columbia, MO 65205

Special Assessments	CITY OF COLUMBIA
Date	17041
Address	701 E Broadway, P.O. Box 6015, Columbia, MO 65205

Special Assessments	CITY OF COLUMBIA
Date	17156
Address	701 E Broadway, P.O. Box 6015, Columbia, MO 65205

Special Assessments	CITY OF COLUMBIA
Date	17200
Address	701 E Broadway, P.O. Box 6015, Columbia, MO 65205

Special Assessments	CITY OF COLUMBIA
Date	17201
Address	701 E Broadway, P.O. Box 6015, Columbia, MO 65205



<b>Federal Tax Liens</b>	
<b>Date</b>	
<b>Address</b>	

<b>State Tax Liens</b>	
<b>Date</b>	
<b>Address</b>	

<b>Mechanics Liens</b>	
<b>Date</b>	
<b>Address</b>	

<b>Judgments</b>	RAY BRAUDIS
<b>Date</b>	06/04/2009
<b>Address</b>	201 WESTWOOD AVE, COLUMBIA, MO 65203
<b>Case #</b>	09BA-CV00358-01

<b>Judgments</b>	ANDREA BROOKINS
<b>Date</b>	04/13/2011
<b>Address</b>	NONE SHOWN
<b>Case #</b>	11BA-MC00911

<b>Judgments</b>	FORSYTH FINANCIAL GROUP
<b>Date</b>	01/16/2007
<b>Address</b>	11970 BORMAN DR, STE 250, SAINT LOUIS, MO 63146
<b>Case #</b>	06BA-CV04801-01

<b>Judgments</b>	CH ALLIED SERVICES INC
<b>Date</b>	09/01/2004
<b>Address</b>	DEPT OF SOCIAL SERVICES, P.O. BOX 6500, JEFFERSON CITY, MO 65102-6500
<b>Case #</b>	04CV167947



<b>Judgments</b>	CAPITAL ONE BANK
<b>Date</b>	03/29/2007
<b>Address</b>	4550 BELLEVIEW, 2 <sup>ND</sup> FLOOR, KANSAS CITY, MO 64111
<b>Case #</b>	07BA-CV01516-01

<b>Judgments</b>	RHEANNE RAMSEY
<b>Date</b>	12/16/2013
<b>Address</b>	4322 E. SANTA BARBARA DR., COLUMBIA, MO 65201
<b>Case #</b>	14BA-MC00002

<b>Other (Lis Pendens, Bankruptcies, etc)</b>	
<b>Date</b>	
<b>Address</b>	
<b>Case #</b>	

**Additional Information**

True Line Title Company  
110 E Ash Street  
Columbia, MO 65203



Boone County, Missouri  
Unofficial Document

GENERAL WARRANTY DEED

282

Filed for record in Boone Co. Mo. in Book 333 Page 282  
19 1986  
Bettie Johnson, Recorder of Deeds

THIS DEED, made and entered into this 22 day of August, 1986, by and between

Anita Bassett, a single person, surviving widow of Reuben Bassett  
party or parties of the first part, of Boone County, State of Missouri, grantor, and

Leroy C. Bennett, ASP, AN UNDIVIDED ONE-HALF INTEREST AS TENANTS IN  
Alice L. Jackson, ASP COMMON, NOT AS JOINT TENANTS.  
party or parties of the second part, of Boone County, State of Missouri, grantee(s).

grantee's mailing address is 108 W. SEVINA COLUMBIA MO. 65203

WITNESSETH, that the said party or parties of the first part, for and in consideration of the sum of One Dollar and other valuable considerations paid by the said party or parties of the second part, the receipt of which is hereby acknowledged, does or do by these presents GRANT, WARRANT, AND DEFEND, COUNTY AND CONFIRM, unto the said party or parties of the second part the following described Real Estate, situated in the County of Boone and State of Missouri, to-wit:

Lot Ten (10) RE PLATTE # Three (3) DOUGLASS SCHOOL, commonly known as 317 La Salle, Columbia, Missouri.

SUBJECT TO EASEMENTS AND RESTRICTIONS OF RECORD.

The Grantor herein named Anita Bassett, state that she is the surviving widow of Reuben Bassett who died 5/4/85 and of same date she was still married to said Reuben Bassett having never been divorced.

Address of Property: 317 LaSalle Place, Columbia, Missouri

TO HAVE AND TO HOLD THE SAME, together with all rights, tenements, privileges and appurtenances in the same belonging, unto the said party or parties of the second part forever, the said party or parties of the first part covenants that said party or parties and their heirs, executors, administrators and assigns of each party or parties shall defend, warrant and defend the title to the premises unto the said party or parties of the second part, and to the heirs and assigns of each party or parties forever, against all lawful claims of all persons whatsoever, excepting however, the general taxes for the calendar year \_\_\_\_\_ and thereafter, and special taxes levied on the first year of this deed.

IN TESTIMONY WHEREOF, the said party or parties of the first part has or have hereunto set their hand or hands the day and year first above written.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Anita Bassett  
ANITA BASSETT

STATE OF MISSOURI  
COUNTY OF Boone ss On this 19th day of August, 1986

I have my personally appeared Anita Bassett, a single person  
to me known to be the person or persons described in and who executed the foregoing instrument and acknowledged that they executed the same as their free act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal at my office in COLUMBIA, Missouri, the day and year first above written.

My term expires the 22 day of August, 1988  
Elizabeth G. Christian  
ELIZABETH G. CHRISTIAN



STATE OF MISSOURI  
COUNTY OF \_\_\_\_\_ ss On this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_

I have my personally appeared \_\_\_\_\_  
to me known to be the person or persons described in and who executed the foregoing instrument and acknowledged that they executed the same as their free act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal at my office in \_\_\_\_\_, Missouri, the day and year first above written.

My term expires the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_  
\_\_\_\_\_  
Signed



STATE OF MISSOURI  
COUNTY OF \_\_\_\_\_ ss IN THE RECORDER'S OFFICE

I, Recorder of said County do hereby certify that the within instrument of Writing was, at 3:42 o'clock P. M. on the 22 day of AUGUST, 1986 duly filed for record in this office, and has been recorded in book 593 Page 282.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal at Columbia Missouri on the day and year above written.  
BETTIE JOHNSON  
Bettie Johnson  
Recorder of Deeds  
By: Laura Cochran  
LAURA COCHRAN

# CERTIFIED COPY OF ORDER

STATE OF MISSOURI }  
County of Boone } ea.

December Session of the October Adjourned

Term. 20 14

In the County Commission of said county, on the 11th day of December 20 14

the following, among other proceedings, were had, viz:

Now on this day the County Commission of the County of Boone does hereby approve the disposition of surplus, per attached summary order description, to Mary Evelyn White in the amount of \$69.41, as recommended by the County Treasurer.

Done this 11th day of December, 2014

ATTEST:

Wendy S. Noren  
Wendy S. Noren  
Clerk of the County Commission

Daniel K. Atwill  
Daniel K. Atwill  
Presiding Commissioner

Karen M. Miller  
Karen M. Miller  
District I Commissioner

Absent  
Janet M. Thompson  
District II Commissioner

Now on this day the County Commission of the County of Boone does hereby take up the matter of the disposition of the 2014 tax sale surplus relating to parcel 16-313-00-02-077.00

Pursuant to the provisions of RSMo §140.230, as revised, the Commission has the authority to approve claims for any tax sale surplus that is being held by the County Treasurer associated with the County Collector's annual tax sale. The owner or owners of the subject real property have a period of three (3) years to make a claim for said surplus. In this instance, the owners of record at the time the subject property went to tax sale were as follows: (1) Bobby Prince Jr.; (2) Mary Evelyn White; (3) David Ricardo Carter; (4) Brian Keith Curtis Carter; (5) Thomas O. Carter III; and (6) Randy Demarco Carter, as tenants in common. Mary Evelyn White has filed a verified surplus claim with the Boone County Treasurer, claiming one-sixth of the tax surplus proceeds. The verified surplus claim and other supporting documentation filed by Mary Evelyn White are made a part of this record. The application to the County Treasurer for the surplus funds is timely.

The County Treasurer, based upon the documents presented to her office and made a part of the record before the Commission, is satisfied that Mary Evelyn White is the owner of a one-sixth, undivided interest as a tenant in common in the subject property and as such is entitled to the one-sixth of the total surplus of \$416.49, or a total amount payable to Mary Evelyn White of \$69.41, and recommends the Commission approve the same.

NOW, THEREFORE, upon the recommendation of the County Treasurer and the evidence made a part of this record, the County Commission hereby approves the disposition of surplus to Mary Evelyn White of \$69.41 via check payable to Mary Evelyn White in that amount.



NICOLE GALLOWAY, CPA
BOONE COUNTY TREASURER

SURPLUS CLAIM

NOTE: FORM MUST BE SIGNED BY ALL PARTIES AND NOTARIZED

I, Mary E. White, shown in the Boone County Collector's tax records as owner of a one-sixth, undivided interest as a tenant in common in the property listed below, hereby claim one-sixth of the surplus amount of \$416.49 (Four Hundred Sixteen Dollars and Forty-Nine Cents), or \$69.41 (Sixty Nine Dollars and Forty-One Cents) resulting from the tax certificate sale conducted by the Boone County Collector on August 25, 2014.

- Claiming surplus does not waive legal right of property redemption within statutory limits
• The Boone County Treasurer processes surplus claims without charge
• Claimants may be called to testify directly to the Boone County Commission before surplus claim is approved
• The claim may not be approved as submitted, and additional information might be requested

Property: Parcel # 16-313-00-02-077.00
Parcel address: 604 Hunt Ave
Legal description: L6 Alamo Place SD as shown in Plat Book/Page 3/34

Current mailing address:
801 North 6th Street Apt 104

Street: Columbia MO 65201
City State Zip

Social Security Number 500-56-2644
Driver's License/State ID Number T980989098
Daytime Telephone Number(s) 573-825-0644

Mary E. White (Signature) 11-13-2014 (Date)
Signature Date

State of Missouri )
County of Boone )

On this 13 day of November in the year 2014 before me, the undersigned notary public, personally appeared Mary Evelyn White known to me to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the named for the purposes therein contained. In witness whereof, I hereunto set my hand and official seal. Mary Evelyn White

Christina M. Johnson (Signature)
Notary Public

Return form to Boone County Treasurer's Office, 801 E. Walnut Rm. 205, Columbia, MO 65201.

YOU MUST INCLUDE A PHOTO COPY OF DRIVER'S LICENSE(S) OR STATE ID(S).

Once paperwork is received and verified a check will be issued and mailed to address above.

BOONE COUNTY GOVERNMENT CENTER
801 EAST WALNUT STREET, ROOM 205
COLUMBIA, MISSOURI 65201
(573) 886-4365
FAX (573) 886-4369
TREASURER@BOONECOUNTYMO.ORG
WWW.SHOWMEBOONE.COM/TREASURER

CHRISTINA M. JOHNSON
Notary Public - Notary Seal
State of Missouri
County of Boone
My Commission Expires February 12, 2018
Commission #14580100

Boone County, Missouri  
Unofficial Document



Recorded in Boone County, Missouri  
Date and Time. 04/12/2012 at 12:47:56 PM  
Instrument # 2012008084 Book.3945 Page 160  
Grantor PRINCE, CHANDRA M  
Grantee PRINCE, BOBBY JR

Instrument Type QTCL  
Recording Fee \$27.00 S  
No of Pages 2

*Bettie Johnson*  
Bettie Johnson, Recorder of Deeds



**QUIT-CLAIM DEED**

(INFORMATION PROVIDED ON THIS DOCUMENT MUST BE TYPED OR PRINTED)

THIS INDENTURE, Made and entered into this 12 day of March A D. Two Thousand and 12 by and between Chandra M. Prince (Grantor),

of the County of Boone, in the State of Missouri, party or parties of the First Part, and

Bobby Prince Jr, Mary Evelyn White, David Ricardo Carter, Bryan Keith Curtis Carter, Thomas O. Carter III, Randy Demarco Carter. (Grantee)  
(Grantee's mailings address) 604 Hunt Ave, 708 N. 4th St. Columbia Mo. Columbia Mo. 65201

of Boone County, State of Missouri party or parties of the Second Part:

WITNESSETH, That the said party or parties of the First Part in consideration of the sum of ten dollars and other valuable considerations paid by the said party or parties of Second Part, the receipt of which is hereby acknowledged, does or do by these presents, Remise, Release and forever Quit Claim, unto the said party or parties of the Second Part, the following described real estate, lying, being and situate in the County of Boone and State of Missouri, to-wit: Lot Six (6) in Alamo Place, a Subdivision of the East part of the Northeast Quarter of Section ten (10) and the west part of the Northwest Quarter of section. Eleven (11) in Township Forty-eight (48), Range Thirteen (13), in Boone County, Missouri.

TO HAVE AND TO HOLD the same with all the rights and immunities, privileges and appurtenances thereto belonging, unto the said party or parties of the Second Part, and their heirs and assigns, FOREVER; so that neither the said party or parties of the First Part, nor their heirs, nor any other person or persons for them or in their name—or behalf, shall or will hereafter claim or demand any right or title to the aforesaid premises or any part thereof but they and every one of them shall, by these presents, be excluded and forever barred.

IN WITNESS WHEREOF, the said party or parties of the First Part has or have hereunto set their hand or hands the day and year first above written.

*Chandra Prince*  
Chandra Prince

(ALL SIGNATURES MUST HAVE THE NAME TYPED OR PRINTED UNDERNEATH)

Boone County, Missouri  
Unofficial Document

BOONE COUNTY MO APR 12 2012

STATE OF MISSOURI )  
COUNTY OF Boone ) ss. March

On this 14<sup>th</sup> day of February, 2012 before me personally appeared Chandra Prince

\_\_\_\_\_ to me known to be the person or persons described in and who executed the foregoing instrument, and acknowledged that they executed the same as their free act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my

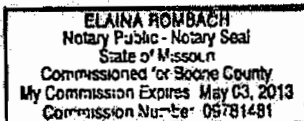
official seal at my office in Boone County, the day and year first above written.

My term expires May 03, 2017

(Seal)

Elaina Rombach  
Notary Public

Elaina Rombach



# CERTIFIED COPY OF ORDER

STATE OF MISSOURI }  
County of Boone } ea.

December Session of the October Adjourned

Term. 20 14

In the County Commission of said county, on the 11th day of December 20 14

the following, among other proceedings, were had, viz:

Now on this day the County Commission of the County of Boone does hereby grant approval to the GIS Department to pursue cost-sharing opportunity number G14AS00126 made available through the USGS 3D Elevation Program to offset costs related to the Assessor's Office 2015 LiDAR flight.

Done this 11th day of December, 2014

ATTEST:

Wendy S. Noren  
Wendy S. Noren  
Clerk of the County Commission

Daniel K. Atwill

Daniel K. Atwill  
Presiding Commissioner

Karen M. Miller

Karen M. Miller  
District I Commissioner

Absent

Janet M. Thompson  
District II Commissioner



**BOONE COUNTY**  
**Department of Information Technology**

ROGER B. WILSON GOVERNMENT CENTER  
801 E. Walnut, Room 220  
Columbia, MO 65201 -4890  
573-886-4325

**Jason Warzinik**

**GIS Manager**

**DATE:** November 26, 2014

**TO:** Dan Atwill, Presiding Commissioner  
Karen Miller, District I Commissioner  
Janet Thompson, District II Commissioner

**FROM:** Jason Warzinik

**SUBJECT:** Approval to pursue USGS 3D Elevation Program cost-share

**cc:** June Pitchford, County Auditor  
Caryn Ginter, Budget Analyst

The GIS Department is seeking approval to pursue cost-sharing opportunity number - G14AS00126 made available through the USGS 3D Elevation Program (3DEP) to offset costs related to the Assessor's Office 2015 LiDAR flight. The USGS's 3DEP is the replacement to the funding opportunity that contributed \$115,000 to help fund your last regional LiDAR flight in 2009. 3DEP is a nation-wide competitive grant program that will be offered annually to eligible federal, state and local governments, tribes, academic institutions and the private sector.

The program's initial budget of \$13.1 million dollars is expected to grow over the coming years as USGS works to map the Nation's elevation with an eight year update cycle. Boone County is shown as a high priority area in the grant program announcement based on its proximity to the Missouri River, but at this time the actual cost-share amount is unknown but will not exceed 50% of the project cost. If awarded funding, it is a requirement of the cost-share that the elevation datasets would be provided to the USGS as public domain datasets.

Costs associated with the Grant during first year:

- No cost to the County

Costs after first year:

- No cost to the County

Respectfully,

Jason Warzinik, GISP  
GIS Manager



# CERTIFIED COPY OF ORDER

STATE OF MISSOURI }  
County of Boone } ea.

December Session of the October Adjourned

Term. 20 14

In the County Commission of said county, on the 11th day of December 20 14

the following, among other proceedings, were had, viz:

Now on this day the County Commission of the County of Boone does hereby approve the attached Agreement for Provision of Wastewater Collection and Treatment Services between Boone County, Bruce & Deborah Horman and the Boone County Regional Sewer District.

The terms of the agreement are stipulated in the attached Wastewater Collection and Treatment Services Agreement. It is further ordered the Presiding Commissioner is hereby authorized to sign said Agreement.

Done this 11th day of December, 2014.

ATTEST:

Wendy S. Noren  
Wendy S. Noren  
Clerk of the County Commission

Daniel K. Atwill  
Daniel K. Atwill  
Presiding Commissioner

Karen M. Miller  
Karen M. Miller  
District I Commissioner

Absent  
Janet M. Thompson  
District II Commissioner

**AGREEMENT FOR PROVISION  
OF WASTEWATER COLLECTION AND TREATMENT SERVICES**

**THIS AGREEMENT** dated the 11<sup>th</sup> day of December, 2014, is made by and between the County of Boone, a political subdivision of the State of Missouri, through its County Commission, (herein "County"), and Bruce Horman and Deborah Horman, husband and wife, (herein called "Developer") and the Boone County Regional Sewer District, a sewer district organized under Chapter 204 of the Revised Statutes of Missouri (herein "District").

**IN CONSIDERATION** of the performance by each party of the respective obligations described in this agreement, the parties specifically agree to the following:

1. **Background of Agreement** - This agreement is made in view of the following facts which the parties agree to be true:

1.1 Developer owns real estate located in Boone County, Missouri and described as follows:

Lot Thirteen (13) of Manchester Heights Block Two (2), a subdivision in Boone County, Missouri, as shown by the plat thereof recorded in Plat Book 10, Page 4, Records of Boone County, Missouri.

Developer currently has 2 homes on the real estate. Developer intends to subdivide the real estate into 2 lots to be known as Lot 13A and Lot 13B of Manchester Heights Block 2A with one home on Lot 13A and one home on Lot 13B.

1.2 The Developer represents and the County will require that one water meter and one electric meter will serve the home on the proposed Lot 13A and that one water meter and one electric meter will serve the home on the proposed Lot 13B. Developer acknowledges that the Sewer District shall bill the tenants for the monthly user charges, but that the Developer is ultimately responsible under state law for the monthly user charges.

1.3 County plans to construct a new wastewater collection system serving Developer's real estate under the auspices of the Manchester Heights Sanitary Sewer Neighborhood Improvement District (NID) and referenced by County Commission Order 314-2010 and County Commission Order 382-2010. Developer acknowledges that they will be subject to a payment described in Paragraph 2.1. Developer's timely performance of its obligations under the terms and conditions of this agreement shall be a condition precedent to District's and County's performance of its obligations under this agreement.

1.4 In order to memorialize the terms and conditions of the agreement between Developer, County and District with respect to the provision of public sanitary sewer services to Developer's property and the surrounding area, the parties are entering into this written agreement.

2. **Developer's Obligations** - Developer agrees to perform the following

**Developer's Property** – District hereby agrees to retain at District's expense, subject to reimbursement from the County, a licensed, qualified engineer to perform the following: develop the plans and specifications for construction of a new sanitary sewer collection system within the real estate described in Paragraph 1.1. Upon County's approval of such plans and specifications, County agrees to construct a new collection system on Developer's property and at County's sole expense, subject to reimbursement from the property owners in the Manchester Heights Sanitary Sewer NID through special assessments. Plans and specifications for construction of the new collection system and support facilities shall be reviewed and approved by County as a condition precedent to the performance by the County of its obligations under this agreement. All public wastewater collection facilities constructed by County shall be inspected and approved by the District. District agrees to pay all fees for permits required by governmental agencies having jurisdiction over sanitary sewer construction work, subject to reimbursement from the County.

4. **District Obligations** – District hereby agrees to undertake and perform the following obligations:

**4.1 Acceptance of Collection Facilities And Provision of Treatment Services -**

In exchange for Developer's performance of Developer's obligations under this agreement, and upon final completion and County approval of all the collection lines and related facilities within Developer's property described in paragraph 1.1, for the purpose of serving the 2 units on Developer's property described in Paragraph 1.1, District agrees to accept conveyance and transfer of all public sewer easements, and other related facilities connected therewith, but excluding private service laterals; provided, however, nothing in this agreement shall be construed to authorize or permit conveyance of privately owned service lines or other facilities connected to public sanitary sewer facilities. All service shall be provided in accordance with and subject to the District's normal rules, policies, procedures and regulations applicable to providing customer services and at the rates and charges normally scheduled for those services.

5. **Contingencies** – This agreement is contingent upon the real estate described in Paragraph 1.1 being finally platted as 2 lots and County Commission acceptance of the Final Plat within three (3) calendar years of the date of this Agreement.

6. **Assignment** - The Developer shall not assign its rights or obligations under this agreement in whole or in part as a part of any sale or transfer of ownership of the land to which this agreement is applicable without the written consent of County; provided, however, nothing in the agreement shall be construed to prohibit Developer from selling, leasing, or assigning part or all of its ownership interests in the property which is the subject matter of this agreement under permissible zoning provided that any such sale, lease, or assignment shall be subject to the terms and conditions of this agreement as applicable.

7. **Entire Agreement and Amendment of Agreement** - This agreement constitutes the entire agreement of the parties and supersedes all prior negotiations and agreements between the parties, written or verbal, and may be amended only by a signed writing executed with the same formality as this agreement. All parties to this agreement acknowledge that by executing this agreement they have read, considered, and understand the terms and conditions of this agreement and

### **GRANT OF EASEMENT FOR SEWER PURPOSES**

This Easement, dated the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, is made by and between **Bruce Horman and Deborah Horman**, husband and wife, hereinafter referred to as GRANTORS, and the Boone County Regional Sewer District, a political subdivision of the State of Missouri, hereinafter called the **GRANTEE (Grantee's mailing address is 1314 North Seventh Street, Columbia, MO 65201)** and sometimes called the DISTRICT, and to its successors and assigns. In consideration of the payment by the Grantee to the Grantors of the sum of ten dollars and other valuable consideration, the sufficiency and receipt of which is acknowledged by the Grantors, the Grantors hereby grant and convey to the Grantee, its successors and assigns, a temporary construction easement and permanent easement for sanitary sewer purposes and right to enter upon the lands of the Grantors, described herein and situated in the County of Boone, State of Missouri, and more particularly described as follows, to-wit:

**Permanent Sanitary Sewer Easement:** A STRIP OF LAND BEING A PORTION OF A WARRANTY DEED RECORDED IN BOOK 2905 PAGE 152, OF THE BOONE COUNTY RECORDS, ALSO BEING A PORTION OF, SECTION 35, TOWNSHIP 49 NORTH, RANGE 12 WEST (T49N, R12W), BOONE COUNTY, MISSOURI, AND IS MORE PARTICULARLY DESCRIBED AS FOLLOWS: THE WEST 143.50 FEET OF THE NORTH 20 FEET OF LOT THIRTEEN (13) OF MANCHESTER HEIGHTS BLOCK TWO (2), A SUBDIVISION IN BOONE COUNTY, MISSOURI, AS SHOWN BY THE PLAT RECORDED IN PLAT BOOK 10, PAGE 4, RECORDS OF BOONE COUNTY, MISSOURI.

**Also a Temporary Construction Easement** A STRIP OF LAND BEING A PORTION OF A WARRANTY DEED RECORDED IN BOOK 2905 PAGE 152, OF THE BOONE COUNTY RECORDS, ALSO BEING A PORTION OF, SECTION 35, TOWNSHIP 49 NORTH, RANGE 12 WEST (T49N, R12W), BOONE COUNTY, MISSOURI, AND IS MORE PARTICULARLY DESCRIBED AS FOLLOWS: THE WEST 153.50 FEET OF THE NORTH 30 FEET OF LOT THIRTEEN (13) OF MANCHESTER HEIGHTS BLOCK TWO (2), A SUBDIVISION IN BOONE COUNTY, MISSOURI, AS SHOWN BY THE PLAT RECORDED IN PLAT BOOK 10, PAGE 4, RECORDS OF BOONE COUNTY, MISSOURI.

This temporary construction easement shall cease and expire at the time of the completion of the sewer construction contract.

Said permanent easement being the right to construct, operate, replace, repair and maintain sewers and pipes, and necessary support facilities, under or across said easement, and a right to access thereto over the above-described tract of land along any reasonable route

# CERTIFIED COPY OF ORDER

STATE OF MISSOURI }  
County of Boone } ea.

December Session of the October Adjourned

Term. 20 14

In the County Commission of said county, on the 11th day of December 20 14

the following, among other proceedings, were had, viz:

Now on this day the County Commission of the County of Boone does hereby approve the following recommendations from the Personnel Advisory Committee:

- Adoption of the Salary Range Schedule 2015 and 2015 Pay Plan Final and authorize the County Auditor to compute final appropriations for compensation increases needed to bring salaries to the minimum of the new ranges (attached)
- Adoption of the new position titles and ranges as recommended by the Salary Study Subcommittee (attached)
- A biennial review, in odd numbered years beginning in 2017, of Boone County pay ranges
- Amending County Personnel Policies 1.4 and 3.7 (attached)
- Amending the Flexible Hiring Rate Policy and Flexible Transfer Policy (attached)

Done this 11th day of December, 2014

ATTEST:

Wendy S. Noren  
Wendy S. Noren  
Clerk of the County Commission

Daniel K. Atwill  
Daniel K. Atwill  
Presiding Commissioner

Karen M. Miller  
Karen M. Miller  
District I Commissioner

Absent  
Janet M. Thompson  
District II Commissioner

# Boone County Human Resources

Jenna Redel-Reed  
Director, Human Resources  
and Risk Management



613 E. Ash Street  
Columbia, MO 65201  
Phone: (573) 886-4405  
Fax: (573) 886-4444

December 8, 2014

## Recommendations from Personnel Advisory Committee

Throughout 2014, the Boone County Personnel Advisory Committee convened and conducted a salary study.

As a result of that study, the Personnel Advisory Committee makes the following recommendations to the Commission:

**The County Commission adopt the "Salary Range Schedule 2015" and "2015 Pay Plan Final" (attached hereto) and authorize the County Auditor to compute final appropriations for compensation increases needed to bring salaries to the minimum of the new ranges.**

**The County Commission adopt the new position titles and ranges recommended by the Salary Study Subcommittee (recommendations dated 12/8/14).**

**The County Commission agree to a biennial review, in odd numbered years beginning in 2017, of Boone County pay ranges to determine if an increase is warranted due to inflation and/or other factors impacting market competitiveness.**

**The County Commission amend County Personnel Policies 1.4 and 3.7, as attached.**

**The County Commission amend the Flexible Hiring Rate Policy and Flexible Transfer Policy, as attached.**

Best Regards,

Jennifer Redel-Reed

**SALARY RANGE SCHEDULE  
2015**

RANGE	HOURLY				ANNUAL (Full Time, 2080 Hours)			
	FHR (85% of				FHR (85% of			
	MINIMUM	Midpoint)	MIDPOINT	MAXIMUM	MINIMUM	Midpoint)	MIDPOINT	MAXIMUM
1	8.00	8.50	10.00	12.00	16,640.00	17,680.00	20,800.00	24,960.00
2	8.20	8.71	10.25	12.30	17,056.00	18,116.80	21,320.00	25,584.00
3	8.41	8.93	10.51	12.61	17,492.80	18,574.40	21,860.80	26,228.80
4	8.62	9.15	10.77	12.92	17,929.60	19,032.00	22,401.60	26,873.60
5	8.83	9.38	11.04	13.25	18,366.40	19,510.40	22,963.20	27,560.00
6	9.06	9.62	11.32	13.58	18,844.80	20,009.60	23,545.60	28,246.40
7	9.28	9.86	11.60	13.92	19,302.40	20,508.80	24,128.00	28,953.60
8	9.51	10.11	11.89	14.27	19,780.80	21,028.80	24,731.20	29,681.60
9	9.75	10.36	12.19	14.63	20,280.00	21,548.80	25,355.20	30,430.40
10	9.99	10.62	12.49	14.99	20,779.20	22,089.60	25,979.20	31,179.20
11	10.24	10.88	12.80	15.36	21,299.20	22,630.40	26,624.00	31,948.80
12	10.50	11.15	13.12	15.74	21,840.00	23,192.00	27,289.60	32,739.20
13	10.76	11.43	13.45	16.14	22,380.80	23,774.40	27,976.00	33,571.20
14	11.03	11.72	13.79	16.55	22,942.40	24,377.60	28,683.20	34,424.00
15	11.30	12.01	14.13	16.96	23,504.00	24,980.80	29,390.40	35,276.80
16	11.58	12.31	14.48	17.38	24,086.40	25,604.80	30,118.40	36,150.40
17	11.87	12.61	14.84	17.81	24,689.60	26,228.80	30,867.20	37,044.80
18	12.17	12.93	15.21	18.25	25,313.60	26,894.40	31,636.80	37,960.00
19	12.47	13.25	15.59	18.71	25,937.60	27,560.00	32,427.20	38,916.80
20	12.78	13.58	15.98	19.18	26,582.40	28,246.40	33,238.40	39,894.40
21	13.10	13.92	16.38	19.66	27,248.00	28,953.60	34,070.40	40,892.80
22	13.43	14.27	16.79	20.15	27,934.40	29,681.60	34,923.20	41,912.00
23	13.77	14.63	17.21	20.65	28,641.60	30,430.40	35,796.80	42,952.00
24	14.11	14.99	17.64	21.17	29,348.80	31,179.20	36,691.20	44,033.60
25	14.46	15.37	18.08	21.70	30,076.80	31,969.60	37,606.40	45,136.00
26	14.82	15.75	18.53	22.24	30,825.60	32,760.00	38,542.40	46,259.20
27	15.19	16.14	18.99	22.79	31,595.20	33,571.20	39,499.20	47,403.20
28	15.57	16.54	19.46	23.35	32,385.60	34,403.20	40,476.80	48,568.00
29	15.96	16.96	19.95	23.94	33,196.80	35,276.80	41,496.00	49,795.20
30	16.36	17.38	20.45	24.54	34,028.80	36,150.40	42,536.00	51,043.20
31	16.77	17.82	20.96	25.15	34,881.60	37,065.60	43,596.80	52,312.00
32	17.18	18.26	21.48	25.78	35,734.40	37,980.80	44,678.40	53,622.40
33	17.62	18.72	22.02	26.42	36,649.60	38,937.60	45,801.60	54,953.60
34	18.06	19.18	22.57	27.08	37,564.80	39,894.40	46,945.60	56,326.40
35	18.50	19.66	23.13	27.76	38,480.00	40,892.80	48,110.40	57,740.80
36	18.97	20.15	23.71	28.45	39,457.60	41,912.00	49,316.80	59,176.00
37	19.44	20.66	24.30	29.16	40,435.20	42,972.80	50,544.00	60,652.80
38	19.93	21.17	24.91	29.89	41,454.40	44,033.60	51,812.80	62,171.20
39	20.42	21.70	25.53	30.64	42,473.60	45,136.00	53,102.40	63,731.20
40	20.94	22.24	26.17	31.40	43,555.20	46,259.20	54,433.60	65,312.00
41	21.46	22.80	26.82	32.18	44,636.80	47,424.00	55,785.60	66,934.40
42	21.99	23.37	27.49	32.99	45,739.20	48,609.60	57,179.20	68,619.20
43	22.54	23.95	28.18	33.82	46,883.20	49,816.00	58,614.40	70,345.60
44	23.10	24.55	28.88	34.66	48,048.00	51,064.00	60,070.40	72,092.80
45	23.68	25.16	29.60	35.52	49,254.40	52,332.80	61,568.00	73,881.60
46	24.27	25.79	30.34	36.41	50,481.60	53,643.20	63,107.20	75,732.80
47	24.88	26.44	31.10	37.32	51,750.40	54,995.20	64,688.00	77,625.60
48	25.50	27.10	31.88	38.26	53,040.00	56,368.00	66,310.40	79,580.80
49	26.14	27.78	32.68	39.22	54,371.20	57,782.40	67,974.40	81,577.60
50	26.80	28.48	33.50	40.20	55,744.00	59,238.40	69,680.00	83,616.00

51	27.47	29.19	34.34	41.21	57,137.60	60,715.20	71,427.20	85,716.80
52	28.16	29.92	35.20	42.24	58,572.80	62,233.60	73,216.00	87,859.20
53	28.86	30.67	36.08	43.30	60,028.80	63,793.60	75,046.40	90,064.00
54	29.58	31.43	36.98	44.38	61,526.40	65,374.40	76,918.40	92,310.40
55	30.32	32.22	37.90	45.48	63,065.60	67,017.60	78,832.00	94,598.40
56	31.08	33.02	38.85	46.62	64,646.40	68,681.60	80,808.00	96,969.60
57	31.86	33.85	39.82	47.78	66,268.80	70,408.00	82,825.60	99,382.40
58	32.66	34.70	40.82	48.98	67,932.80	72,176.00	84,905.60	101,878.40
59	33.47	35.56	41.84	50.21	69,617.60	73,964.80	87,027.20	104,436.80
60	34.31	36.46	42.89	51.47	71,364.80	75,836.80	89,211.20	107,057.60
61	35.17	37.37	43.96	52.75	73,153.60	77,729.60	91,436.80	109,720.00
62	36.05	38.30	45.06	54.07	74,984.00	79,664.00	93,724.80	112,465.60
63	36.95	39.26	46.19	55.43	76,856.00	81,660.80	96,075.20	115,294.40
64	37.87	40.24	47.34	56.81	78,769.60	83,699.20	98,467.20	118,164.80
65	38.82	41.24	48.52	58.22	80,745.60	85,779.20	100,921.60	121,097.60
66	39.78	42.27	49.73	59.68	82,742.40	87,921.60	103,438.40	124,134.40
67	40.78	43.32	50.97	61.16	84,822.40	90,105.60	106,017.60	127,212.80
68	41.79	44.40	52.24	62.69	86,923.20	92,352.00	108,659.20	130,395.20
69	42.84	45.52	53.55	64.26	89,107.20	94,681.60	111,384.00	133,660.80
70	43.91	46.66	54.89	65.87	91,332.80	97,052.80	114,171.20	137,009.60
71	45.01	47.82	56.26	67.51	93,620.80	99,465.60	117,020.80	140,420.80
72	46.14	49.02	57.67	69.20	95,971.20	101,961.60	119,953.60	143,936.00
73	47.29	50.24	59.11	70.93	98,363.20	104,499.20	122,948.80	147,534.40
74	48.47	51.50	60.59	72.71	100,817.60	107,120.00	126,027.20	151,236.80
75	49.68	52.79	62.10	74.52	103,334.40	109,803.20	129,168.00	155,001.60



## 2015 Pay Plan

Final

Class Code	Title	Range Range	Range			Range
			Minimum	Max Hire	Midpoint	Maximum
3052	Custodian	10	\$20,779.20	\$22,089.60	\$25,979.20	\$31,179.20
7062	Program Assist. Pool	10	\$20,779.20	\$22,089.60	\$25,979.20	\$31,179.20
1024	File Clerk	13	\$22,380.80	\$23,774.40	\$27,976.00	\$33,571.20
1025	Mail Clerk	13	\$22,380.80	\$23,774.40	\$27,976.00	\$33,571.20
7046	Transportation Coord	15	\$23,504.00	\$24,980.80	\$29,390.40	\$35,276.80
4053	Cook	16	\$24,086.40	\$25,604.80	\$30,118.40	\$36,150.40
1023	Receptionist	18	\$25,313.60	\$26,894.40	\$31,636.80	\$37,960.00
	Road Maintenance					
3026	Worker I	18	\$25,313.60	\$26,894.40	\$31,636.80	\$37,960.00
7050	Receptionist (CT)	18	\$25,313.60	\$26,894.40	\$31,636.80	\$37,960.00
1054	GIS Intern	19	\$25,937.60	\$27,560.00	\$32,427.20	\$38,916.80
1014	Secretary	20	\$26,582.40	\$28,246.40	\$33,238.40	\$39,894.40
1022	Office Specialist	20	\$26,582.40	\$28,246.40	\$33,238.40	\$39,894.40
3051	Lead Custodian	20	\$26,582.40	\$28,246.40	\$33,238.40	\$39,894.40
7051	Secretary I (CT)	20	\$26,582.40	\$28,246.40	\$33,238.40	\$39,894.40
7072	Court Clerk III	20	\$26,582.40	\$28,246.40	\$33,238.40	\$39,894.40
7073	Records Clerk II	20	\$26,582.40	\$28,246.40	\$33,238.40	\$39,894.40
1004	Account Specialist	21	\$27,248.00	\$28,953.60	\$34,070.40	\$40,892.80
1005	Payroll Specialist	21	\$27,248.00	\$28,953.60	\$34,070.40	\$40,892.80
1098	Personal Property Clerk	21	\$27,248.00	\$28,953.60	\$34,070.40	\$40,892.80
2013	Deputy Recorder	21	\$27,248.00	\$28,953.60	\$34,070.40	\$40,892.80
2024	Elections Specialist	21	\$27,248.00	\$28,953.60	\$34,070.40	\$40,892.80
	Road Maintenance					
3025	Worker III	22	\$27,934.40	\$29,681.60	\$34,923.20	\$41,912.00
4090	Records Custodian	22	\$27,934.40	\$29,681.60	\$34,923.20	\$41,912.00
2003	Deputy Collector	23	\$28,641.60	\$30,430.40	\$35,796.80	\$42,952.00
	Corrections Support					
4034	Officer	23	\$28,641.60	\$30,430.40	\$35,796.80	\$42,952.00
4061	Warrant Supervisor	23	\$28,641.60	\$30,430.40	\$35,796.80	\$42,952.00
4066	Evidence Technician	23	\$28,641.60	\$30,430.40	\$35,796.80	\$42,952.00
4067	Booking Officer	23	\$28,641.60	\$30,430.40	\$35,796.80	\$42,952.00
2018	Deputy County Clerk	24	\$29,348.80	\$31,179.20	\$36,691.20	\$44,033.60
	Facilities Maintenance					
3044	Tech	24	\$29,348.80	\$31,179.20	\$36,691.20	\$44,033.60
4042	Licensed Practical Nurse	24	\$29,348.80	\$31,179.20	\$36,691.20	\$44,033.60
	Child Support					
5033	Enforcement Technician	24	\$29,348.80	\$31,179.20	\$36,691.20	\$44,033.60
7048	Paralegal	24	\$29,348.80	\$31,179.20	\$36,691.20	\$44,033.60
7071	Court Clerk III	24	\$29,348.80	\$31,179.20	\$36,691.20	\$44,033.60
	Senior Account					
1003	Specialist	25	\$30,076.80	\$31,969.60	\$37,606.40	\$45,136.00

2015 Pay Plan  
Final

Class Code	Title	Range	Range		Midpoint	Range
			Minimum	Max Hire		Maximum
1097	Lead Personal Property Clerk	25	\$30,076.80	\$31,969.60	\$37,606.40	\$45,136.00
2012	Lead Deputy Recorder Principal Elections	25	\$30,076.80	\$31,969.60	\$37,606.40	\$45,136.00
2022	Specialist	25	\$30,076.80	\$31,969.60	\$37,606.40	\$45,136.00
5014	Witness Coordinator	25	\$30,076.80	\$31,969.60	\$37,606.40	\$45,136.00
5022	Victim Assistant	25	\$30,076.80	\$31,969.60	\$37,606.40	\$45,136.00
5044	Legal Assistant I	25	\$30,076.80	\$31,969.60	\$37,606.40	\$45,136.00
3024	Road Maintenance Worker III	26	\$30,825.60	\$32,760.00	\$38,542.40	\$46,259.20
3027	Sign Maintenance Specialist	26	\$30,825.60	\$32,760.00	\$38,542.40	\$46,259.20
3035	Field Service Technician	26	\$30,825.60	\$32,760.00	\$38,542.40	\$46,259.20
2002	Lead Deputy Collector Emergency	27	\$31,595.20	\$33,571.20	\$39,499.20	\$47,403.20
4093	Telecommunicator Courty Security Aide	27	\$31,595.20	\$33,571.20	\$39,499.20	\$47,403.20
7004	Pool	27	\$31,595.20	\$33,571.20	\$39,499.20	\$47,403.20
1012	Administrative Assistant Recruitment & Hiring	28	\$32,385.60	\$34,403.20	\$40,476.80	\$48,568.00
1036	Coordinator Benefits & Wellness	29	\$33,196.80	\$35,276.80	\$41,496.00	\$49,795.20
1037	Coordinator Emergency	29	\$33,196.80	\$35,276.80	\$41,496.00	\$49,795.20
4094	Telecommunicator II	29	\$33,196.80	\$35,276.80	\$41,496.00	\$49,795.20
7022	Deputy Court Marshal	29	\$33,196.80	\$35,276.80	\$41,496.00	\$49,795.20
1095	Appraiser/ Apprentice Polling Place Operations	30	\$34,028.80	\$36,150.40	\$42,536.00	\$51,043.20
2025	Manager Deputy Public	30	\$34,028.80	\$36,150.40	\$42,536.00	\$51,043.20
2032	Administrator Data Management	30	\$34,028.80	\$36,150.40	\$42,536.00	\$51,043.20
3015	Technician Senior Facilities	30	\$34,028.80	\$36,150.40	\$42,536.00	\$51,043.20
3043	Maintenance Tech Bad Check/Tax Prog.	30	\$34,028.80	\$36,150.40	\$42,536.00	\$51,043.20
5043	Admin.	30	\$34,028.80	\$36,150.40	\$42,536.00	\$51,043.20
3008	Right of Way Agent Road Maintenance	31	\$34,881.60	\$37,065.60	\$43,596.80	\$52,312.00
3023	Worker IV	31	\$34,881.60	\$37,065.60	\$43,596.80	\$52,312.00

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Class Code	Title	Range	Range		Midpoint	Range
			Minimum	Max Hire		Maximum
	Automotive/Equipment					
3033	Mechanic	31	\$34,881.60	\$37,065.60	\$43,596.80	\$52,312.00
	Senior Sign Maintenance					
3036	Specialist	31	\$34,881.60	\$37,065.60	\$43,596.80	\$52,312.00
4060	Budget Administrator	31	\$34,881.60	\$37,065.60	\$43,596.80	\$52,312.00
	Lead Emergency					
4095	Telecommunicator	31	\$34,881.60	\$37,065.60	\$43,596.80	\$52,312.00
7002	Jury Supervisor	31	\$34,881.60	\$37,065.60	\$43,596.80	\$52,312.00
	Admin Asst./Grant					
7003	Manager	31	\$34,881.60	\$37,065.60	\$43,596.80	\$52,312.00
7005	Budget Administrator	31	\$34,881.60	\$37,065.60	\$43,596.80	\$52,312.00
7024	Deputy Court Marshal II	31	\$34,881.60	\$37,065.60	\$43,596.80	\$52,312.00
7032	Court Services Officer	31	\$34,881.60	\$37,065.60	\$43,596.80	\$52,312.00
7043	Dep. Juvenile Officer I	31	\$34,881.60	\$37,065.60	\$43,596.80	\$52,312.00
7044	Victim Advocate	31	\$34,881.60	\$37,065.60	\$43,596.80	\$52,312.00
7045	Legal Assistant	31	\$34,881.60	\$37,065.60	\$43,596.80	\$52,312.00
1015	Services Coordinator	31	\$34,881.60	\$37,065.60	\$43,596.80	\$52,312.00
4033	Corrections Officer	32	\$35,734.40	\$37,980.80	\$44,678.40	\$53,622.40
4051	Cook Supervisor	32	\$35,734.40	\$37,980.80	\$44,678.40	\$53,622.40
	Code Enforcement					
1065	Officer	33	\$36,649.60	\$38,937.60	\$45,801.60	\$54,953.60
1073	Building Inspector	33	\$36,649.60	\$38,937.60	\$45,801.60	\$54,953.60
1083	Buyer	33	\$36,649.60	\$38,937.60	\$45,801.60	\$54,953.60
1096	Cartographer	33	\$36,649.60	\$38,937.60	\$45,801.60	\$54,953.60
3006	Engineering Technician	33	\$36,649.60	\$38,937.60	\$45,801.60	\$54,953.60
3007	Construction Inspector	33	\$36,649.60	\$38,937.60	\$45,801.60	\$54,953.60
	GIS/Asset Management					
3009	Tech	33	\$36,649.60	\$38,937.60	\$45,801.60	\$54,953.60
4015	Civil Process Deputy	33	\$36,649.60	\$38,937.60	\$45,801.60	\$54,953.60
4092	Training Coordinator	33	\$36,649.60	\$38,937.60	\$45,801.60	\$54,953.60
5042	Legal Assistant III	33	\$36,649.60	\$38,937.60	\$45,801.60	\$54,953.60
1094	Appraiser/Residential	34	\$37,564.80	\$39,894.40	\$46,945.60	\$56,326.40
	Computer Info					
7012	Technologist	34	\$37,564.80	\$39,894.40	\$46,945.60	\$56,326.40
	Domestic Assault Court					
7035	Coord	34	\$37,564.80	\$39,894.40	\$46,945.60	\$56,326.40
1049	Helpdesk Technician	35	\$38,480.00	\$40,892.80	\$48,110.40	\$57,740.80
1053	GIS Analyst	35	\$38,480.00	\$40,892.80	\$48,110.40	\$57,740.80

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Class Code	Title	Range	Range		Midpoint	Range Maximum
			Minimum	Max Hire		
7030	Court Services Officer II Veterans Ct Mentor	35	\$38,480.00	\$40,892.80	\$48,110.40	\$57,740.80
7037	Coord	35	\$38,480.00	\$40,892.80	\$48,110.40	\$57,740.80
7042	Art Instructor	35	\$38,480.00	\$40,892.80	\$48,110.40	\$57,740.80
7047	Music Instructor	35	\$38,480.00	\$40,892.80	\$48,110.40	\$57,740.80
7049	Dep. Juvenile Officer II Risk Management	35	\$38,480.00	\$40,892.80	\$48,110.40	\$57,740.80
1038	Specialist	36	\$39,457.60	\$41,912.00	\$49,316.80	\$59,176.00
1082	Senior Buyer	36	\$39,457.60	\$41,912.00	\$49,316.80	\$59,176.00
1091	Chief Deputy Assessor	36	\$39,457.60	\$41,912.00	\$49,316.80	\$59,176.00
2001	Chief Deputy Collector	36	\$39,457.60	\$41,912.00	\$49,316.80	\$59,176.00
2011	Chief Deputy Recorder Chief Deputy Public	36	\$39,457.60	\$41,912.00	\$49,316.80	\$59,176.00
2031	Administrator	36	\$39,457.60	\$41,912.00	\$49,316.80	\$59,176.00
4014	Enforcement Corporal	36	\$39,457.60	\$41,912.00	\$49,316.80	\$59,176.00
4032	Corrections Corporal	36	\$39,457.60	\$41,912.00	\$49,316.80	\$59,176.00
4059	Administrative Deputy Witness Location	36	\$39,457.60	\$41,912.00	\$49,316.80	\$59,176.00
5013	Investigator	36	\$39,457.60	\$41,912.00	\$49,316.80	\$59,176.00
1001	Accountant	37	\$40,435.20	\$42,972.80	\$50,544.00	\$60,652.80
5021	Crime Victim Specialist	37	\$40,435.20	\$42,972.80	\$50,544.00	\$60,652.80
7033	Mental Health Coord	37	\$40,435.20	\$42,972.80	\$50,544.00	\$60,652.80
1093	Apprasier/Commercial	38	\$41,454.40	\$44,033.60	\$51,812.80	\$62,171.20
3063	Storm Water Educator	38	\$41,454.40	\$44,033.60	\$51,812.80	\$62,171.20
4013	Deputy Sheriff	38	\$41,454.40	\$44,033.60	\$51,812.80	\$62,171.20
1071	Chief Building Inspector Chief Public Works	39	\$42,473.60	\$45,136.00	\$53,102.40	\$63,731.20
3010	Inspector	39	\$42,473.60	\$45,136.00	\$53,102.40	\$63,731.20
4011	Investigator	39	\$42,473.60	\$45,136.00	\$53,102.40	\$63,731.20
7013	Programmer Analyst, Court Svc	39	\$42,473.60	\$45,136.00	\$53,102.40	\$63,731.20
1055	System Support Analyst I	39	\$42,473.60	\$45,136.00	\$53,102.40	\$63,731.20
1064	Planner	40	\$43,555.20	\$46,259.20	\$54,433.60	\$65,312.00

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Class Code	Title	Range	Range		Midpoint	Range
			Minimum	Max Hire		Maximum
Public Works Office						
3004	Administrator	40	\$43,555.20	\$46,259.20	\$54,433.60	\$65,312.00
3064	Urban Hydrologist	40	\$43,555.20	\$46,259.20	\$54,433.60	\$65,312.00
4085	Shift Supervisor	40	\$43,555.20	\$46,259.20	\$54,433.60	\$65,312.00
5012	Investigator (PA)	40	\$43,555.20	\$46,259.20	\$54,433.60	\$65,312.00
5023	Case Specialist	40	\$43,555.20	\$46,259.20	\$54,433.60	\$65,312.00
Office Administrator						
5041	(PA)	40	\$43,555.20	\$46,259.20	\$54,433.60	\$65,312.00
Computer Operations						
1048	Analyst	41	\$44,636.80	\$47,424.00	\$55,785.60	\$66,934.40
Road Maintenance						
3022	Superintendent	41	\$44,636.80	\$47,424.00	\$55,785.60	\$66,934.40
Fleet Operations						
3031	Superintendent	41	\$44,636.80	\$47,424.00	\$55,785.60	\$66,934.40
4012	Sergeant	41	\$44,636.80	\$47,424.00	\$55,785.60	\$66,934.40
4031	Corrections Sergeant	41	\$44,636.80	\$47,424.00	\$55,785.60	\$66,934.40
Technology Research						
4080	Operations Analyst	41	\$44,636.80	\$47,424.00	\$55,785.60	\$66,934.40
7023	Dep. Ct. Marshal SGT	41	\$44,636.80	\$47,424.00	\$55,785.60	\$66,934.40
System Support Analyst						
1048	II	41	\$44,636.80	\$47,424.00	\$55,785.60	\$66,934.40
Alt Sentencing Court						
7036	Admin	42	\$45,739.20	\$48,609.60	\$57,179.20	\$68,619.20
7041	Teacher	42	\$45,739.20	\$48,609.60	\$57,179.20	\$68,619.20
Senior						
Accountant/Financial						
1006	Analyst	43	\$46,883.20	\$49,816.00	\$58,614.40	\$70,345.60
1045	Programmer Analyst	43	\$46,883.20	\$49,816.00	\$58,614.40	\$70,345.60
Supervisor, Court						
7031	Services	43	\$46,883.20	\$49,816.00	\$58,614.40	\$70,345.60
7090	Associate Legal Counsel	43	\$46,883.20	\$49,816.00	\$58,614.40	\$70,345.60
1063	Senior Planner	44	\$48,048.00	\$51,064.00	\$60,070.40	\$72,092.80
3013	County Surveyor	44	\$48,048.00	\$51,064.00	\$60,070.40	\$72,092.80
Facilities Maintenance						
3041	Manager	44	\$48,048.00	\$51,064.00	\$60,070.40	\$72,092.80
Storm Water						
3062	Coordinator	44	\$48,048.00	\$51,064.00	\$60,070.40	\$72,092.80
3011	Civil Engineer I	45	\$49,254.40	\$52,332.80	\$61,568.00	\$73,881.60
Asst. Manager Road						
Maintenance						
3029	Operations	46	\$50,481.60	\$53,643.20	\$63,107.20	\$75,732.80
4043	Registered Nurse	46	\$50,481.60	\$53,643.20	\$63,107.20	\$75,732.80
5011	Chief Investigator	46	\$50,481.60	\$53,643.20	\$63,107.20	\$75,732.80

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Class Code	Title	Range	Range		Midpoint	Range
			Minimum	Max Hire		Maximum
7021	Court Marshal	46	\$50,481.60	\$53,643.20	\$63,107.20	\$75,732.80
7034	Rintegration Ct Admin Jail Clinical Social	46	\$50,481.60	\$53,643.20	\$63,107.20	\$75,732.80
9024	Worker Senior Programmer	46	\$50,481.60	\$53,643.20	\$63,107.20	\$75,732.80
1044	Analyst Web Developer/ Sr.	47	\$51,750.40	\$54,995.20	\$64,688.00	\$77,625.60
1047	Programmer Analyst	47	\$51,750.40	\$54,995.20	\$64,688.00	\$77,625.60
2020	Voting Systems Manager	47	\$51,750.40	\$54,995.20	\$64,688.00	\$77,625.60
2021	Elections Manager	47	\$51,750.40	\$54,995.20	\$64,688.00	\$77,625.60
3003	Infrastructure Manager Assistant Prosecuting	47	\$51,750.40	\$54,995.20	\$64,688.00	\$77,625.60
5003	Attorney I Assistant County	47	\$51,750.40	\$54,995.20	\$64,688.00	\$77,625.60
6002	Counsel	47	\$51,750.40	\$54,995.20	\$64,688.00	\$77,625.60
7063	Security Officers Pool	48	\$53,040.00	\$56,368.00	\$66,310.40	\$79,580.80
1051	GIS Manager Professional Civil	49	\$54,371.20	\$57,782.40	\$67,974.40	\$81,577.60
3014	Engineer	49	\$54,371.20	\$57,782.40	\$67,974.40	\$81,577.60
3061	Storm Water Engineer CAMA Program	49	\$54,371.20	\$57,782.40	\$67,974.40	\$81,577.60
1092	Manager	50	\$55,744.00	\$59,238.40	\$69,680.00	\$83,616.00
4041	Nursing Supervisor Supervising Jail Clinical	50	\$55,744.00	\$59,238.40	\$69,680.00	\$83,616.00
4044	Social Worker	50	\$55,744.00	\$59,238.40	\$69,680.00	\$83,616.00
7011	Supervisor, IT	50	\$55,744.00	\$59,238.40	\$69,680.00	\$83,616.00
1046	Systems Administrator	51	\$57,137.60	\$60,715.20	\$71,427.20	\$85,716.80
2101	Program Manager Manager, Road Maintenance	51	\$57,137.60	\$60,715.20	\$71,427.20	\$85,716.80
3021	Operations Assistant Prosecuting	51	\$57,137.60	\$60,715.20	\$71,427.20	\$85,716.80
5004	Attorney II	51	\$57,137.60	\$60,715.20	\$71,427.20	\$85,716.80
4002	Captain	52	\$58,572.80	\$62,233.60	\$73,216.00	\$87,859.20
4022	Corrections Captain Chief Jailer/Jail	52	\$58,572.80	\$62,233.60	\$73,216.00	\$87,859.20
4020	Administrator	53	\$60,028.80	\$63,793.60	\$75,046.40	\$90,064.00
4082	Deputy Director 911	53	\$60,028.80	\$63,793.60	\$75,046.40	\$90,064.00
4001	Major	54	\$61,526.40	\$65,374.40	\$76,918.40	\$92,310.40
1031	Director, HR	55	\$63,065.60	\$67,017.60	\$78,832.00	\$94,598.40

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Class Code	Title	Range	Range		Midpoint	Range
			Minimum	Max Hire		Maximum
	Supervisor, Systems					
1042	Analysis	55	\$63,065.60	\$67,017.60	\$78,832.00	\$94,598.40
	Supervisor,					
1043	Programming & Analysis	55	\$63,065.60	\$67,017.60	\$78,832.00	\$94,598.40
1081	Director, Purchasing	55	\$63,065.60	\$67,017.60	\$78,832.00	\$94,598.40
1090	Chief Appraiser	55	\$63,065.60	\$67,017.60	\$78,832.00	\$94,598.40
	Director, Community					
2100	Services	55	\$63,065.60	\$67,017.60	\$78,832.00	\$94,598.40
	Mgr, Engineering Design					
3002	and Construction	55	\$63,065.60	\$67,017.60	\$78,832.00	\$94,598.40
4083	Director, OEM	55	\$63,065.60	\$67,017.60	\$78,832.00	\$94,598.40
7001	Asst Court Administrator	55	\$63,065.60	\$67,017.60	\$78,832.00	\$94,598.40
	First Assistant					
5001	Prosecutor	56	\$64,646.40	\$68,681.60	\$80,808.00	\$96,969.60
1041	Director, IT	65	\$80,745.60	\$85,779.20	\$100,921.60	\$121,097.60
4091	Director, 911	65	\$80,745.60	\$85,779.20	\$100,921.60	\$121,097.60
	Director, Resource					
1060	Management	67	\$84,822.40	\$90,105.60	\$106,017.60	\$127,212.80
6001	Legal Counsel	70	\$91,332.80	\$97,052.80	\$114,171.20	\$137,009.60

#### **1.4 Employment Classifications:**

The County has established a set of pay ranges that include a minimum and maximum rate of pay for each range. Similar positions are grouped into similar pay ranges. All County positions are classified according to this set of ranges. These classifications do not guarantee employment for any specified period of time nor do they affect the at-will employment relationship between the employee and County.

Every two years, in odd numbered years beginning in 2017, the County will evaluate its pay ranges to determine if an increase is warranted due to inflation and/or other factors which impact the market competitiveness of the County's pay ranges. The Human Resources Department will review the Consumer Price Index as certified by the Missouri State Tax Commission to measure inflation since the last time the pay ranges were adjusted and report that information to the County Commission. The Commission will make a determination of whether and to what extent to adjust pay ranges. Subject to availability of funding and approval, the County will increase the minimum and maximum rate of pay for each range at a uniform rate.

An employee whose rate of pay is below the adjusted minimum for their position will receive a pay increase up to the adjusted minimum, effective on the date the ranges are adjusted.



### **3.7: SALARY ADJUSTMENTS:**

The County Commission may appropriate funds in the annual budget for salary adjustments. The salaries of employees who are being compensated at a rate that is higher than the top of their identified salary range will not be included in the merit pool calculation for the employees' respective offices or departments. In general, there are two (2) categories of salary adjustments:

- 1) **Merit Increase:** This increase is allocated by the Administrative Authority from funds authorized by the County Commission and is based upon employees' documented meritorious performance. Increases may vary from employee to employee depending upon performance levels. Appointing authorities may award a merit increase to an employee who is being compensated at a rate higher than the top of their identified salary range.
  
- 2) **Biennial Adjustment:** Every two years, in odd numbered years beginning in 2017, the County will evaluate its pay ranges to determine if an increase is warranted due to inflation and/or other factors which impact the market competitiveness of the County's pay ranges. The Human Resources Department will review the Consumer Price Index as certified by the Missouri State Tax Commission to measure inflation since the last time the pay ranges were adjusted and report that information to the County Commission. The Commission will make a determination of whether and to what extent to adjust pay ranges. Subject to availability of funding and approval, the County will increase the minimum and maximum rate of pay for each range at a uniform rate.

An employee whose rate of pay is below the adjusted minimum for their position will receive a pay increase up to the adjusted minimum, effective on the date the ranges are adjusted.

**Boone County Human Resources**  
**FLEXIBLE TRANSFER POLICY**  
**Supersedes Commission Order 146-2006**

**Definitions:**

“Transfer” is defined as the movement of an employee from one position to another position on the same range, a higher pay range, or a lower pay range.

“ATS” (Authorized Transfer Salary) is defined as the current salary of an employee or the flexible hiring maximum (85% of midpoint) of the new pay range, whichever is greater.

**Policy:**

In order to provide Administrative Authorities with the flexibility to compete for highly qualified individuals and to compete where the desired job skills are scarce, Boone County will utilize a flexible transfer policy. Under the policy, an Administrative Authority is authorized to establish an employee’s salary resulting from a transfer in accordance with the provisions outlined below. However, the salary must fall within the minimum and maximum of the new pay range.

	<u>Position in Salary Range</u>	<u>Approval Level</u>
A.	May award up to “ATS”	Administrative Authority
B.	Anything above “ATS”	Human Resource Director Review/ County Commission Approval

In summary, steps for County Commission approval are:

1. The Administrative Authority shall complete the form “**Request to Transfer above ATS**” and prepare a schedule that demonstrates that funding is available within the salary and wage appropriation (account #10100) and calculates the amount for a budget revision, if needed. The Administrative Authority shall submit the form, the schedule and the budget revision (if needed) to the Auditor for certification of fund availability.
2. The Auditor certifies fund availability, approves budget revision (if applicable), returns form to the Administrative Authority, and forwards a copy to the Human Resource Director.
3. The Human Resource Director will review the request and provide recommendations regarding the proposed starting salary to the Administrative Authority.
4. The Administrative Authority will schedule the request for approval by the Commission and provide the Commission with the Human Resource Director's recommendation. The County Commission will review all requests for starting salary above the “ATS” and will either approve or deny the request. After approval/denial, the County Commission will return the request form to the Administrative Authority.
5. The Administrative Authority will attach a copy of the approved “Request to Transfer **above ATS**” form to the Personnel Action Form and submit to the Auditor’s office.

**FLEXIBLE HIRING RATE POLICY**  
**Supersedes Commission Order 25-2004**

In order to provide Administrative Authorities with the flexibility to compete for highly qualified individuals and to compete where the desired job skills are scarce, Boone County will utilize a flexible hiring rate plan. Under the plan, an Administrative Authority is authorized to hire a new employee between 80% - 85% of the mid-point without further approval subject to the Auditor certifying that budgeted funds are available. Such certification shall be indicated by Auditor's approval of the Personnel Action Form. However, if the prospective employee requires a higher starting salary (i.e., between 86% - 120% of the mid-point of the pay range), the approval level for hiring rates above the minimum of the pay range shall be correlated to position in the salary range, as outlined in the table below:

<b><u>Position in Salary Range</u></b>	<b><u>Approval Level</u></b>
<b>80% - 85%</b>	<b>Administrative Authority</b>
<b>86% - 120%</b>	<b>Human Resource Director Review/County Commission Approval</b>

In summary, steps are outlined below:

1. The Administrative Authority shall complete the attached form "Request to Hire Above Flexible Hiring Maximum" and prepare a schedule that demonstrates that funding is available, or prepare a budget revision if funding is not available. The Administrative Authority shall submit the form and Funding Schedule or budget revision to the Auditor for certification of fund availability.
2. The Auditor certifies fund availability and approves budget revision (if applicable) and forwards to the Human Resource Director for review and processing.
3. The Human Resource Director will review the request, provides recommendations regarding the proposed starting salary and schedules the request on the Commission agenda for approval.
4. The County Commission will review all requests for a starting salary above the mid-point and will either approve or deny the request.

## REQUEST TO HIRE ABOVE FLEXIBLE HIRING MAXIMUM BOONE COUNTY

*Description of form: To request approval to hire between 86% - 120% of the salary range mid-point*

**Procedure:**

1. The Administrative Authority or designee completes the form and prepares a schedule that demonstrates that funding is available within the salary and wage appropriation (account #10100) and calculates the amount for a budget revision, if needed. The Administrative Authority submits the form, the schedule, and the budget revision (if needed) to the Auditor for certification of funds availability.
2. The Auditor certifies funds availability and approves budget revision (if applicable) and forwards to Human Resource Director.
3. The Human Resource Director reviews the information, makes recommendation, and schedules the request on the Commission agenda for approval.
4. The County Commission will review all requests for a starting salary above the mid-point and will either approve or deny the request. After approval/denial, the County Commission will return this form to the Administrative Authority.
5. The Administrative Authority will attach a copy of this approved form to the Personnel Action Form.

Name of prospective employee \_\_\_\_\_ Department \_\_\_\_\_

Position Title \_\_\_\_\_ Position No. \_\_\_\_\_

Proposed Starting Salary (complete one only) Annual: \_\_\_\_\_ % of Mid-Point \_\_\_\_\_  
**OR** Hourly: \_\_\_\_\_ % of Mid-Point \_\_\_\_\_

No. of employees in this job classification within your Department? \_\_\_\_\_

Justification (Describe the prospective employee's education and/or work experience which supports this proposed compensation level) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If proposed salary exceeds what other employees in the same job classification are paid, explain how the prospective employee's background exceeds others working in the same job classification: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What effect, if any, will this proposal have on salary relationships with other positions in your office and/or positions in other offices? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Additional comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Administrative Authority's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Auditor's Certification:** \_\_\_\_\_ Funds are available within the existing departmental salary and wage appropriation (#10100).  
 \_\_\_\_\_ Funds are not available within the existing departmental salary and wage appropriation (#10100);  
 budget revision required to provide funding is attached.

Auditor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resource Director's Recommendations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Human Resource Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

County Commission \_\_\_\_\_ Approve \_\_\_\_\_ Deny \_\_\_\_\_  
 Comment(s): \_\_\_\_\_  
 \_\_\_\_\_

Presiding Commissioner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

District I Commissioner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

District II Commissioner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# CERTIFIED COPY OF ORDER

STATE OF MISSOURI }  
County of Boone } ea.

December Session of the October Adjourned

Term. 20 14

In the County Commission of said county, on the 11th day of December 20 14

the following, among other proceedings, were had, viz:

Now on this day the County Commission of the County of Boone does hereby approve the following recommendations from the Job Classification Committee:

- Establish a **Services Coordinator** classification (class code 1015), pay range 31
- Divide the current position **System Support Analyst**, class code 1048, pay range 41 into two classifications
  1. Establish a **System Support Analyst I** classification (class code 1055), pay range 39
  2. Re-title classification code 1048, **System Support Analyst** to **System Support Analyst II**



Done this 11th day of December, 2014

ATTEST:

Wendy S. Noren  
Wendy S. Noren  
Clerk of the County Commission

Daniel K. Atwill  
Presiding Commissioner

Karen M. Miller  
District I Commissioner

Janet M. Thompson  
District II Commissioner

# Boone County Human Resources

Jenna Redel-Reed  
Director, Human Resources  
and Risk Management



613 E. Ash Street  
Columbia, MO 65201  
Phone: (573) 886-4405  
Fax: (573) 886-4444

December 8, 2014

## Recommendations from Job Classification Committee

The Job Classification Committee met on November 13th, 2014 to review and discuss a newly created position titled Services Coordinator. The Committee agreed to bring forward the following recommendation to the Commission:

**Establish a "Services Coordinator" classification (class code 1015) on pay range 31.**

The Job Classification Committee also reviewed a request to divide the current position titled System Support Analyst (range 41, class code 1048) into two classifications. The Committee agreed to bring forward the following recommendation to the Commission:

**Establish a "System Support Analyst I" classification (class code 1055) on pay range 39.**

**Re-title classification code 1048, "System Support Analyst" to "System Support Analyst II."**

The IT Department also requested the FLSA exempt status of these positions be reviewed. That request has been tabled until the 911 transition is complete and the Department has had sufficient time to evaluate the positions in the new configuration.

Best Regards,

Jennifer Redel-Reed



## BOONE COUNTY JOB DESCRIPTION

<b>JOB TITLE:</b> <u>Services Coordinator</u>	<b>NEW:</b> <u>X</u>	<b>REVISED:</b> _____ <small>(Please check one)</small>
<b>REPORTS TO:</b> <u>Director, Information Technology</u>	<b>FLSA:</b> <u>Non-Exempt</u>	<b>DATE:</b> <u>10/14</u>
<b>DEPARTMENT:</b> <u>Information Technology</u>	<b>JOB CODE:</b> 600	

### **DEFINITIONS:**

With general supervision, provides administrative support, including customer service, accounting, purchasing, human resources, coordination of services, and record keeping for the Department.

**ESSENTIAL FUNCTIONS:** *(Essential functions, as defined under the Americans with Disabilities Act, may include the following tasks, knowledge, skills and other characteristics. This list of tasks is ILLUSTRATIVE ONLY, and is **not** a comprehensive listing of all functions and tasks performed by incumbents of this class.)*

Answers service-desk phone and emails; responds to service-desk requests as appropriate; provides first level technical assistance if possible; creates and assigns service-requests; coordinates new computer user requests; maintains signed end user policy agreements; works closely with IT/GIS supervisors to meet customer service expectations; follows-up with customers to provide information and coordinate further action; maintains communications between IT employees to maximum customer service levels

Coordinates software and hardware maintenance contracts; works directly with vendors to obtain quotes; processes orders for computer equipment and printer supplies.

Coordinates and maintains equipment physical inventory system; tracks equipment moves for all locations; coordinates laptop, projector and video conferencing reservations.

Works closely with department director to coordinate the budget process, including: consolidating annual maintenance, services and equipment estimates; actively comparing budget and purchases throughout the year; balancing budget statements; creating and

processing journal entries, budget revision and budget amendments; monitoring and processing department credit card transactions; purchasing supplies for department(s); performing data entry for IT, Mail Service, and Prop L budgets; assisting in preparation of bids and maintaining annual bids; maintaining files related to the budgeting process.

Provides administrative support for the department; schedules meetings and appointments; attends department hosted meetings while preparing and distributing minutes; identifies meeting action items and coordinates further action as needed; participates in departmental Sr. Staff Meetings; prepares correspondence and reports as needed.

Performs accounting duties related to department budget, processes payroll, purchases orders, payment requisitions, and timesheets, maintains employee leave requests records; processes departmental bills; maintains files related to the accounting process. Performs other duties as assigned.

**KNOWLEDGE AND SKILL:**

1. Good knowledge of standard office practices, record keeping, office equipment and computer software.
2. Good knowledge of County departments and operations.
3. Good knowledge of Boone County policy and procedures.
4. Good knowledge of Boone County purchasing guidelines.
5. Skill in organizing, scheduling, and reviewing work.
6. Skill in the use of a personal computer.
7. Skill in establishing and maintaining cooperative working relations with other Boone County employees and the public.

**MINIMUM QUALIFICATIONS:**

High school diploma or GED and three years secretarial, customer service or/office management experience.

**APPROVALS:**

Department Director: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

HR Director: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)







## BOONE COUNTY JOB DESCRIPTION

<b>JOB TITLE:</b> <u>System Support Analyst I</u>	<b>NEW:</b> <u>X</u>	<b>REVISED:</b> _____ <small>(Please check one)</small>
<b>REPORTS TO:</b> <u>Supervisor, Systems Analyst</u>	<b>FLSA:</b> <u>Non-Exempt</u>	<b>DATE:</b> <u>12/14</u>
<b>DEPARTMENT:</b> <u>Information Technology</u>	<b>JOB CODE:</b> 202	

### **DEFINITIONS:**

Receives supervision from higher level IT Supervisory Staff, maintains administrative and public safety software packages and supports the County's personnel staff.

**ESSENTIAL FUNCTIONS:** *(Essential functions, as defined under the Americans with Disabilities Act, may include the following tasks, knowledge, skills and other characteristics. This list of tasks is ILLUSTRATIVE ONLY, and is **not** a comprehensive listing of all functions and tasks performed by incumbents of this class.)*

Perform a variety of professional level duties to support information technology systems and programs in assigned area; serve as liaison between system users and information systems staff in the development, implementation, administration and maintenance of information systems, computer programs and software applications.

Respond to requests from users regarding system operations; provide solutions to operations problems; refer users to appropriate staff member.

Develop written technical documentation, internal operating procedures, and user manuals and instructions; develop instructional materials and conduct training programs on software applications; update technical and training manuals as required.

Install and maintain application software and computer hardware; provide technical assistance to system users in accordance with applicable information systems policies, procedures, methods and techniques; troubleshoot and rectify application software problems; evaluate new software/hardware and recommend changes as needed; prepare and update user manuals and system documentation.

Participate in the evaluation and testing of system upgrades; install or upgrade software applications as directed; troubleshoot hardware and software related problems; coordinate

and document testing for new or revised software applications; assist in deployment of new applications in assigned areas.

Coordinate maintenance and repair with information technology or vendor staff.

Prepare project cost estimates and justification for new or enhanced system modifications; may prepare requests for proposals for vendor services.

Perform quality assurance duties; review new application software for compliance with applicable quality assurance standards before implementation.

Create various reports, charts and other materials from multiple layers of data stored in the County's databases; assist in database maintenance and quality control.

As assigned, perform database administration duties; provide support to programming staff in planning, designing and implementing application databases;

Attend and participate in professional group meetings; stay abreast of new trends and innovations in the field of information technology.

Perform related duties and responsibilities as needed.

**KNOWLEDGE AND SKILL:**

1. Basic theories and applications of computer science.
2. Basic principles of personal computer hardware and software components.
3. Basic methods and techniques used in the installation, trouble shooting and maintenance of software applications.
4. Basic methods and techniques used in the installation, trouble shooting and maintenance of computer hardware and networking systems
5. Basic understanding of operational characteristics of various computer programs, networks, and programming languages
6. Good knowledge of Boone County Government policies and procedures.

**MINIMUM QUALIFICATIONS:**

Current CompTIA A+ Certification or ability to obtain certification within six months; High school diploma or GED and three years of computer systems analysis or programming experience; must have clear criminal record (excluding traffic violations).

**APPROVALS:**

Department Director: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

HR Director: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)



## BOONE COUNTY JOB DESCRIPTION

<b>JOB TITLE:</b> <u>System Support Analyst II</u>	<b>NEW:</b> <u>X</u>	<b>REVISED:</b> _____ <small>(Please check one)</small>
<b>REPORTS TO:</b> <u>Supervisor, Systems Analyst</u>	<b>FLSA:</b> <u>Non-Exempt</u>	<b>DATE:</b> <u>12/14</u>
<b>DEPARTMENT:</b> <u>Information Technology</u>	<b>JOB CODE:</b> 202	

### **DEFINITIONS:**

Receives direction from higher level IT Supervisory Staff, maintains administrative and public safety software packages and supports the County's personnel staff.

**ESSENTIAL FUNCTIONS:** *(Essential functions, as defined under the Americans with Disabilities Act, may include the following tasks, knowledge, skills and other characteristics. This list of tasks is ILLUSTRATIVE ONLY, and is **not** a comprehensive listing of all functions and tasks performed by incumbents of this class.)*

Perform a variety of professional level duties to support information technology systems and programs in assigned area; serve as liaison between system users and information systems staff in the development, implementation, administration and maintenance of information systems, computer programs and software applications.

Respond to requests from users regarding system operations; provide solutions to operations problems; refer users to appropriate staff member.

Develop written technical documentation, internal operating procedures, and user manuals and instructions; develop instructional materials and conduct training programs on software applications; update technical and training manuals as required.

Install and maintain application software and computer hardware; provide technical assistance to system users in accordance with applicable information systems policies, procedures, methods and techniques; troubleshoot and rectify application software problems; evaluate new software/hardware and recommend changes as needed; prepare and update user manuals and system documentation.

Participate in the evaluation and testing of system upgrades; install or upgrade software applications as directed; troubleshoot hardware and software related problems; coordinate and document testing for new or revised software applications; assist in deployment of new applications in assigned areas.

Coordinate maintenance and repair with information technology or vendor staff.

Prepare project cost estimates and justification for new or enhanced system modifications; may prepare requests for proposals for vendor services.

Perform quality assurance duties; review new application software for compliance with applicable quality assurance standards before implementation.

Create various reports, charts and other materials from multiple layers of data stored in County's databases; assist in database maintenance and quality control.

As assigned, perform database administration duties; provide support to programming staff in planning, designing and implementing application databases;

Attend and participate in professional group meetings; stay abreast of new trends and innovations in the field of information technology.

Perform related duties and responsibilities as needed.

**KNOWLEDGE AND SKILL:**

1. Advanced theories and applications of computer science.
2. Advanced principles of personal computer hardware and software components.
3. Advanced methods and techniques used in the installation, trouble-shooting and maintenance of software applications.
4. Advanced methods and techniques used in the installation, trouble shooting and maintenance of computer hardware and networking systems
5. Advanced understanding of operational characteristics of various computer programs, networks, and programming languages
6. Good knowledge of Boone County Government policies and procedures.

**MINIMUM QUALIFICATIONS:**

Current CompTIA A+ and CompTIA Network+ Certifications or ability to obtain certifications within six months; High school diploma or GED and five years of computer systems analysis or programming experience; must have clear criminal record (excluding traffic violations).

**APPROVALS:**

Department Director: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature)

HR Director: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature)

**CERTIFIED COPY OF ORDER**

STATE OF MISSOURI }  
 County of Boone } ea.

December Session of the October Adjourned

Term. 20 14

In the County Commission of said county, on the 11th day of December 20 14  
 the following, among other proceedings, were had, viz:

Now on this day the County Commission of the County of Boone does hereby approve the following recommendations from the Salary Study Subcommittee:

Changes to the Prosecutor's Office:

- Establish a **Legal Assistant I** classification (range 25) to replace the current classification of **Legal Secretary** (range 25)
- Establish a **Legal Assistant III** classification (range 33) to replace the current classification of **Budget Admin/Child Support Specialist** (range 33) and **Criminal Investigations Specialist** (range 33)
- Change the pay range of the position **Bad Check/Tax Program Administrator** (classification code 5043, range 33) to pay range 30

Changes to the Sheriff's Department and 13<sup>th</sup> Judicial Circuit

- Change pay range for **Deputy Sheriff** (class code 4013, range 33) to range 38
- Create new classification for **Civil Process Deputy**, at pay range 33
- Change pay range for **Corrections Officer** (class code 4033, range 27) to range 32
- Change pay range for **Corrections Corporal** (class code 4032, range 30) to range 36
- Change pay range for **Deputy Court Marshal** (class code 7022, range 27) to range 29

Done this 11th day of December, 2014

ATTEST:

*Wendy S. Noren*  
 Wendy S. Noren  
 Clerk of the County Commission

*Daniel K. Atwill*  
 Daniel K. Atwill  
 Presiding Commissioner

*Karen M. Miller*  
 Karen M. Miller  
 District I Commissioner

*Absent*  
 Janet M. Thompson  
 District II Commissioner

# Boone County Human Resources

Jenna Redel-Reed  
Director, Human Resources  
and Risk Management



613 E. Ash Street  
Columbia, MO 65201  
Phone: (573) 886-4405  
Fax: (573) 886-4444

December 8, 2014

## Recommendations from Salary Study Subcommittee

The Salary Study Subcommittee met with the Prosecutor's Office on April 10, 2014 to review requests to change the title of three positions and change the pay range of one position. The Subcommittee agreed to bring forward the following recommendation to the Commission:

**Establish a "Legal Assistant I" classification (range 25) to replace the current classification of "Legal Secretary" (range 25).**

**Establish a "Legal Assistant III" classification (range 33) to replace the current classifications of "Budget Admin/Child Support Specialist" (range 33) and "Criminal Investigations Specialist" (range 33).**

**Change the pay range of the position titled "Bad Check/Tax Program Administrator" (classification code 5043, range 33) to pay range 30.**

The Prosecutor's Office has intentionally not created a classification titled "Legal Assistant II" at this time. The Office intends to request the creation of that classification at a later date.

Best Regards,

Jennifer Redel-Reed



## BOONE COUNTY JOB DESCRIPTION

<b>JOB TITLE:</b> <u>Legal Assistant I</u>	<b>NEW:</b> <u>X</u>	<b>REVISED:</b> _____
<small>(Please check one)</small>		
<b>REPORTS TO:</b> <u>Prosecuting Attorney's Office</u> <u>Administrator</u>	<b>FLSA:</b> <u>Non-Exempt</u>	<b>DATE:</b> <u>12/14</u>
<b>DEPARTMENT:</b> <u>Prosecuting Attorney</u>	<b>JOB CODE:</b> 601	

### **DEFINITIONS:**

With general supervision, provide administrative and clerical support for attorneys and other legal personnel in the Boone County Prosecuting Attorney's Office.

**ESSENTIAL FUNCTIONS:** *(Essential functions, as defined under the Americans with Disabilities Act, may include the following tasks, knowledge, skills and other characteristics. This list of tasks is ILLUSTRATIVE ONLY, and is **not** a comprehensive listing of all functions and tasks performed by incumbents of this class.)*

Serve as legal assistant for Assistant Prosecuting Attorneys; provide administrative support, handle incoming and outgoing telephone and correspondence, enter data and scan images into case management system; compose and/or type routine replies to letters and other general correspondence; prepare and forward disclosures to defense attorney upon request; draft and type jury instructions, witness and exhibit lists; type and proofread formal charges to be filed; type and proofread e-File motions, responses, letters and other legal and court-related documents on behalf of the prosecuting attorney.

Maintain confidential files and records; examine data and documents to ensure accuracy and completeness; interact daily with other courthouse departments, personnel and law enforcement agencies requesting information; provide coverage for peers as requested.

Any other duties as assigned by the Office Administrator.







## BOONE COUNTY JOB DESCRIPTION

<b>JOB TITLE:</b> <u>Legal Assistant III</u>	<b>NEW:</b> <u>X</u>	<b>REVISED:</b> _____ <small>(Please check one)</small>
<b>REPORTS TO:</b> <u>Prosecuting Attorney's Office</u> <u>Administrator/Chief</u> <u>Investigator</u>	<b>FLSA:</b> <u>Non-Exempt</u>	<b>DATE:</b> <u>12/14</u>
<b>DEPARTMENT:</b> <u>Prosecuting Attorney</u>	<b>JOB CODE:</b> 600	

### **DEFINITIONS:**

With general supervision, provide administrative support for prosecuting attorneys; check criminal histories and arrest warrants, prepare defendant information, draft correspondence, jury instructions and witness lists, and performing related research.

**ESSENTIAL FUNCTIONS:** *(Essential functions, as defined under the Americans with Disabilities Act, may include the following tasks, knowledge, skills and other characteristics. This list of tasks is ILLUSTRATIVE ONLY, and is **not** a comprehensive listing of all functions and tasks performed by incumbents of this class.)*

Serve as legal assistant for the Elected Prosecuting Attorney and other Assistant Prosecuting Attorneys; provide administrative support, handle incoming and outgoing telephone and correspondence, enter data and scan images into case management system; compose and/or type routine replies to letters and other general correspondence; prepare and forward disclosures to defense attorneys upon request; draft and type jury instructions, witness and exhibit lists; type and proofread formal charges to be filed; type and proofread e-File motions, responses, letters and other legal and court related documents on behalf of the prosecuting attorney.

Transcript audio and/or video evidence.

Create and maintain documents and forms in the prosecutor case management system; maintain confidential files and filing system for court files; prepare, analyze and maintain statistical reports for the Elected Prosecuting Attorney; assign work, provide guidance and assist in training Legal Assistants; provide coverage for peers in their absence; assist in monitoring

and evaluating workflow processes to develop and modify procedures to increase quality efficiency and effectiveness; interact daily and respond to inquiries from other courthouse departments, personnel and law enforcement agencies.

Serve as MULES Terminal Agency Coordinator; schedule training, monitor compliance, monitor the release of information regarding criminal history, distribute current information to persons with access to the MULES Network, and assist with questions or problems related to MULES access or inquiries.

Conduct criminal history checks on new arrests, victims, witnesses and prospective employees by reviewing historical wants, warrants, missing, stolen or criminal records; verify fingerprint Offense Cycle Numbers for criminal history data.

Assist Chief Investigator with requests for evidence destruction; copy digital and paper evidence, laboratory reports and order out-of state convictions.

Any other duties as assigned by the Office Administrator or Chief Investigator.

**KNOWLEDGE AND SKILL:**

1. Good knowledge of applicable federal, state and local statutes, ordinances and regulations.
2. Good knowledge of the criminal justice system in the State of Missouri.
3. Good knowledge of the court system in the State of Missouri.
4. Excellent organizational skills.
5. Ability to multi-task.
6. Skill in reading, analyzing and interpreting legal documents.
7. Skill in problem solving and interpreting procedures, statutes and other legal publications.
8. Skill in communicating orally and in writing, and in establishing and maintaining cooperative working relationships with other departments and the public.
9. Skill in the use of a personal computer.

**MINIMUM QUALIFICATIONS:**

High school diploma or GED and five years secretarial/office management experience; ability to type 55 wpm; ability to complete the Missouri State Highway Patrol's Criminal History Inquiry School within the first three months of employment, or any equivalent combination of experience and training which provides the knowledge and abilities necessary to perform the work. Must possess a clear criminal history (excluding minor traffic violations).

**APPROVALS:**

Department Director: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

HR Director: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

# Boone County Human Resources

Jenna Redel-Reed  
Director, Human Resources  
and Risk Management



613 E. Ash Street  
Columbia, MO 65201  
Phone: (573) 886-4405  
Fax: (573) 886-4444

December 8, 2014

## Recommendations from Salary Study Subcommittee

The Salary Study Subcommittee met with the Sheriff's Department and the 13<sup>th</sup> Judicial Circuit in April 2014 to review requests to change the pay range for multiple public safety positions. The Subcommittee agreed to bring forward the following recommendations to the Commission:

**Change the pay range for "Deputy Sheriff" (class code 4013, range 33) to range 38.**

**Create a new classification for "Civil Process Deputy" at pay range 33.**

**Change the pay range for "Corrections Officer" (class code 4033, range 27) to range 32.**

**Change the pay range for "Corrections Corporal" (class code 4032, range 30) to range 36.**

**Change the pay range for "Deputy Court Marshal" (class code 7022, range 27) to range 29.**

Best Regards,

Jennifer Redel-Reed

# CERTIFIED COPY OF ORDER

STATE OF MISSOURI }  
County of Boone } ea.

December Session of the October Adjourned

Term. 20 14

In the County Commission of said county, on the 11th day of December 20 14

the following, among other proceedings, were had, viz:


Now on this day the County Commission of the County of Boone does hereby approve the following list of holidays for FY2015.

- |                              |                                  |
|------------------------------|----------------------------------|
| Thursday, January 1, 2015    | New Year's Day                   |
| Monday, January 19, 2015     | Martin Luther King, Jr. Day      |
| Thursday, February 12, 2015  | Lincoln Day                      |
| Monday, February 16, 2015    | Washington's Birthday (Observed) |
| Friday, May 8, 2015          | Truman Day                       |
| Monday, May 25, 2015         | Memorial Day                     |
| Friday, July 3, 2015         | Independence Day                 |
| Monday, September 7, 2015    | Labor Day                        |
| Monday, October 12, 2015     | Columbus Day (Observed)          |
| Wednesday, November 11, 2015 | Veterans Day                     |
| Thursday, November 26, 2015  | Thanksgiving Day                 |
| Friday, November 27, 2015    | Thanksgiving Day After           |
| Friday, December 25, 2015    | Christmas Day                    |

Done this 11th day of December, 2014

ATTEST:

Wendy S. Noren  
Wendy S. Noren  
Clerk of the County Commission



Daniel K. Atwill  
Presiding Commissioner



Karen M. Miller  
District I Commissioner

Absent

Janet M. Thompson  
District II Commissioner

[Agency Interests](#)[Job Seekers](#)[State Employees](#)[Tra](#)

# State Holidays

[Print](#)

## 2014

New Year's Day	Wednesday, January 1, 2014
Martin Luther King, Jr. Day	Monday, January 20, 2014
Lincoln Day	Wednesday, February 12, 2014
Washington's Birthday (Observed)	Monday, February 17, 2014
Truman Day	Thursday, May 8, 2014
Memorial Day	Monday, May 26, 2014
Independence Day	Friday, July 4, 2014
Labor Day	Monday, September 1, 2014
Columbus Day (Observed)	Monday, October 13, 2014
Veterans Day	Tuesday, November 11, 2014
Thanksgiving Day	Thursday, November 27, 2014
Christmas Day	Thursday, December 25, 2014

## 2015

New Year's Day	Thursday, January 1, 2015
Martin Luther King, Jr. Day	Monday, January 19, 2015
Lincoln Day	Thursday, February 12, 2015
Washington's Birthday (Observed)	Monday, February 16, 2015
Truman Day	Friday, May 8, 2015
Memorial Day	Monday, May 25, 2015
Independence Day	Friday, July 3, 2015
Labor Day	Monday, September 7, 2015
Columbus Day (Observed)	Monday, October 12, 2015
Veterans Day	Wednesday, November 11, 2015
Thanksgiving Day	Thursday, November 26, 2015
Christmas Day	Friday, December 25, 2015

# CERTIFIED COPY OF ORDER

STATE OF MISSOURI }  
County of Boone } ea.

December Session of the October Adjourned

Term. 20 14

In the County Commission of said county, on the 11th day of December 20 14

the following, among other proceedings, were had, viz:

Now on this day the County Commission of the County of Boone does hereby approve the attached payroll calendar for FY2015.

Done this 11th day of December, 2014

ATTEST:

*Wendy S. Noren*  
Wendy S. Noren  
Clerk of the County Commission

*Daniel K. Atwill*  
Daniel K. Atwill

Presiding Commissioner

*Karen M. Miller*

Karen M. Miller  
District I Commissioner

*Absent*

Janet M. Thompson  
District II Commissioner



# 2015 PAYROLL CALENDAR

Payroll Requisition Due Date			Pay Date
		<b>January</b>	
1	Friday Dec 26	<b>**1 New Years Day</b>	Friday Jan 2
2	Monday Jan 12		Friday Jan 16
3	Monday Jan 26		Friday Jan 30
		<b>February</b>	
4	Friday Feb 6	<b>** 2 Lincolns B-Day</b>	Friday Feb 13
5	Monday Feb 23		Friday Feb 27
		<b>March</b>	
6	Monday March 9		Friday Mar 13
7	Monday March 23		Friday Mar 27
		<b>April</b>	
8	Monday April 6		Friday April 10
9	Monday April 20		Friday April 24
		<b>May</b>	
10	Friday May 1	<b>**3 Trumans B-Day</b>	Thursday May 7
11	Monday May 18		Friday May 22
		<b>June</b>	
12	Monday June 1		Friday June 5
13	Monday June 15		Friday June 19
		<b>July</b>	
14	Friday June 26	<b>**4 Independence Day</b>	Thursday July 2
15	Monday July 13		Friday July 17
16	Monday July 27		Friday July 31
		<b>August</b>	
17	Monday Aug 10		Friday Aug 14
18	Monday Aug 24		Friday Aug 28
		<b>September</b>	
19	Friday Sept 4	<b>** 5 Labor Day</b>	Friday Sept 11
20	Monday Sept 21		Friday Sept 25
		<b>October</b>	
21	Monday Oct 5		Friday Oct 9
22	Monday Oct 19		Friday Oct 23
		<b>November</b>	
23	Monday Nov 2		Friday Nov 6
24	Monday Nov 16		Friday Nov 20
		<b>December</b>	
25	Monday Nov 30		Friday Dec 4
26	Monday Dec 14		Friday Dec 18
27	Thursday Dec 24	<b>**6 New Years Day 2016</b>	Thursday Dec 31
1 Thursday January 1 CLOSED New Years Day			
2 Wednesday February 12 CLOSED Lincoln's B-Day			
3 Friday May 8 CLOSED Truman's B-Day			
4 Friday July 3 CLOSED Independence Day			
5 Monday September 7 CLOSED Labor Day			
6 Friday January 1 2016 CLOSED New Years Day			

(2015 Payroll Calendar -excel)