

REQUEST FOR PROPOSAL NOTIFICATION SHEET
Children's Trust Fund / Office of Contracts and Rate Setting
State of Michigan
Department of Human Services

Amount: \$50,000.00 (minimum) to \$250,000.00 (maximum) per year for three (3) years.	RFP Number: DHS / CTF: CTFPR-09-99001
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Notice of a request for proposals is hereby given Pursuant to Act No. 124 of the Public Acts of 1999.



The Children's Trust Fund, on behalf of the Michigan Departments of Human Services, Education and Community Health announces a Request for Proposal (RFP) for Zero to Three Secondary Prevention Programs. This opportunity will be a statewide competition open to ALL bidders and will fund Zero to Three Secondary Prevention grants from October 1, 2008 to September 30, 2011. Funding is contingent upon grant agreement compliance and legislative appropriations.

The 0-3 Secondary Prevention Initiative is a statewide child abuse and neglect prevention program for expectant families and those with children age birth through three years who have been identified to be at risk of child abuse and neglect, and is a child abuse and neglect prevention collaboration between the Michigan Departments of Human Services, Education and Community Health. Zero to Three is administered by the Children's Trust Fund. The Children's Trust Fund was established by P.A. 250 of 1982 (the CHILD ABUSE AND NEGLECT PREVENTION ACT; MCL 722.601) whose mission is the prevention of child abuse and neglect.

Due Date For Response:

On or Before 3:00 PM, April 30, 2008. (Late or incomplete submissions WILL NOT be considered for funding).

Contact Person Name:

Jeff Sadler, Children's Trust Fund
e-mail address: sadlerm@michigan.gov

Telephone Number:

(517) 335-4620

Prevention Works!

Zero to Three...Building Stronger Families



REQUEST FOR PROPOSAL

Michigan Department of Human Services / Children's Trust Fund

Contract/RFP Number: **CTFPR-09-99001**

Proposal Submission Due Date & Time: **On or Before 3:00 PM, April 30, 2008.**

Geographic Area to be Served: **Statewide. This grant award will cover a three (3) year funding period (Fiscal Year 2009 through Fiscal Year 2011).**

Issuing Office: Department of Human Services **Children's Trust Fund**

Contact Person: **Jeff Sadler**

Telephone #: **(517) 335-4620** e-mail: **sadlerm@michigan.gov**

Pre-proposal Conference: (Date, time, location) **April 8, 2008, 235 S. Grand Ave., Lansing MI., 48933, Dempsey Room, 1:00PM – 4:00PM**
(Please notify the contact person above before April 7, 2008 by e-mail if you plan on attending)

Proposal Questions Due Date & Time Deadline: **April 15, 2008, 3:00PM (Bidder questions not presented at the pre-proposal conference MUST be submitted by e-mail to the contact person by this deadline).**

Please submit five (5) copies of the complete proposal to this address. Incomplete or late submissions will be disqualified.

Children's Trust Fund, Attention: Jeff Sadler		
DHS / CTF Office		
235 S. Grand Ave., Suite 1411		
Street Address		
Lansing	MI.	48933
City	State	Zip

The bidder must submit all inquiries regarding content via e-mail or surface mail. Proposals must be submitted in person or via surface mail. Neither fax nor e-mail transmission of proposals will be considered for this award. If DHS / CTF believes that clarification of its initial material is necessary, information will be posted to the DHS and CTF website. Likewise, if DHS / CTF determines it is necessary to revise any part of this RFP, addenda will be posted to the DHS / CTF website.

Proposals that exceed the maximum annual dollar amount indicated for the RFP will not be considered for award.

To be considered, proposals must arrive at the Issuing Office on or before the date specified above. Bidders mailing proposals should allow normal delivery time to ensure timely receipt of their proposals.

**Awards made as a result of this RFP will require execution of a contract with DHS / CTF.
The contract will contain standard non-negotiable General Provisions.
A copy of the General Provisions is available upon request.**

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I) OVERVIEW SUMMARY

A. Purpose

The Children's Trust Fund(CTF) on behalf of the Michigan Departments of Human Services (DHS), Education (MDE) & Community Health (DCH) announces the availability of funds that have been identified in pending legislation for community based collaborative 0-3 Secondary Prevention services. Currently the 0-3 Secondary Prevention Interagency Initiative funds 52 grants that serve 56 Michigan counties.

The CTF, a Type I Agency within DHS, is designated as the agency responsible for the Request for Proposal (RFP) application process, grant administration and legislative reporting requirements. Zero to Three Secondary Prevention Outcomes and Return on Investment (ROI) reporting has demonstrated that child abuse and neglect (CAN) secondary prevention not only strengthens families but also saves taxpayer dollars.

This RFP is intended to provide funding to high quality, responsive programs that will provide 0-3 Secondary Prevention services to expectant families and families with children age birth through three who have been identified to be at risk of child abuse and neglect. Special consideration will be given to applicants who demonstrate the geographic need for services based on the child abuse and neglect risk attributes of the population described (Attachment A). This programming is for three, one year renewable grant periods beginning October 1, 2008 to September 30, 2011, contingent upon legislative appropriations.

Applicants may apply for a minimum of \$50,000.00 and up to a \$250,000.00 maximum in funding for a defined geographic area for the purpose of providing 0-3 Secondary Prevention services to expectant families and those with children age birth through three who have been identified to be at risk of child abuse and neglect. The area(s) of the targeted population that the applicant proposes to serve may be a community, a neighborhood, a region of a major metropolitan or rural area, a county and/or or multiple counties.

Consideration will be given to applicants who demonstrate the geographic need for services based on higher than average infant mortality rates, out-of-wedlock pregnancy rates, poverty rate, child abuse and neglect rates, adult substance abuse rates, and teenage pregnancy rates.

Funding is intended to support 0-3 Secondary Prevention program services designed to promote strong nurturing families and prevent child abuse and neglect by:

- Fostering positive parenting skills especially for parents of children ages 0-3.
- Improving parent/child interaction.
- Promoting access to needed community services.
- Increasing local capacity to serve families at risk.
- Improving school readiness.
- Supporting healthy family environments that discourage alcohol, tobacco and other drug use.

General Information:

- Funding is available to public or private, profit or non-profit organizations/agencies.
- A single fiscal agent must be identified.
- It is the policy of DHS that services be provided by the grantee. If the applicant proposes to utilize subcontractors to provide direct services, justification must be provided.
- The defined target population and service must be tied to a needs assessment and comprehensive community prevention plan in the county(ies) served.
- Funding must be used for Zero to Three Secondary Prevention projects that meet the definition of secondary prevention.
- The Community Collaborative (CC) endorsement is required for the county(ies) that the services will cover. An endorsement from the community Great Start Collaborative (GSC) is also required where one exists in the county(ies) that services will cover. The Endorsement and Disclosure Form is included as an attachment and must be used (Attachment B).
- Only one application from a county with a population less than 400,000 may be endorsed for submission.
- More than one application may be endorsed from counties with a population over 400,000.

Prevention programs and services are part of a continuum of supports, services, and interventions that promote child and family safety and well-being. The goals of prevention services are to 1) promote social, emotional, physical and intellectual growth in children and their families; 2) reduce the incidence or severity of risk factors that are associated with negative outcomes for children and their families; and 3) eliminate or mitigate the risk of harm to children and families that have experienced serious emotional, physical, educational, safety, or health problems.

Prevention programs and services operate at two levels:

1. **Primary prevention:** Programs and services to promote the optimal development of all children. Primary prevention services are voluntary and are aimed at the general public or at entire population groups without identifiable risk factors.
2. **Secondary prevention:** Programs and services to support families and children with identified risk factors for poor social, emotional, physical, and intellectual outcomes. Secondary prevention services are voluntary and are aimed at families and children with documented risk factors.

These grants are for secondary prevention intervention programming only.

The major components of secondary prevention are:

- It is offered to a pre-defined group of families or individuals with documented risk factors that may lead to abuse and/or neglect.
- It is voluntary and participants may not have an open Children's Protective Service case (Category I or II Disposition). Families who may have been found to be a Category III or IV CPS case are appropriate for 0-3 secondary prevention services.

Definitions

Authorized Signatory: Individual authorized by the applicant to sign all documentation submitted including the grant application, grant agreement, quarterly reports, etc.

Documented Agreement: A written statement between two or more parties that clearly delineates the expectations and relationships toward the implementation of the services (e.g. proposed application requires that the hospital will refer families, therefore a documented agreement must be included in the application indicating the hospital's commitment to refer the families).

Endorsement: The Community Collaborative reviews all applications being submitted. The collaborative, asks questions regarding the applications, provides feedback regarding the application's contents to the applicant organizations, and chooses application/s to recommend for funding. In communities where one exists, the Great Start Collaborative also reviews and endorses the application.

Service Coordination: Increasing access to family support services identified as a need through the coordination of efforts. This may include, but is not limited to, information and referral, linkages to programs and services within the community, transportation support, etc. by a service coordinator.

Population to be served:

The target population is expectant parents and families with children age birth through three who are at risk, who meet the secondary prevention definition and are **not on the open Children's Protective Services (Category I or II Disposition) caseload of the Department of Human Services**. A child or family must have one or more of the risk factors cited in Attachment A. Typically, three (3) or more risk factors are identified in the target populations served by programs involved in this initiative.

B. Statement of Problem

Each day, there are more than 375 reports of alleged child abuse and neglect in Michigan. It is suspected that many more cases go unreported. Statistics suggest that children are potential victims of abuse and/or neglect regardless of age, gender, race, or socioeconomic status. On average, 37% of all substantiated child abuse and neglect complaints and 76% of all child fatalities due to maltreatment involve children age birth to three. The Michigan Children's Trust Fund (CTF) was established by P.A. 250 of 1982 (MCL 722.601) whose mission is the prevention of child abuse and neglect.

C. Prior Experience Disclosure

Prior experience in the field of child abuse and neglect prevention is especially important in the selection of a grantee. Proposals submitted should include the applicant's expertise in child abuse and neglect secondary prevention service delivery and prevention outcomes evaluation.

D. Personnel

The grantee must identify staff who clearly possess expertise and experience in child abuse and neglect secondary prevention best practice intervention(s), such as those through intensive home visitation and other practices designed to foster positive parenting skills, improve parent-child interactions, promote access to needed community services, increase local capacity to serve families at risk, improve school readiness or support healthy environments that discourage alcohol, tobacco, and other drug use.

E. Reporting

Quarterly reports will be required of all successful applicants and must be submitted to the CTF no later than January 20th, April 20th, July 20th & October 20th of each fiscal year. Quarterly Reports shall consist of the following:

- 0-3 Secondary Prevention Quarterly Narrative (Attachment C).
- 0-3 Secondary Prevention Quarterly Report of Expenditures (Attachment D).
- DHS-3469 Statement of Expenditures (Attachment E).
- 0-3 Secondary Prevention Program Data Collection Form (Attachment F).

Applicants awarded funding for this grant will receive an “initial payment” equal to 25% of the grant award on or about October 1, 2008, 2009 and 2010. Applicants awarded funding must submit monthly billings (DHS-3469) by the 20th day following each billing period for reimbursement for actual costs incurred during the previous month. Applicants awarded funding will also submit an estimated billing by October 1st of each fiscal year for expected actual costs incurred during the month of September of the current fiscal year. An estimated billing is required to establish an Accounts Payable so that reimbursement is drawn from the current fiscal years budget. If an estimated billing is not submitted by October 1st of each fiscal year, reimbursement may be delayed until January of the next appropriation period. The actual September billing should be submitted no later than October 6th of each fiscal year, if possible, to avoid payment delay.

The 4th quarter report (due on or before October 20th of each fiscal year) shall also include the 3 1-b form that cross checks children receiving 0-3 Secondary Prevention services and CPS involvement (Attachment G) and a brief “family success story”.

In addition to the quarterly reporting requirements an annual evaluation must be submitted by the grantee on or before December 20th of each fiscal year (Attachment H, offers guidelines).

A site visit by 0-3 Secondary Prevention Staff will be conducted to review various aspects of the 0-3 Secondary Prevention program (Attachment I).

Late Reporting: Failure by the Grantee to submit reports required by the Grant Agreement, or to submit reports in a timely fashion, may result in a 25% reduction of the total grant award, withholding payment until the required reports are received and/or termination of the Agreement at the discretion of CTF.

F. Evaluation and Outcomes

Child abuse and neglect prevention outcomes are core to the 0-3 Secondary Prevention initiative and correlate with the 0-3 Secondary Prevention Program Indicators. The applicant must describe their proposed projects expected outcomes, objectives and measurement indicators. The 0-3 Outcomes Plan can be downloaded from the DHS or CTF website and must be included with the application to be considered for funding.

Go to: <http://www.michigan.gov/dhs> > Doing Business with DHS > Contractor Resources > Forms & Publications or <http://www.michigan.gov/ctf> > Programs > Zero to Three Building Stronger Families. The outcomes plan is also appended for reference (Attachment J).

Grants awarded as a result of this competition will be evaluated by CTF on the following criteria:

- Quarterly reporting accuracy and timeliness.
- Child abuse and neglect secondary prevention outcomes.
- The results of the Annual Evaluation provided by the grantee.
- Initial Site Visit.
- 0-3 Secondary Prevention Grant Review Criteria Rubric for Tiers.

Each applicant will be asked to describe measurable objectives and indicators designed to ensure the implementation of the proposed project. In addition, the applicant must identify measurable performance objectives for each time-oriented outcome, how they will be measured, and how they integrate with the Zero to Three Secondary Prevention Indicators (Attachment K).

If an outside agency/person will be conducting the evaluation, they are encouraged to assist in the completion of this section.

Zero to Three grantees are expected to track and collect data congruent to the established 0-3 Initiative Indicators. Objectives and indicators specific to each grantee and their programming are highly encouraged, however, they may be beyond these established initiative objectives, and must be integrated into the mandated local evaluation.

Zero to Three Secondary Prevention Initiative Indicators, established at the beginning of Fiscal Year 2006 can be found at <http://www.gillespiere.org/0-indicatorsframe.html> and are also appended to this RFP.

Client satisfaction is required to be measured and reported annually. A detailed outline of how a program plans to measure client satisfaction is included in the response to the RFP. Typical 0-3 grantees assess satisfaction with a survey. The number of families provided the client satisfaction assessment as well as the number responding are required reporting elements. A copy of the mode through which satisfaction will be assessed should be appended to the application in response to this RFP.

Clients satisfaction must focus on two concepts:

1. Families who are satisfied with 0-3 secondary prevention services.
2. Parent/families reporting that their parenting skills improved as a result of 0-3secondary prevention services.

Implementation and Utilization of the Adult-Adolescent Parenting Inventory:

The AAPI-2 incorporates a research-based set of attitudes and behaviors associated with the parenting and child rearing behaviors of abusive parents; responses to the AAPI-2 inventory provide an index of risk for behaviors of those who maltreat children and are attributable to child abuse and neglect.

The AAPI-2 classifies attitudinal responses into five areas called “constructs” -- *Appropriate Expectations of Children, Empathy for the Needs of the Child, Alternatives to Corporal Punishment, Appropriate Parent and Child Roles, and Valuing Children’s Power and Independence*. Scores for each of the five AAPI-2 constructs range from a low of 1 to a high of 10; a score of 1, 2 or 3 on a construct is considered at-risk for the given construct. Additionally, the AAPI-2 evaluation incorporates a *Demographic Questionnaire* to track demographic and other life changes for participating families throughout their involvement.

The AAPI-2 is entered, analyzed and reported through an on-line system; detailed training will be provided to those programs awarded grants. AAPI-2 data entry is expected to be kept up-to-date, and on-line data are downloaded quarterly for detailed evaluation analysis. Additionally, the use of the demographic form in conjunction with the AAPI-2 assessment is required. Demographic questionnaires are submitted quarterly.

Grantees are expected to:

- Offer the AAPI-2 to all newly enrolled participants;
- Obtain written consent from those agreeing to participate;
- Collect data in accordance with the evaluation process (from each participant at enrollment every six months while enrolled, and at exit);
- Report data in a timely manner;
- Utilize AAPI-2 data in their program.

Applicants will describe how the AAPI-2 will be administered and utilized in the program per the requirements of the proposed grant agreement.

More information regarding the AAPI-2 can be found at:

http://www.aapionline.com/guides/aapi_online_manual_chap1.pdf

More information regarding the AAPI Online can be found at:

<http://www.aapionline.com/index.php?page=assess>

More information regarding the use of the AAPI-2 and the 0-3 Initiative can be found at:

<http://www.gillespieresearch.org/aapi%20training%20current%20grantees.pdf>

Annual evaluation plan and report: All grantees are required to evaluate their program. This evaluation should be in addition to the evaluation data required by the funding agencies and the Michigan Children’s Trust Fund. Moreover, this evaluation should be both a quantitative and qualitative reflection of the grantee’s impact on the local community, and the community and/or county’s impact on the prevention of child abuse and neglect (Attachment H).

While the data that each grantee collects for the required state-level evaluation of 0-3 is used by the initiative evaluator for legislative and other reporting requirements, these localized evaluations are for the purpose of informing grant monitors and administrators about the successes, challenges, and processes of grantees and their programs. Further, these local evaluations can be used in grant reviews, to holistically inform future grant applications, and to empower and support the larger state-level evaluation with in-depth localized information. (State-level evaluation requirements include: the Adult-Adolescent Parenting Inventory, Quarterly Data Collection Form Submissions, 3 1-B Forms for CPS Involvement, and the use of the Zero to Three Secondary Prevention Initiative Indicators.)

The annual evaluation report should include the following four sections:

1. A descriptive component including a program description, data collection tools, data collection methods, and general findings/conclusions.
2. A data component that discusses both successes and challenges of the year through a review of program data.
3. A broadening component that focuses on other program information not apparent through the data.
4. A summary/planning component focusing on a summary of the data and other program information in the context of continuous improvement and program planning.

Data collection for Zero to Three Secondary Prevention reporting requirements: In addition to providing measurable objectives and indicators, use of the AAPI-2 and conducting a grantee-specific evaluation, grantees are required to submit two forms for administrative data collection and analysis.

Grantees are required quarterly to submit the Data Collection Form. The Data Collection Form collects aggregate data on participants, services provided, and service indicators.

Grantees are required to submit the 3-1b form annually. This form is used to collect the names of all of the children served by 0-3 grants during the fiscal year. This information is used to assess those families served by the 0-3 Secondary Prevention initiative against any Children’s Protective Services involvement during the fiscal year.

G. Method of payment

Grants awarded as a result of this competition will be paid by the actual cost method.

Rating

All proposals will be evaluated on the basis of rating criteria identified in the RFP. Grants will be awarded using a two-step process linking price and quality. The most recent audit of each bidder may be reviewed by DHS / CTF, at its discretion, to determine the bidder’s fiscal viability. DHS / CTF may eliminate from the rating process any bidders that fail to pass this review. If the bidder has provided contractual services to DHS / CTF previously, DHS / CTF may consider reviewing prior performance related to prior contracts if one exists.

Authority:	P.A. 2080 of 1939.	Department of Human Services (DHS / CTF) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS / CTF office in your area.
Completion:	Mandatory.	
Penalty:	Contract Invalid	

II) REQUEST FOR PROPOSAL POLICY

General Information

This Request for Proposal (RFP) provides interested bidders with sufficient information to prepare and submit proposals for consideration by the Department of Human Services / Children's Trust Fund.

A. Contract Award

Contract award negotiations will be undertaken with those Grantees whose proposals are evaluated and are recommended for funding, as to cost and other factors, show them to be qualified, responsible, and capable of performing the work.

The contract entered into will be that contract most advantageous to DHS / CTF, cost and other factors considered. DHS / CTF reserves the right to consider proposals or modifications thereof received at any time before the award is made, if such action is in the best interest of DHS / CTF.

If a contract is awarded, the selected bidder will be required to comply with the General Provisions, which will be a part of the contract.

Grant Agreement Requirements:

Each grantee will be required to fulfill the following if awarded funding:

- Implement the funded project in accordance with the grant award and agreement.
- Demonstrate the impact on the population served.
- Collect and process program utilization data.
- Maintain generally accepted accounting practices (GAAP) and records.
- Participate in evaluation efforts as required.
- Participate in on-site visits as required.
- Provide technical assistance to other communities in implementing similar projects.
- Maintain a relationship with the local CC and Great Start Collaborative where available.
- Submit required reports and documentation as outlined in the grant agreement.
- Participate in all surveys conducted.
- Participate in all trainings and conferences provided.
- Demonstrate Parent Involvement planning, implementation and evaluation of project.

B. Rejection of Proposals

DHS / CTF reserves the right to reject any and all proposals received as a result of this RFP, or to negotiate separately with any source whatsoever in any manner necessary to serve the best interest of DHS / CTF. This RFP is made for information or planning

purposes only. DHS / CTF does not intend to award a contract solely on the basis of any response made to this request or otherwise pay for the information solicited or obtained.

C. Incurring Costs

The State of Michigan is not liable for any cost incurred by the Grantees prior to issuance of a contract.

D. Inquiries

Questions that arise as a result of this RFP must be submitted in writing to the Issuing Office. All questions must be submitted on or before the date specified on the cover letter.

E. Amendment to the RFP

In the event it becomes necessary to revise any part of this RFP, addenda will be posted to this website.

F. Response Date

To be considered, proposal must arrive at the Issuing Office on or before the date specified in the cover sheet. Bidders mailing proposals should allow normal delivery time to ensure timely receipt of their proposals.

G. Proposals

To be considered, bidders must submit a complete response to this RFP, using exclusively the format provided in "Bidders Response (CM-011; Attachment L) to DHS / CTF". Proposals must be signed by an official authorized to bind the bidder to its provisions. The proposal must remain valid for at least 90 days.

H. Acceptance of Proposal Content

The contents of the proposal of the successful bidder may become contractual obligations if a contract ensues. Failure of the successful bidder to accept these obligations may result in cancellation of the award.

I. Economy of Preparation

Proposals should be prepared simply and economically, providing a straightforward, concise description of the bidder's ability to meet the requirements of the RFP. The RFP format should be strictly adhered to.

J. Prime Grantee Responsibilities

A selected Grantee will be required to assume responsibility for all services offered in the proposal whether or not they possess them within their organization. Further, the State will consider a selected Grantee to be the sole point of contact with regard to contractual matters, including payment of any and all charges resulting from the contract.

K. News Releases

News releases pertaining to this RFP on the service, study, or project to which it relates will not be made without prior State approval, and then only in coordination with the Issuing Office.

L. Disclosure of Proposal Contents

Proposals are subject to disclosure under the Michigan Freedom of Information Act (P.A. 1976, No. 442).

M. Independent Price Determination

- a. By submission of a proposal, the offeror certifies:
 - 1) The prices of the proposal have been arrived at independently without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other offeror or with any competitor;
 - 2) Unless otherwise required by law, the prices which have been quoted in the proposal have not been knowingly disclosed by the offeror and will not be knowingly disclosed by the offeror or to any competitor;
 - 3) No attempt has been made or will be made by the offeror to induce any other person or firm to submit or not to submit a proposal for the purpose of restricting competition;
 - 4) The price quoted is not higher than that given to the general public for the same service.
- b. Each person signing the proposal certifies that:
 - 1) She/he is the person in the offeror's organization responsible within that organization for the decision as to prices being offered in the proposal, and that she/he has not participated, and will not participate in any action contrary to a. 1, 2, 3, and 4 above; or

- 2) She/he is not the person in the offeror's organization responsible within that organization for the decision as to the prices being offered in the proposal, but that she/he has been authorized in writing to act as agent for the persons responsible for such decision in certifying that such persons have not participated, and will not participate, in any action contrary to a. 1, 2, 3, and 4 above, and as their agent does hereby so certify; and that she/he has not participated, and will not participate in any action contrary to a. 1, 2, 3, and 4 above.
- c. A proposal will not be considered for award if any statement made in the proposal has the sense of deleting or modifying a. 1, a. 3, or b., above. If a. 2. has been modified or deleted, the proposal will not be considered for award unless the offeror furnished with the proposal a signed statement which sets forth in detail the circumstance of the disclosure and the Issuing Office determines that such disclosure was not made for the purpose of restricting competition.

III) APPLICATION INSTRUCTIONS

APPLICATION FACE SHEET

Applicants should refer to the specific form and instructions indicated below (Attachment M). All bidders must complete an application checklist (Attachment N).

A. BIDDER INFORMATION

1. To receive reimbursement from the State of Michigan, a Grantee must be registered as a vendor on the Michigan Accounting and Information Network (MAIN)

To register on MAIN:

- . Click on <http://www.cpexpress.state.mi.us/>
 - . Follow directions.
2. **Proof of public liability insurance** must be provided to DHS / CTF prior to the time the contract is executed (issued).
 3. If portions of the services are being subcontracted, the bidder must identify the services the subcontractor will perform and provide all information requested, (including a budget) as it applies to both the bidder and the subcontractor(s).

A grantee is responsible for the performance of any subcontractors who are held to the same standard of quality and performance as the grantee. Raters of bid responses will consider the qualifications of both the grantee and subcontractor when making contract award recommendations.

B. CC ENDORSEMENT AND DISCLOSURE

Applicants should refer to the specific form and instructions (Attachment B).

C. Bidder Experience/Qualifications

Provide the following information:

1. Give a brief explanation of the purpose or mission of your agency or company.
2. Indicate the current number of employees on an organizational chart, including the following information:
 - Full time.
 - Part time.
 - Contractual.
 - Person in the organization who will be the liaison to the DHS / CTF Contract Administrator.
 - List of locations within the state at which you or your agency maintain offices.
 - List all other contracts you have or have had with the Department of Human Services within the past five years and with other private or public agencies.
3. For each service bid, prepare a narrative description of your or your agency's prior experience providing that or a similar service. Include the following information:
 - Service description.
 - Recipient of service.
 - Dates of service provision.
 - Name and telephone number of a contact person for each individual or agency for whom service was provided.
4. Staffing Allocation & Qualifications: Using the Bidder Response form CM-011, provide the requested information for each service for which a bid is submitted. (Attachment L; the CM-011 must be downloaded from DHS website. Go to: <http://www.michigan.gov/dhs> > Doing Business with DHS > Contractor Resources > Forms & Publications). Provide position descriptions for all positions included in the price quotation. Identify the positions current staff will fill if the contract is awarded to the bidder. Identify specific experience current staff has as it pertains to the services to be provided (possession of applicable licenses, completion of applicable training or workshops, etc.). Include resumes for all current staff who will provide services if the contract is awarded to the bidder and qualifications and job descriptions for positions to be filled. For each position, list the number of hours and the number of weeks expected to be devoted to this service.

5. Describe your current rate of turnover, including expectations for current staff continuance, planned staff reductions or growth, and comment regarding anticipated future turnover.
6. Provide an organization chart which shows the structure which will be used to provide services if the contract is awarded. This should show who in your organization will be responsible for reporting to DHS / CTF' Contract Administrator.

D. NARRATIVE (10 page limit; Times New Roman, Tahoma or Verdana 12 point font, single-spaced, margins of not less than 1 inch. The Budget Narrative (Resource Grid; CM-043), Bidder Response Form (Staffing Allocation and Qualifications; CM-011), the 0-3 Outcomes, the Implementation Plan and attachments are not included in the 10 page narrative limit. The 10 page narrative limit applies to the Service Delivery Project Description (# 6 a-d below).

1. PROJECT (EXECUTIVE) SUMMARY (one page limit)

Provide a clear and concise summary using the following categories. Do not refer to additional pages. (Applicants may wish to develop this summary after completing the Project Description narrative).

- Statement of need (including description of target population).
- Description of the proposed project (identifying the model and/or research methodology on which it is based).
- Brief statement summarizing applicant's collaboration, commitment, and capacity

2. PROGRAM IMPLEMENTATION PLAN

Design an implementation plan based on the 0-3 outcomes that includes the following categories:

- Goals.
- Objectives.
- Activities/tasks.
- Timeline.
- Responsible staff.
- Expected outcome and relevant measurement tool(s).

The 0-3 Outcomes Implementation Plan (attachment M) must be included with the application to be considered for funding. It is found at <http://www.michigan.gov/dhs> > Doing Business with DHS > Contractor Resources > Forms & Publications or <http://www.michigan.gov/ctf> > Programs > Zero to Three Building Stronger Families.

In narrative, also please describe how you or your agency would implement the program described by DHS or CTF. Include the following information and identify each section by number and heading indicated below.

3. Supervision

Describe when and how staff will be supervised.

4. Staff Allocation

Describe the method used to determine the amount of staff time (both management and direct) needed to fulfill the terms of the service as described.

5. Curriculum

Provide a copy of the curriculum(s) which will be used for service delivery to families. Indicate the model that will be used for home visiting.

6. Service Delivery Project Description

a) Statement of Need

- Describe the community child abuse and neglect prevention need as relevant to the proposed project making sure to reference the attached Comprehensive Community Prevention Plan.
- Describe the CAN risk factors relevant to the proposed project, including higher than average infant mortality rates, out-of-wedlock pregnancy rates, poverty rate, child abuse and neglect rates, adult substance abuse rates and teen pregnancy rates (use and cite current data, e.g. Kid's Count and other county resource information).

b) Target Population

- Describe the characteristics of the target population to be served and the number of families projected to be served per year of each of the three years.
- Describe the plan for identifying, and referring families.
- Describe/give evidence on how the target population will be accessed.
- Describe how the proposed 0-3 Secondary Prevention program will not serve Category I or II CPS cases.

c) Description of Services to be Provided

- Describe the home visitation and other proposed intervention model and relevant prevention curriculums to be utilized with the population to be served and how the program will implement the model within the project.
- Describe the process for contacting families and assessing risks.
- Describe the written plan of service that will be used with individual families.
- Demonstrate how the proposed services are designed to address the following legislative purposes:
 - Fostering positive parenting skills especially for parents of children ages birth to three.
 - Improving parent/child interaction.

- Promoting access to needed community services.
- Increasing local capacity to serve families at risk.
- Improving school readiness.
- Supporting healthy family environments that discourage alcohol, tobacco and other drug use.

d) Applicant's Collaboration, Commitment, Capacity and Parent Involvement

Collaboration:

- Identify the collaborative partners (including DHS) and briefly describe their activities, as outlined in the documented agreements.
- Describe the collaboration which will take place during the implementation of the services.
- List referral organizations/agencies that will provide referrals to the program.
- Describe how the services will be integrated into the comprehensive community prevention plan.
- Document broad input into the development of the application (may refer to letters of support as documentation).
- Describe how the 0-3 Secondary Prevention services will integrate with existing early childhood services in the community focusing on the target population.
- Document input into the development of the application (e.g., letters of support).

Commitment & Capacity:

- Describe the applicant's capacity to work with the targeted population and the collaborators identified.
- Describe the proposed staffing of the project and their respective duties (including service model, number of families served, paid and volunteer staff).
- Describe how staff are or will be qualified to facilitate the project (include education, training, etc.).

Parent Involvement:

- Describe the plan implemented by your organization including necessary supports that will integrate parents involved in the program into the planning, implementation and decision making processes of your proposed 0-3 Secondary Prevention project.

e) Service Description Outline

Using the following outline format please provide a detailed brief description of the 0-3 Secondary Prevention you propose to provide. A sample service description is provided (Attachment R). All programming (curriculum, CAN prevention model, home visitation practices, etc.) will vary. Attachment R is intended for illustration purposes only and should be used as a guide in preparing your program service description. This service description outline is required in addition to the 10 page (maximum) service description submitted in response to this RFP.

Service Description Outline

Agency Name: _____
Program Name: _____
County(ies) Served: _____
Funds Requested: _____
Total Program Costs: _____

This Agreement is administered through DHS with funds provided by the Department of Human Services, Department of Education and Department of Community Health.

This Agreement is effective from October 1, 2008 through September 30, 2011.

GRANTEE RESPONSIBILITIES

A. Geographic Area:

The Grantee shall provide services described herein in the following geographic area: _____ county.

B. Target Population/Client Eligibility Criteria:

1. Expectant families and those with children age birth through three residing in _____ county who have been identified to be at risk, who meet the definition of secondary prevention and do not have an open Children's Protective Services (CPS) case with a Category I or II disposition.

3. Determination of Eligibility:

- a)
- b)
- c)
- d)
- e)
- f)

C. Services to be Delivered:

The Grantee shall develop a coordinated, integrated system of early childhood services that are voluntary, accessible, culturally competent and universal with broad community and legislative support for these services for all families which prevent and reduce child abuse and neglect, improve family functioning, and keep children safe in their own homes by enhancing current efforts to identify and treat family child abuse and neglect risk factors proactively.

The Grantee shall utilize the _____ curriculum child abuse & neglect prevention model with intensive, comprehensive home-based services to identified at risk children and families. The model provides weekly home visits, parental support, parenting education, developmental and health screenings and assessments, and family goal setting.

1. Activities the Grantee shall perform: (Activities each Grantee will perform will, of course vary. Please tailor the service description outline to fit your programming. Be sure to include the estimated number of families served and the frequency and duration of specific services.)

The Grantee shall:

Services to be delivered:

a)

b)

c)

d)

e)

etc.,

7. Evaluation

- Describe the annual evaluation process and include identified, measurable performance objectives for each time-oriented outcome, how they will be measured and how they integrate with 0-3 Secondary Prevention Indicators.
- Provide a detailed outline of how client satisfaction will be assessed at a minimum of annually.
- Description of how the AAPI-2 will be administered and utilized by the program.
- Describe methods for consistent and accurate data collection for the 0-3 Secondary Prevention reporting requirements.
- Describe the program's annual evaluation plan that will measure local impact of the programming that includes all points of data collection by the program.

8. Budget Completion

Complete the DHS Budget Detail and CTF Annual Budget Plan in accordance with instructions. The bidder must complete the budget forms for each year of this three (3) year renewable grant period. A Budget Narrative must also be completed for each fiscal year (see below). Applicants must include letters or other verification, documenting the sources of match dollars and state if the match is secured or unsecured.

Grants may be subject to Circular A-133 Audit requirements, and must follow the federal cost principles outlined in the appropriate OMB Circular for the type of financial entity receiving these funds (e.g., A-122, A-87, etc.,).

Grantees must provide a 25% local match, of which not more than 10% may be in-kind Goods or services, unless this requirement is waived by the interagency director's workgroup. Budget negotiation may occur for awarded applicants during the creation of the grant agreement. Grantees agree to comply with all applicable requirements of all State statutes, Federal laws, executive orders, regulations, policies and award conditions governing this program. Grantees understand and agree that if it materially fails to comply with the terms and conditions of the grant award, the CTF may withhold funds otherwise due to the grantee from this grant program, any other federal grant programs or the State School Aid Act of 1979 as amended, until the grantee comes into compliance or matter has been adjudicated and the amount disallowed has been recaptured (forfeited).

8. Budget Plan Worksheets

The application must reflect a budget to cover activities from October 1, 2008 through September 30, 2011. A separate budget, in both formats, must be submitted for each fiscal year, thus three separate budgets will be prepared and submitted with the response to this RFP. A budget narrative (DHS Resource Grid; CM-043; Attachment O) for each fiscal year must also be submitted to be considered for funding. In addition, applicants must provide a detailed supplemental narrative

description of the budget that reflects the proposed 0-3 Secondary Prevention services. Be sure to describe the sources, status and amounts of allowable local cash and in-kind match, how the budget is appropriate for operation and how it is cost effective. Applicants may attach additional pages as needed. The budget narrative is not included in the 10 page narrative limit.

Applicants must complete both the DHS Budget Detail (DHS CM-468; Attachment P) and the CTF Annual Budget Plan Summary¹ (Attachment Q) worksheet detailing cash, in-kind and other sources of cash match to be considered for funding. These worksheets can be downloaded from the DHS or CTF website. Please note: The line items on the DHS Budget Detail (DHS CM-468) and the CTF Budget Plan Summary worksheet do not precisely align. All cash and in-kind match on the DHS Budget Detail must be reported as "Match Amount" (e.g., combine cash and in-kind amounts).

Match must be at least 25% of the requested funds, with not more than 10% being in-kind goods and/or services. In-kind match is typically the fair market value (FMV) of goods or services utilized by a program. The cash match must be used for continued services included in the application and may not be supported by any source of federal funding (e.g., Strong Families/Safe Children, Early On[®], Head Start, Even Start, etc.) nor identified from sources that are generated through the same appropriations (e.g., T.A.N.F., Teen Health Centers, Great Parents/Great Start, etc.). Legislation requires that matching funds must be local source contributions. In addition, administrative, evaluation and training costs (as detailed on the CTF Budget Plan Summary Worksheet) should be accounted for and explained under the DHS Budget Detail Miscellaneous section. Please use the "Comments Section" of the DHS-468, if additional narrative explanation regarding the applicant's intent is required or to clarify any budget information which the spreadsheets do not accommodate.

9. Budget Narrative

Use the DHS Resource Grid (CM-043) to provide a narrative description of all resources you, the bidder, propose to use in order to meet the requirements of the contract. Itemize (without indicating actual dollar amounts) the types of employee benefits offered, the square footage of each facility, supplies, travel mileage, and other resources included in your budget. Be as specific as possible and quantify all resources whenever possible. You may attach additional pages if necessary. Please be as brief as possible, while including all pertinent information. This information will be used to determine whether or not the resources included in the price quotation are adequate to provide the services DHS / CTF wishes to purchase as stated in the RFP. An individual specifically assigned to conduct a fiscal review will compare the budget narrative to the price and budget documentation for each bid submitted. The budget narrative must also be completed for each year of this three (3) year renewable grant period.

¹ On the CTF Budget Plan Summary Excel Worksheet, Fiscal Year 2009 is on SHEET 1, Fiscal Year 2010 is on SHEET 2 and Fiscal Year 2011 is on SHEET 3.

To download all required worksheets and documents go to:

- The DHS website at <http://www.michigan.gov/dhs> > Doing Business with DHS > Contractor Resources > Forms & Publications.
- The CTF website at <http://www.michigan.gov/ctf> > Programs > Zero to Three Building Stronger Families.

ADMINISTRATIVE COSTS:

Please note, not more than 15% of the requested funds may be used for administrative costs. Administrative costs include, but are not limited to procurement, payroll processing, personnel functions, management, maintenance and operation of space and property, data processing and computer services, accounting, budgeting, auditing, costs for administrative meetings, or any administrative costs not related to direct service delivery.

- Up to 10% but not to exceed \$10,000 of the requested funds may be budgeted for evaluation of the proposed project. Evaluation costs are not considered administrative.
- Training directly related to the provision of services or the supervision of direct-service staff is not considered an administrative cost. A portion of the requested funds may be budgeted for an audit, if required, as an administrative cost.

E. Hours

Specify normal hours of business.

F. Availability

Indicate ability and willingness to provide additional hours at other times or days if necessary.

G. Location

Identify each location where services will be provided. Include the street address, city, and zip code for all locations. For outreach services, indicate "Services will be provided in the client's home." Include square footage available at each location and the number of rooms to be used.

H. Accessibility

Do facilities and services allow/encourage participation by clients with disabilities? That is, are training facilities accessible by wheelchair? Are restrooms accessible?, etc.

I. Transportation

Indicate ability to arrange transportation for clients to receive services, such as convenience to public transportation, bidder-owned vehicles, etc.

J. Outreach

Indicate ability to provide outreach services in clients' homes or mutually agreed-upon locations if this is requested in the service description.

K. Other

1. ROLE OF THE COMMUNITY COLLABORATIVE (CC):

- Review and revise the comprehensive community prevention plan for inclusion of this target population. The plan is developed to effectively respond to the application for funding. As part of the development of a comprehensive community prevention plan, it is expected that there will be a review of program service delivery models for this target population that meet the identified needs of the community and have been proven to impact the risk factors of children and their families.
- Identify local partners who support the comprehensive approach through their resources.
- Assist in the identification of local match funds.
- For the statewide listing of CC's and contact information please go to the CTF website at <http://www.michigan.gov/ctf> > Programs > Zero to Three Building Stronger Families.

Any application that does not include local CC will not be considered for funding. The CC endorsement must be submitted before the grant award is approved and finalized (Attachment B).

2. COMPREHENSIVE COMMUNITY PREVENTION PLAN:

Attach the comprehensive community prevention plan, developed and approved by the CC that supports the proposed project. Highlight and flag the section(s) of the comprehensive community prevention plan that were referred to in the narrative provided in the Collaboration section of the response to this RFP.

3. DOCUMENTED AGREEMENTS:

Attach signed agreements that include specific tasks, with all agencies that are integral to the success of the project.

4. MISCELLANEOUS ATTACHMENTS:

- Support letters from participating and/or funding organizations other than the applicant agency.
- Copy of 501 (c) 3 or Articles of Incorporation.
- Other.

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IV) RFP APPLICATION CRITERIA GUIDELINES

(These guidelines will be used by the panel of peer reviewers and will assist bidders in submitting applications that will be highly recommended for funding. There are 100 points possible.)

Identifying Information:

Program Name:

County Served:

All applications must provide the program and/or agency name and the county where the proposed 0-3 Secondary Prevention services will be delivered.

Program Implementation Plan: (10 points possible; Refer to the 0-3 Outcomes Plan (attachment J) and Implementation Plan (attachment M) referenced in the RFP.

Applicants were asked to provide an implementation plan with the following elements: goals, objectives, activities/tasks, timeline, responsible staff, expected outcome and measurement.

Does the application:

- Include Implementation Plan for Fiscal Year 2009 based on the 0-3 outcomes.
- Include targeted goals, objectives, activities/tasks, timeline, responsible staff, expected outcome and measurement which will measure the success of the program.

Not recommended for funding	Recommended with revisions	Recommended for funding	Highly recommended for funding
The applicant:	The applicant:	The applicant:	The applicant:
0-2	3-5	6-8	9-10
Includes an Implementation Plan for FY-09, however, not based on the 0-3 outcomes format prescribed.	Includes an Implementation Plan for FY-09 based on the 0-3 outcomes and includes some targeted goals, objectives, activities/tasks, timeline, responsible staff, expected outcomes and measurement which will measure the success of the program on the format prescribed.	Includes an Implementation Plan for FY-09 based on the 0-3 outcomes and includes targeted goals, objectives, activities/tasks, timeline, responsible staff, expected outcomes and measurement which will measure the success of the program on the format prescribed.	Includes detailed Implementation Plan for FY-09 based on the 0-3 outcomes and includes targeted goals, objectives, activities/tasks, timeline, responsible staff, expected outcomes and measurement which will measure the success of the program on the format prescribed.

Statement of Need/Target Population: (20 points possible)

Community profile measures will be a factor in the decision making process. This aspect of the review will consider whether services are targeted in communities with higher than average infant mortality rates, out-of-wedlock pregnancy rates, poverty rate, child abuse and neglect rates, adult substance abuse rates, teen pregnancy rates, other CAN risk factors and if the applicant will provide 0-3 services in a community with a demonstrated need. Applicants were asked to provide a description of the population that they plan to target, the plan for identifying, referring and serving families, and evidence on how the project plans to access the target population. Emphasis is placed on families with multiple risk factors. Specifically, applicants were asked to include the five (5) most prevalent risk factors in the target population to be served by the proposed project and how families will be identified and referred for services. Families with an open Category I or II CPS case disposition are not eligible for 0-3 Secondary Prevention services.

Statement of Need/Target Population (continued)

Not recommended for funding	Recommended with revisions	Recommended for funding	Highly recommended for funding
The applicant:	The applicant:	The applicant:	The applicant:
0-4	5-9	10-15	16-20
<p>Does not describe the community prevention plan or application does not integrate the 0-3 secondary prevention services into the plan.</p> <p>Does not identify the five most prevalent risk factors and/or does not relate to community at-risk data.</p> <p>Does not describe the number of families that will be served in each of the proposed grant years and does not state the program will not serve Category I or II CPS Case.</p> <p>Does not describe the appropriate target population and/or a plan for identifying and referring families</p>	<p>Describes the community prevention plan.</p> <p>Describes the five most prevalent risk factors, but may not be fully connect to community at risk data.</p> <p>Describes the number of families that will be served without considerations of renewable grant years and states the program will not serve Category I or II CPS Case.</p> <p>Describes the target population without focusing on families with multiple risk factors and the application lacks a clear plan for identifying and referring families</p>	<p>Describes the community prevention plan and the relevancy to the proposed project.</p> <p>Identifies the five most prevalent risk factors relevant to the community.</p> <p>Describes the number of families that will be served in each of the proposed grant years and states the program will not serve Category I or II CPS Case.</p> <p>Describes the target population placing emphasis on families with multiple risk factors and the plan for identifying and referring families.</p>	<p>Describes in detail the community prevention plan as clearly relevant to the proposed project.</p> <p>Gives a detailed description of the five most prevalent risk factors relevant to the community.</p> <p>Describes the number of families that will be served in each of the proposed grant years and explains in detail how the program will not serve Category I or II CPS Case.</p> <p>Fully describes the target population placing emphasis on families with multiple risk factors and the fully describes the plan for identifying and referring families.</p>

Description of Services: (20 points possible)

Applicants were asked to describe the project’s objectives (with measurable results that the project hopes to obtain), the activities that would assist the project in reaching the objectives, and the model or research on which the project is based. They were also requested to demonstrate how the project and services proposed will prevent child abuse and neglect in the target population and meet the stated purposes of the funds. Does the application:

- Describe how the proposed project will meet the objectives (measurable outcomes) defined by the CTF in this RFP (see attachment M; 0-3 Outcomes Implementation Plan). Note applicants may include 0-3 Secondary Prevention program indicators they will track in addition to the indicators defined by the CTF.
- Describe the home visitation model and relevant prevention curriculums to be utilized with the proposed population to be served and how the program will implement the model within the project.
- Describe the process for contacting families and assessing risks.
- Describe the plan of service that will be used with families.
- Demonstrate how the proposed services are designed to implement the following components of the legislation: Fostering positive parenting skills especially for parents of children ages birth to three, Improving parent/child interaction, Promoting access to needed community services, Increasing local capacity to serve families at risk, Improving school readiness and Supporting healthy family environments that discourage alcohol, tobacco and other drug use.

Description of Services (continued)

Not recommended for funding	Recommended with revisions	Recommended for funding	Highly recommended for funding
The applicant:	The applicant:	The applicant:	The applicant:
0-4	5-9	10-15	16-20
<p>Application does not use the CTF format provided.</p> <p>Application does not describe home visitation model and/or curriculums.</p> <p>Description of the process for contacting families and assessing risks is inadequate.</p> <p>Does not describe plan of service that will be used with families.</p> <p>Lacks description of the applicants plan to implement services to meet all legislative components.</p>	<p>Somewhat describes how the proposed project will meet most of the measurable objectives defined by the CTF in the format provided.</p> <p>Describes a home visitation model and curriculums which may not be specifically relevant to the proposed population to be served.</p> <p>Somewhat describes the process for contacting families and has limited description of assessing risks.</p> <p>Describes a plan of service that will be used with families that does not appear to be appropriate.</p> <p>Describes the applicants plan to implement services to meet most of the legislative components.</p>	<p>Describes how the proposed project will meet each of the measurable objectives defined by the CTF in the format provided.</p> <p>Describes the home visitation model and relevant prevention curriculums to be utilized with the proposed population to be served.</p> <p>Describe the process for contacting families and assessing risks.</p> <p>Describes a plan of service that will be used with families</p> <p>Describes the applicants plan to implement services to meet all legislative components.</p>	<p>Clearly describes how the proposed project will meet each of the measurable objectives defined by the CTF in the format provided.</p> <p>Describes in detail the home visitation model and relevant prevention curriculums to be utilized with the proposed population to be served.</p> <p>Fully describes the process for contacting families and delineates a method of assessing risks.</p> <p>Describes a specific, appropriate family centered plan of service that will be used with families.</p> <p>Describes in detail the applicants plan to implement services to meet all legislative components.</p>

Collaboration: (10 points possible)

Applicants were asked to describe how services would be integrated into the community prevention plan, provide documentation of broad input into the development of the application, describe how services would be integrated into existing prevention services in the community focusing on the target population, identify collaborative partners and how their activities are integral to the project, and describe the collaboration that will take place during the implementation of services. Does the application:

- Identify the collaborative partners including DHS and briefly describe their activities (as outlined in the documented agreement).
- Describe the collaboration which will take place during the implementation of the services.
- List referral organizations/agencies that will provide referrals to the program.
- Describe how the services will be integrated into the comprehensive community prevention plan.
- Describe how the 0-3 Secondary Prevention services will coordinate with existing early childhood services in the community focusing on the target population.
- Document broad input into the development of the application (may refer to letters of support as documentation).

Not recommended for funding	Recommended with revisions	Recommended for funding	Highly recommended for funding
The applicant:	The applicant:	The applicant:	The applicant:
0-2	3-5	6-8	9-10
<p>Identifies few collaborative partners with limited description of their activities for referral, and provision of services and does not include working with DHS.</p>	<p>Identifies some collaborative partners minimally describing their activities for referral, and provision of services and may include working with DHS.</p>	<p>Identifies collaborative partners describing their activities for referral, and provision of services and the inclusion of working with DHS.</p>	<p>Clearly identify collaborative partners describing their activities for referral, and provision of services with an emphasis on the inclusion of working with DHS.</p> <p>Describes how the 0-3 secondary prevention program will be integrated into the comprehensive community prevention plan and identify how the services will be coordinated with existing early childhood services in the community.</p>

Commitment & Capacity: (10 points possible)

Applicants were asked their capacity to perform the duties outlined in the “objectives” and “activities” section of the RFP (e.g., describe staffing, roles, responsibilities, qualifications, trainings, certifications, education, etc.)

- Describe the applicant’s capacity to do the work.
- Describe the staffing of the project and their respective duties (including service model, number of families served, paid and volunteer staff, etc.)
- Describe how staff are or will be qualified to facilitate the project (include education, training, etc.,)

Not recommended for funding	Recommended with revisions	Recommended for funding	Highly recommended for funding
The applicant:	The applicant:	The applicant:	The applicant:
0-2	3-5	6-8	9-10
Does not adequately describe the applicant’s capacity to do the work.	Somewhat describes the applicant’s capacity to do the work.	Describe the applicant’s capacity to do the work.	Clearly describes the applicant’s capacity to do the work.
Does not adequately describe the staffing of the project and their respective duties (including service model, # of families served, paid and volunteer staff).	Describe the staffing of the project and their respective duties (including service model, # of families served, paid and volunteer staff) however more detail is needed.	Describe the staffing of the project and their respective duties (including service model, number of families served, paid and volunteer staff).	Fully describes the staffing of the project and their respective duties (including service model, number of families served, paid and volunteer staff).
Lacks qualified or appropriate staff to facilitate the project.	Limited information on staff qualifications to facilitate the project.	Describes staff qualifications to facilitate the project.	Completely describes staff qualifications to facilitate the project.

Parent Involvement: (10 points possible)

Applicants were asked describe the plan that will be implemented that will integrate parent(s) involved in the program into the planning and implementation process of the 0-3 Secondary Prevention program. Describe the plan implemented by your organization including necessary supports that will integrate parents into the planning and implementation of the 0-3 Secondary Prevention program.

Not recommended for funding	Recommended with revisions	Recommended for funding	Highly recommended for funding
The applicant:	The applicant:	The applicant:	The applicant:
0-2	3-5	6-8	9-10
There is no plan described for parent involvement in the implementation or planning of the program.	The plan describes some elements of parent involvement implemented by your organization.	The plan describes necessary supports that will integrate parents into the planning and implementation of your 0-3 Secondary Prevention program.	The plan fully describes necessary supports that will integrate parents and into the planning and implementation of your 0-3 Secondary Prevention program.

Evaluation: (10 points possible)

Applicants were requested to describe the annual evaluation process and to include identified, measurable performance objectives for each time-oriented outcome, how they will be measures and how they integrate with 0-3 Secondary Prevention Indicators. They were asked to de provide a detailed outline of how client satisfaction will be assessed. A description of how the AAPI-2 will be administered and utilized by the program was requested, as was a method for consistent and accurate data collection for the 0-3 Secondary Prevention reporting requirements. The program’s evaluation plan and report should be described.

Evaluation (continued)

Does the application include a detailed description of evaluation activities that address:

- A plan to measure client satisfaction at a minimum of annually.
- Methods for implementing the AAPI-2.
- Methods for reliable data collection procedures for grant reporting requirements.
- The annual evaluation plan that measures programs impact locally and above required state-level evaluation activities.

Not recommended for funding	Recommended with revisions	Recommended for funding	Highly recommended for funding
The applicant:	The applicant:	The applicant:	The applicant:
0-2	3-5	6-8	9-10
<p>Client satisfaction plan is missing or markedly insufficient to determine process.</p> <p>No description of implementation of AAPI-2.</p> <p>Applicant describes inadequate explanation of methods and procedures for assuring valuable and reliable collection of required data.</p> <p>Lacks description of how the applicant will complete an annual evaluation of the programming utilizing all forms of data collection to include how the program will make improvements based on the findings.</p>	<p>Application includes a plan to measure client satisfaction that does not include all aspects described: method, frequency, assesses satisfaction and parent perception of improved parenting skills and report including recommendations for improvement strategies.</p> <p>Description of how the program will implement procedures for AAPI-2 but detail of methodology and frequency is incomplete.</p> <p>Description of how the applicant will complete an annual evaluation of the programming utilizing some forms of data collection to include how the program will make improvements based on the findings.</p>	<p>Application includes a plan to measure client satisfaction including method, frequency, assesses satisfaction and parent perception of improved parenting skills and report including recommendations for improvement strategies.</p> <p>Description of how the program will implement procedures for AAPI-2 including methodology and frequency.</p> <p>Applicant describes explanation of methods and procedures for assuring valuable and reliable collection of required data.</p> <p>Description of how the applicant will complete an annual evaluation of the programming utilizing all forms of data collection to include how the program will make improvements based on the findings.</p>	<p>Application includes a detailed plan to measure client satisfaction including method, frequency, assesses satisfaction and parent perception of improved parenting skills and report including recommendations for improvement strategies.</p> <p>Clear description of how the program will implement procedures for AAPI-2 including methodology and frequency.</p> <p>Applicant describes complete explanation of methods and procedures for assuring valuable and reliable collection of required data.</p> <p>Detailed description of how the applicant will complete an annual evaluation of the programming utilizing all forms of data collection to include how the program will make improvements based on the findings.</p>

Budget Plans for Fiscal Years 2009, 2010 and 2011: (10 points possible)

Applicants were asked to include a complete budget plan narrative and budget detail for FY 2009 through 2011, based on the amount requested. Match must be at least 25% of the requested funds, with not more than 10% being in-kind goods and/or services. In-kind match is typically the fair market value (FMV) of goods or services utilized by a program. The cash match must be used for continued services included in the application and may not be supported by any source of federal funding (e.g., Strong Families/Safe Children, Early On®, Head Start, Even Start, etc.) nor identified from sources that are generated through the same appropriations (e.g., T.A.N.F., Teen Health Centers, GP/GS, etc.). Applicants must include letters or other verification, documenting the sources of match dollars and state if the match is secured or unsecured. Legislation requires that matching funds must be local source contributions. A larger match is generally required to cover total program costs.

Budget Plans for Fiscal Years 2009, 2010 and 2011 (continued)

Not recommended for funding The applicant: 0-2	Recommended with revisions The applicant: 3-5	Recommended for funding The applicant: 6-8	Highly recommended for funding The applicant: 9-10
<p>Does not include the DHS CM-468 Budget Detail and/or the CTF Budget Plan Summary for the three year grant.</p> <p>Does not include supplemental narrative description of the budget that reflects the proposed 0-3 Secondary Prevention services.</p> <p>Does not describe the sources, status and amounts of local cash and in-kind match, how the budget is appropriate for operation and how it is cost effective.</p> <p>Does not include letters documenting the sources of match dollars.</p>	<p>Includes the DHS CM-468 Budget Detail and the CTF Budget Plan Summary for the three year grant, but it has some errors.</p> <p>Provides a partial supplemental narrative description of the budget that reflects the proposed 0-3 Secondary Prevention services.</p> <p>Describe the sources, status and amounts of local cash and in-kind match</p> <p>Includes letters documenting the sources of match dollars, but does not state if the match is secured or unsecured.</p>	<p>Includes the DHS CM-468 Budget Detail and the CTF Budget Plan Summary for the three year grant and appears correct and reasonable for the proposed project.</p> <p>Provides a supplemental narrative description of the budget that reflects the proposed 0-3 Secondary Prevention services.</p> <p>Describe the sources, status and amounts of local cash and in-kind match, how the budget is appropriate for operation.</p> <p>Includes letters documenting the sources of match dollars, but it's unclear if the match is secured or unsecured.</p>	<p>Includes the DHS CM-468 Budget Detail and the CTF Budget Plan Summary for the three year grant and appears correct and reasonable for the proposed project.</p> <p>Provides a detailed supplemental narrative description of the budget that reflects the proposed 0-3 Secondary Prevention services.</p> <p>Describe the sources, status and amounts of local cash and in-kind match, how the budget is appropriate for operation and how it is cost effective.</p> <p>Includes letters documenting the sources of match dollars and clearly states if the match is secured or unsecured.</p>

Please follow the RFP instructions precisely.

Incomplete submissions will be disqualified.



Children's Trust Fund
Protecting Michigan's Children

ATTACHMENTS

ATTACHMENT A ~ IDENTIFIED CHILD ABUSE AND NEGLECT RISK FACTORS

- 1) Parent who Perceives Harsh Punishment of Child as Appropriate
- 2) Family History of Child Abuse
- 3) Parent with Destructive or Violent Temperament
- 4) Parent with Substance Abuse or Addiction
- 5) Parent with Rigid and Unrealistic Expectations of Child's Behavior
- 6) Child Unwanted or at Risk for Poor Bonding
- 7) Parent with Negative or Ambivalent Attitude Regarding Pregnancy or Parenting
- 8) Parent who Perceives Child as Difficult
- 9) Parent with a Child(ren) who is Difficult
- 10) Parent with Diagnosed Physical Condition that Interferes with Parenting Ability
- 11) Parent with Serious Mental Disturbance
- 12) Family History of Diagnosed Family Problems
- 13) Infant/Child who is Drug-Exposed
- 14) Infant/Child Diagnosed with Failure to Thrive
- 15) Family with Multiple Crises or Stresses
- 16) Family with Marital/Partner Conflict
- 17) Family with Extended Family Conflict
- 18) Family with Housing Problems
- 19) Family in an Unsafe Living Environment
- 20) Family who is Homeless
- 21) Family who is Isolated with Inadequate Support System
- 22) Infant with Low Birth Weight
- 23) Child with Developmental Delay
- 24) Child with Nutritional Deficiency
- 25) Child with Long-Term or Chronic Illness
- 26) Child with Diagnosed Handicapping Condition
- 27) Parent with Low Self Esteem and/or Depression
- 28) Parent with Learning Disability
- 29) Parent who is Emotionally Immature
- 30) Parent with Language Deficiency or Immaturity
- 31) Family History of Low School Achievement or Dropout
- 32) Family History of Delinquency
- 33) Low Parental/Sibling Educational Attainment or Illiteracy
- 34) Single Parent
- 35) Unemployed Parent(s)
- 36) Low Family Income
- 37) Teen Parent
- 38) Family with Large Number of Children or Closely Spaced Young Children
- 39) Family with Incarcerated Parent

ATTACHMENT B

Community Collaborative (CC) Endorsement and Disclosure Form

Conflict of Interest Disclosure

Our Community Collaborative has received a request to review a grant application from the following applicant for 0-3 Secondary Prevention funding:

We have polled the membership present at this session with regard to any potential conflict of interest. I certify that

- All members present assert that they have no personal or financial interest in any of the above listed applications (nor do members of their immediate families).
- Those members acknowledging a personal or financial interest have excused themselves from the endorsement proceedings.

_____, CC Chair Person

County of _____

Endorsement of Grant Application

In accord with PIT Information Advisory No. 64 (April 1999), our CC has reviewed all applications submitted, asked questions regarding the applications, provided feedback regarding the contents of the application to the applicants, and has chosen the following application(s)* to recommend for funding:

_____, Chair _____, County CC

Please note:

- Only one application from counties with a population less than 400,000 may be endorsed for submission.
- More than one application may be endorsed from counties with a population over 400,000.



**0-3 SECONDARY PREVENTION
 QUARTERLY REPORT NARRATIVE
 (FY 2009 Grant Period)
 ATTACHMENT C**

Please attach the following to this narrative report. :

- a. Narrative Report
- b. Data Collection Form (Include 2 copies)
- c. CTF Quarterly Report of Expenditures (1 page summary sheet)
- d. DHS-3469 Statement of Expenditures

Agency Name:

Program Name:

Grant Number: CTFPR-

Amount of Grant: \$

Date Forwarded:

Quarter (Please Check): 1st 2nd 3rd 4th

- Attach a narrative summary report for the reporting quarter including the following items:
- A description of the program activities this quarter (including changes to referral process, services provided, efforts to promote the program, etc.).
- A description of the collaborative activities that have occurred (including efforts to involve parents/consumers).
- Update Outcomes progress for the quarter
- A description of the challenges for the quarter and the efforts to resolve the challenges (if applicable).
- A summary of any budget issues (if applicable).

4th Quarter Report Only

- Include reflections on what has been learned in the reporting year, what would be change if the program were implemented again, and a description of the overall impact of the program.
- A Family Success Story.
- 3 1-B Form Mailed to the CTF

CTF APPROVAL	
Grant Monitor Approval	
Date Received	

Zero to Three Outcomes Plan for Year FY-09

Quarter 1st 2nd 3rd 4th

A: Outcomes: What do you expect will happen <u>for children and families</u> as a result of the services provided?	B: Objectives What specific, numerical target was set to demonstrate progress or achievement of the outcome within what time frame?	C: Indicators What data or tools will be used to measure progress towards or achievement of the objective?
Outcome expected Participants have access to information on marriage and healthy relationships	<u>Target Set:</u> 100% of families will receive information and materials on the promotion of marriage and healthy couple relationships. <u>What happened:</u>	Expected data or tool:
Outcome expected Enhance the parenting capacities of participants	<u>Target Set:</u> Annually, 80% of parents will indicate an improvement in parenting skills as a result of 0-3 services. <u>What happened:</u>	Expected data or tool: Satisfaction survey 0-3 program register
Outcome expected: Improve parent/child relationships	<u>Target Set:</u> The percentage of families who remain in service will be maintained or increased over 4 quarterly reports. <u>What happened:</u>	Expected data or tool: 0-3 Program register
Outcome expected Children will receive needed services	<u>Target Set:</u> Annually, 100% of children will participate in developmental screening. <u>What happened:</u>	Expected data or tool: 0-3 Program Register

A: Outcomes: What do you expect will happen <u>for children and families</u> as a result of the services provided?	B: Objectives What specific, numerical target was set to demonstrate progress or achievement of the outcome within what time frame?	C: Indicators What data or tools will be used to measure progress towards or achievement of the objective?
Outcome expected Children will receive needed services	<u>Target Set:</u> 100% of children screened each quarter who are suspected to have developmental delays will be referred to <i>Early On Michigan</i> or a similar program. <u>What happened:</u>	Expected data or tool: 0-3 Program Register
Outcome expected Children will receive needed services and be ready for school	<u>Target Set:</u> 80% of children will be up-to-date with age appropriate immunizations each quarter. <u>What happened:</u>	Expected data or tool: 0-3 Program Register
Outcome expected Children will receive needed services	<u>Target Set:</u> Each quarter, 75% of children are up-to-date with well-child visits <u>What happened:</u>	Expected data or tool: 0-3 Program Register
Outcome expected Families will receive needed services	<u>Target Set:</u> As reported quarterly, 90% of pregnant women will receive the recommended number of pre-natal care visits. <u>What happened:</u>	Expected data or tool: 0-3 Program Register
Outcome expected Families will receive needed services	<u>Target Set:</u> Each quarter, 85% of families served will have access to a primary health care provider. <u>What happened:</u>	Expected data or tool: 0-3 Program Register

A: Outcomes: What do you expect will happen <u>for children and families</u> as a result of the services provided?	B: Objectives What specific, numerical target was set to demonstrate progress or achievement of the outcome within what time frame?	C: Indicators What data or tools will be used to measure progress towards or achievement of the objective?
Outcome expected Families will receive needed services	<u>Target Set:</u> Annually, 100% of families will be offered a satisfaction survey <u>What happened</u>	Expected data or tool: Satisfaction survey 0-3 Program register
Outcome expected Children will be developmentally age appropriate	<u>Target Set:</u> 94% of children screened quarterly will meet age appropriate developmental milestones <u>What happened:</u>	Expected data or tool: 0-3 Program Register
Outcome expected Appropriate services will be provided to at-risk families	<u>Target Set:</u> Each quarter, Grantees report at least 50% of families served have 3 or more risk factors. <u>What happened:</u>	Expected data or tool: 0-3 Program Register
Outcome expected Parents will receive education regarding healthy family environments	<u>Target Set:</u> 100% of families will receive information on healthy family environments (for example, non-exposure to second-hand smoke; non-exposure to alcohol, tobacco, and other drugs). <u>What happened:</u>	Expected data or tool:
Outcome expected Children are not exposed to secondhand smoke	<u>Target Set:</u> 100% of families will be assessed for tobacco use and be provide information regarding cessation <u>What happened:</u>	Expected data or tool:

A: Outcomes: What do you expect will happen <u>for children and families</u> as a result of the services provided?	B: Objectives What specific, numerical target was set to demonstrate progress or achievement of the outcome within what time frame?	C: Indicators What data or tools will be used to measure progress towards or achievement of the objective?
(Other: Optional)		

ADDITIONAL COMMENTS

(Optional)

ZERO to THREE SECONDARY PREVENTION ~ Quarterly Report of Expenditures (FY-09)
Attachment D

I.) Name of Fiscal Agent: _____

II.) Name of Service/Project: _____

III.) Total Amount of Monies Granted: _____ Total Cost of Project: _____

IV.) Quarter (please check): 1st. 2nd. 3rd. 4th.

Match must be 25% (minimum) of 0-3 Funds. There is a 15% minimum cash match requirement. Federal funds may not be used as matching funds (e.g., SF/SC, Early-On, Head Start, etc.) Legislation mandates that matching funds be local source contributions. Federal funds that support the 0-3 Secondary Prevention program can be itemized in the "Other Sources of Cash Funding" (Other Cash) to accurately show total program costs.

All figures with the exception of cumulative Year to Date (YTD) totals must reflect quarterly expenditures. YTD totals must reflect expenditures from **previous** quarters for each source of funding (0-3 funds, cash match, in-kind match and other sources of cash) and must be **entered by the reporting agency**.

Program Line Item	0-3 Funds	Cash Match	In-Kind Match	Other Cash	Total Project Cost
A. Salaries (Personnel)					\$0.00
B. Fringes					0.00
C. Administrative					0.00
D. Contractual					0.00
E. Supplies					0.00
F. Travel					0.00
G. Equipment					0.00
H. Occupancy					0.00
I. Training					0.00
J. Evaluation					0.00
K. Communication					0.00
L. Miscellaneous					0.00
QUARTERLY TOTAL:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

YEAR TO DATE TOTALS:

1st. Quarter					
2nd. Quarter					
3rd. Quarter					
4th. Quarter					
Yearly Total:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Percent of Grant: #DIV/0! #DIV/0! #DIV/0! #DIV/0!

BALANCE OF GRANT:

1st. Quarter	\$0.00
2nd. Quarter	\$0.00
3rd. Quarter	\$0.00
4th. Quarter	\$0.00

Any grant balance as of September 30th. of the current Fiscal Year must be returned to the Children's Trust Fund by October 31st. of that calendar year.

List All Sources of Cash Match (Required):

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Original Signature of the Agency's Authorized Signatory (Required) Date

Children's Trust Fund Approval

Revised 10/01/07; Previous versions are obsolete and will not be accepted.



STATEMENT OF EXPENDITURES

Children's Trust Fund

- See instructions on reverse side.
- See P.A. 431 information and non-discrimination statement on reverse side.

ORIGINAL DHS RECEIPT DATE (For DHS Use Only)

1. Grant Number

CTFPR 09- [REDACTED]

SECTION I – Complete for all Submittals

ATTACHMENT E

1A. Name of Grantee [REDACTED]		2. Index 60790	3. PCA 72364	4. Obj 6325	5. County [REDACTED]
6. Period Covered by Statement FROM: [REDACTED] THRU: [REDACTED]		7. Appn Yr 08	2A. Index N/A		
8. F.E. Number (or) Social Security Number [REDACTED]		9. Mail Code	10. Contract Administrator Signature		10a. Approval Date

SECTION II – Bill Type

- ORIGINAL
 REVISED
 FINAL
 ESTIMATED
 ADDITIONAL

11. Authorized DHS Approval Signature(s) (PAL)	11a. Approval Date
11b. Authorized DHS Approval Signature(s) (PAL) PRINTED	

SECTION III – Dollars Expended

LISTED LINE ITEM BUDGET (Listed as specified in Budget Contained in Agreement) (1)	DOLLAR AMOUNT		
	In Budget (2)	Expended This Period (3)	Cumulative Expenditures to Date (4)
Salaries	[REDACTED]	[REDACTED]	[REDACTED]
Fringe Benefits	[REDACTED]	[REDACTED]	[REDACTED]
Occupancy	[REDACTED]	[REDACTED]	[REDACTED]
Communication	[REDACTED]	[REDACTED]	[REDACTED]
Supplies	[REDACTED]	[REDACTED]	[REDACTED]
Equipment	[REDACTED]	[REDACTED]	[REDACTED]
Transportation	[REDACTED]	[REDACTED]	[REDACTED]
Contractual Services	[REDACTED]	[REDACTED]	[REDACTED]
Specific Assistance	[REDACTED]	[REDACTED]	[REDACTED]
Miscellaneous	[REDACTED]	[REDACTED]	[REDACTED]
TOTALS	[REDACTED]	[REDACTED]	[REDACTED]

I hereby certify that the expenditures as stated in Section III represent actual expenditures made in accordance with the contract budget DHS-468; or that units of service provided as stated in Section IV have been provided.

Contractor Signature

Date

INSTRUCTIONS

Please Type or Print.

Section I – Complete for all submittals

Section II – Complete for all submittals

Section III – Complete for line item reimbursement only

SECTION I

1. **Contract Number** – fill in the complete contract number
- 1A. **Name of Contractor** - fill in the contractor name exactly the way it is listed on the front page of your contract.
- 2., 2A. **Index** – completed by the Department
- 3., 3A. **P.C.A.** – completed by the Department
4. **A. Obj.** – completed by the Department
5. **County** – County name.
6. **Period Covered by Statement** – fill in the beginning and ending date of the period covered by this statement.
7. **App. Year** - N/A (already completed)
8. **Federal Employer Number (or) Social Security Number** – fill in your federal identification number as it appears on Federal tax information. This is a nine digit figure. If you have no federal identification number your social security number may be used.
9. **Mail Code** – Fill in the three digit mail code which corresponds to the mail address.
10. **Contract Administrator** – To be completed by the Department.
11. **Authorized DHS Approval Signature(s) (PAL)** – to be completed by the Department.
- 10A, 11A. **Approval Date** – to be completed by the Department.
- 11B. **PRINTED Authorized DHS Approval Signature (PAL)**

SECTION II

1. **Original, Revised, Final, Estimate and Additional** – check the appropriate box.

SECTION III

- (Col. 1) **Line Item Budget** – Budget categories are listed exactly in the order that they appear on the CM-133, Budget Statement.
- (Col. 2) **In Budget** – fill in the amounts allocated for each category in the agreement. Amounts must adhere to approved line item changes, if any.
- (Col. 3) **Expended this Period** – fill in the amount spent for each category in the period you are billing the department by actual expenditures of each line item.
- (Col. 4) **Cumulative Expenditures to Date** – fill in the amount you have spent from the beginning date of the contract, including this billing period.

SIGNATURE – Signature of person administratively responsible for the contract.

Original to **Contract Payment Unit**, Suite 1018, Grand Tower Building, Lansing Copy to Contractor; copy maintained by Contract Administrator

The Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your county.

AUTHORITY: P.A. 280 1939.
COMPLETION: Mandatory.
PENALTY: No payment processed.

**0-3 Secondary Prevention Programs
Data Collection Form
Fiscal Year 2009-2011
ATTACHEMNT F**

1. Contact Information

CTF Grant Monitor Approval _____

Name of Program/Agency: _____

County(ies) Served: _____

Program Telephone Number: () _____

Quarter of the Year: _____ 1st _____ 2nd _____ 3rd _____ 4th

Date Forwarded: _____

Completed By: _____
(Print or Type Name)

2. Participant Data (for all programs/services funded by the 0-3 grant)	Quarterly Services & Year-To-Date Totals							
	1st	YTD	2nd	YTD	3rd	YTD	4th	YTD
A. Number of Families from Previous Quarter Continuing in Services*								
B. Number of Families Screened		0		0		0		0
C. Number of Families Assessed		0		0		0		0
D. Number of Newly Enrolled Families		0		0		0		0
E. Total Number of Families Served *								
F. Number of Newly Enrolled age 0-3 Children		0		0		0		0
G. Total Number of Children age 0-3 Served *								
H. Number of Children age 0-3 Served eligible for Lead Testing/Screening during the Quarter								
I. Number of Children age 0-3 Served eligible for Developmental Screening during the Quarter								
J. Number of Newly Enrolled Pregnant Women (if applicable)		0		0		0		0
K. Total Number of Pregnant Women Served (if applicable) *								
L. Number of Families Served with 3 or more Risk Factors*								
M. Number of Families who "aged out"		0		0		0		0
N. Number of Families Completing Service		0		0		0		0
O. Number of Families Transitioned to Other Services		0		0		0		0
P. Number of Families who Dropped Out of Services								
a. Number of families who are no longer interested in service		0		0		0		0
b. Number of families that are unable to be located		0		0		0		0
c. Other (please specify)		0		0		0		0
d. Other (please specify)		0		0		0		0
3. Race/Ethnicity of Children Served								
Race: Black or African-American	Child							
Race: Hispanic or Latin-American	Child							
Race: White or Caucasian	Child							
Race: Multi-Racial	Child							
Other Race (Please Specify):	Child							
4. Services Provided		YTD		YTD		YTD		YTD
A. Home Visits		0		0		0		0
B. Parenting Classes		0		0		0		0
C. Parent Support Groups		0		0		0		0
D. Service Coordination		0		0		0		0
E. Child Care Services		0		0		0		0
F. Respite Care Services		0		0		0		0
G. Transportation		0		0		0		0
H. One-on-one counseling		0		0		0		0
I. Phone Contacts		0		0		0		0
J. Developmental Newsletters		0		0		0		0
K. Developmental Assessments/Screenings		0		0		0		0
L. Other Service:(Specify):		0		0		0		0

5. Outcome Data		1st	2nd	3rd	4th
A. Number and percentage of families who have a primary health care provider	#				
	%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
B. Number and percentage of 0-3 age children who are up-to-date with age-appropriate immunizations	#				
	%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
C. Number and percentage of 0-3 age children who are up-to-date with well-child visits	#				
	%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
D. Number and percentage of pregnant women who received the recommended number of prenatal visits	#				
	%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
E. Number and percentage of 0-3 age children who are up-to-date with age appropriate lead testing.	#				
	%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
F. Number and percentage of 0-3 age children who participated in developmental screening during the quarter	#				
	%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
G. Number and percentage of 0-3 age children who met age-appropriate developmental milestones	#				
	%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
H. Number and percentage of 0-3 age children who did not meet age appropriate developmental milestones	#				
	%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
a. Number and percentage of 0-3 age children with a suspected developmental delay who were referred to appropriate services	#				
	%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
b. Number and percentage of families who followed through with the referral(s) to appropriate developmental services	#				
	%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
6. If a participant satisfaction survey was completed this quarter, complete the following:					
A. Number and percentage of families sent the satisfaction survey	#				
	%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
B. Number and percentage of families responding to the satisfaction survey	#				
	%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
C. Number and percentage of families who were satisfied with 0-3 services	#				
	%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
D. Number and percentage of families who reported that their parenting skills improved as a result of the 0-3 service(s)	#				
	%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Zero to Three Secondary Prevention Data Collection Definitions for Monitoring and Evaluation Reporting

The purpose of this document is to provide guidance and definitions for the fields contained on the Data Collection Form (*Revised 01/04/06*). The Data Collection Form, formerly the Program

Register, is used by the Zero to Three Secondary Prevention Grant Monitors to examine the progress of both the process and outcomes of grantees. Both process and outcomes are important in program monitoring; further, each of these pieces lends to the larger evaluation of the Initiative through the *Zero to Three Secondary Prevention Initiative Program Indicators*.

Formative evaluations focus on the processes of a program and answer such questions as:

- Who are we serving?
- What are the demographic characteristics of who we are serving?
- Are participants receiving recommended services?
- What other services are we providing?
- Are we doing what we said we would do?
- Are participants satisfied with services?

Summative evaluations focus on the end-results and outcomes of the program to meet the intent of the legislation, and focus on such questions as:

- Are participants better off when they leave our program?
- Do participants report improvements due to our service?
- Have objectively measurable changes been observed for our participants?

The Data Collection Form focuses primarily on the process components of programs. The outcome evaluation is using the Adult Adolescent Parenting Inventory (AAPI-2) as well as the 3-1B form which is used to evaluate participant involvement in Child Protective Services.

Therefore, the following definitions and Data Collection Form are intended to inform the process portion of the Zero to Three Secondary Prevention Initiative Evaluation.

Electronic Version of the Data Collection Form

The only cells in which data may be entered or manipulated are those in the 1st, 2nd, 3rd, and 4th Quarter Columns. The Year to Date (YTD) and all percentages cells (%) will be calculated for you. Further, the form is locked and protected so no amendments or changes can be made to the format. This is to ensure that everyone is using the same form and collecting data the same way. With increased accountability requirements, the Initiative needs to ensure that data is being collected uniformly.

Attachment A is a copy of the new Data Collection Form. This is solely for reference; please use the electronic version for reporting to your grant monitor.

Note: Forms not completed correctly will be returned by your monitor for revisions.

Duplicated vs. Unduplicated Counts

For consistency, definitions offered below are to clarify the difference between a duplicated and unduplicated count. For the majority of the data indicators in the Data Collection Form, the counts will be unduplicated. Items 2A, 2E, 2G, 2I, and 2J are duplicated counts.

Duplicated refers to one person, family, child, pregnant woman, etc. being counted more than once for a given period of time. For example, if the majority of families served are served over all four quarters of a grant year, and recorded as served in the appropriate manner, if the number of families served across all four quarters were added this count would be duplicated. It is duplicated because the majority of families are being served in all 4 quarters, and hence counted as served in all four quarters. The total number of families served, if added across the 4 quarters would be inflated close to a factor of 4. It is for this reason that *duplicated counts are never added*.

Unduplicated refers to the person, family, child, pregnant woman, etc. being counted only once for a given period of time. For example, the number of newly enrolled families is only counted for the quarter in which they officially enter services. That is, their enrollment will be counted only once in the 4 quarters of the grant year. If the numbers of families enrolled for each quarter are added, and each family enrolled that year is counted once, then the total number of families enrolled across the 4 quarters is unduplicated and can provide an accurate number of the newly enrolled families for the previous grant year.

Data Collection Form Indicator Definitions

Section 1: Contact Information

Name of Program/Agency: Fill in the name of the program **and** the agency holding the Zero to Three Secondary Prevention grant.

Counties Served: List all of the counties served by the grant where services are provided.

Program Telephone Number: Fill in the telephone number for the grantee contact person

Quarter of the Fiscal Year: Indicate the quarter of the report you are submitting.

1st Quarter –October 1 through December 31

2nd Quarter –January 1 through March 31

3rd Quarter –April 1 through June 30

4th Quarter –July 1 through September 30

Date Forwarded: Fill in the date this form is being sent to your grant monitor.

Completed By: Provide the name of the person completing the form.

Section 2: Participant Data

This section is intended to document the number of families and children served as well as their status in the program or when they exited services. Please complete only the column that corresponds to the quarter for which the report is intended, highlighted in Section 1.

2A. Number of Families from Previous Quarter Continuing in Services

For each quarter, enter the number of families who remain in service *from the previous quarter*. If this is the first quarter of the grant year, enter the number of families remaining in services from the 4th quarter of the previous grant year. *This is a new field starting in the first quarter of Grant Year 2006.*

Data Entry Rules for 2A:

- Record the number of families continuing in services from the previous quarter
- The number entered in 2A for each quarter should equal the total number of families served less the number of families who aged-out, the number of families who completed the service, the number of families transitioning to other services and the number of families who dropped out of services in the previous quarter:

$$[2A = 2E - (2K + 2L + 2M + 2Na + 2Nb + 2Nc + 2Nd)].$$

2B. Number of Families Screened

Screening is the initial step to determining eligibility for your program. Each screening of one family may be counted. If a family is screened more than once during

the quarter, **count this family only once**. If the same family is screened in different quarters, then the family may be counted as screened in each quarter.

Screening is an activity that can take place on paper (i.e. birth records, referral forms), phone, or face-to-face.

Data Entry Rules for 2B:

- Record the unduplicated number of families screened for each quarter in the appropriate box.
- The number screened must be greater than or equal to the number of families assessed and enrolled each quarter, but not the sum of the two: ($2B \geq 2C$; $2B \geq 2D$).

2C. Number of Families Assessed

Assessment is the second step in determining eligibility and the needs of the children and families necessary to develop service plans. If one family is assessed twice in the same quarter, **count this family only once**. If the same family is assessed in different quarters, then the family may be counted as assessed in both quarters.

Assessment is an activity that can take place only face-to-face.

Data Entry Rules for 2C:

- Record the unduplicated number of families screened for each quarter in the appropriate box.
- The number assessed must be greater than or equal to the number of families enrolled each quarter: ($2C \geq 2D$).

2D. Number of Newly Enrolled Families

Enrollment is the formal entering in to services. In other words, the family is **officially** served¹. If a family is enrolled, exited, and enrolled again in the same quarter, the family can only be counted once. However, if the family is enrolled and **officially**² exited in one quarter, and then re-enrolls in a subsequent quarter, they may counted twice. This is the only time when a family may be counted twice in 2D.

Data Entry Rules for 2D:

- Record the unduplicated number of families enrolled for each quarter in the appropriate box.

¹ Services funded through the Zero to Three Secondary Prevention Initiative (0-3) must serve families of very young children who are at-risk of child abuse and/or neglect. Families and children are eligible to begin services prenatally and continue until services are no longer necessary or up to the child's age of 48 months.

The eligible population includes expectant parents, families whose children meet the age requirement and families who meet the definition of "secondary prevention" as outlined by the enabling legislation¹. Families who have an open Child Protective Services case with a Category I or II Disposition cannot be served through Zero to Three Secondary Prevention Services.

² Officially exiting means that the family has been taken out of the count and the final, case closing, AAPI Administration has been completed or attempted.

- The number of families enrolled must not be greater than or equal to the number of families served, unless the number of families continuing from the previous quarter is zero: ($2D < 2E$).

2E: Number of Families Served

The number of families served is the number of families receiving Zero to Three Secondary Prevention Initiative funded services for the quarter. This number is the **total number of families served** regardless if they discontinued, aged-out, completed, or left services later in the quarter. The family was still served³.

Data Entry Rules for 2E:

- Record the number of families served for each quarter in the appropriate box.
- The number of families served is the number of families continuing from the previous quarter plus the newly enrolled families: ($2E = 2A + 2D$).

2F: Number of Newly Enrolled Children Ages 0-3

Newly enrolled children should be recorded in this section. Enrollment is the formal entering in to services. In other words, the child is **officially** served. If a child is enrolled, exited, and enrolled again in the same quarter, the child can only be counted once. However, if the child is enrolled and **officially** exited in one quarter, and then re-enrolls in a subsequent quarter, they may be counted twice. This is the only time when a child may be counted twice in 2F.

Data Entry Rules for 2F:

- Record the unduplicated number of children enrolled for each quarter in the appropriate box.
- The number of children enrolled must not be greater than the number of children served: ($2F < 2G$).

2G: Total Number of Children Ages 0-3 Served

The number of children served is the number of children receiving Zero to Three Secondary Prevention Initiative funded services for the quarter. This number is the **total number of children served** regardless if they discontinued, aged-out, completed, or left services later in the quarter. The child was still served.

Data Entry Rules for 2G:

- Record the number of children served for each quarter in the appropriate box.

2H: Number of Children age 0-3 Served Eligible for Lead Testing/Screening during the Quarter

Record the number of children served who should be tested for Lead (according to the Michigan Lead Testing/Lead Screening Plan). The Michigan Lead Testing/Lead Screening Plan, developed by the Childhood Lead Poisoning Prevention Program (CLPPP) at MDCH, is provided in Appendix F and the 2008 AAP recommended lead testing schedule is included in Attachment D.

³ See Footnote 1 on the preceding page.

For children who meet the criteria for testing in the Michigan Lead Testing/Lead Screening Plan, testing is recommended at 12 months, and again between 24-30 months (note: while AAP recommends a second Lead test at 24 months, many lead tests are done by WIC, and WIC visits typically occur at 30 months, thus CLPPP created some flexibility in the timeline for the second test).

Data Entry Rules for 2H:

- Report the number of children served who should have a lead test, according to the Michigan Lead Testing/Lead Screening Plan for each quarter in the appropriate box.

2I: Number of Children age 0-3 Served Eligible for Developmental Screening during the Quarter

Record the number of children eligible for developmental screening during the quarter. The intensity of screenings should follow the timeline provided with the screening tool each grantee is using. For example, the Ages and Stages Questionnaire, a common tool, has 19 screenings available from birth to 4 years of age, and is flexible to be used at many different intervals.

Data Entry Rules for 2I:

- Record the number of children, according to the screening schedule of your program specific tool, eligible for developmental screening for each quarter in the appropriate box.

2J: Total Number of Newly Enrolled Pregnant Women

If applicable, the number of pregnant women newly enrolled should be counted and entered. Enrollment is the formal entering in to services. In other words, the woman is **officially** served. If a pregnant woman is enrolled, exited, and enrolled again in the same quarter, they can only be counted once. However, if the woman is enrolled and **officially** exited in one quarter, and then re-enrolls in a subsequent quarter, she may counted twice. This is the only time when a pregnant woman may be counted twice in 2H.

Data Entry Rules for 2J:

- Record the unduplicated number of pregnant woman newly enrolled for each quarter in the appropriate box.
- The number of pregnant women enrolled must not be greater than the number of pregnant women served: $(2H < 2I)$.

2K: Total Number of Pregnant Women Served

The number of pregnant women served is the number of pregnant women receiving

Zero to Three Secondary Prevention Initiative funded services for the quarter. This number is the **total number of pregnant women served** regardless if they discontinued aged-out, completed, or left services later in the quarter. The woman was still served.

Data Entry Rules for 2K:

- Record the total number of pregnant women served for each quarter in the appropriate box.

2L: Number of Families Served with 3 or More Risk Factors

Provide the number of families served with 3 or more risk factors. The list of risk factors is included in Attachment B at the end of this document and is the same list used in the initial application for Zero to Three funding. The number of families served with 3 or more risk factors is the number of families receiving Zero to Three Secondary Prevention Initiative funded services for the quarter with 3 or more risk factors. This number is the **total number of families served** with 3 or more risk factors regardless if they discontinued, aged-out, completed, or left services later in the quarter. The family was still served. The number of families served with three or more risk factors is a sub-set of the total number of families served for the quarter and should not exceed this number.

Data Entry Rules for 2L:

- Record the number of families with 3 or more risk factors served for each quarter in the appropriate box.
- The number of families with 3 or more risk factors served should not exceed the total number of families served for the quarter as it is a sub-set of this number (2L ≤ 2E).

2M: Number of Families who “Aged-Out”

Report the number of families who, during the relevant quarter, exited services because the youngest child enrolled in Zero to Three Secondary Prevention funded services is over three years of age (4 years of age). Because of the guiding legislation, 0-3 services can only be provided to families with children ages birth to three. These families should only be counted if they have been screened, assessed, and **officially** enrolled in 0-3 funded services, then aged out. If the families were not **officially** enrolled, do not count them in this section.

Data Entry Rules for 2M:

- Record the number of families exiting services because the youngest child is over three years of age

2N: Number of Families Completing Service

Report the number of families successfully completing their service plan and exiting in the relevant quarter. Completing services means their service plans were fulfilled to the families' satisfaction or the families' needs/goals/outcomes have been met. These families should only be counted if they have been screened, assessed, and **officially** enrolled in 0-3 funded services, and then completed services to the family's satisfaction. If the families were not **officially** enrolled, do not count them in this section.

Data Entry Rules for 2N:

- Record the number of families exiting services because they have successfully completed their service plan.

2O: Number of Families Transitioned to Other Services

Provide the number of families who exited services and transitioned to a service where their needs will be better addressed. These families should only be counted if they have been screened, assessed, and **officially** enrolled in 0-3 funded services, and then transitioned out and **officially** exited. If the families were not **officially** enrolled, do not count them in this section. These families have not completed 0-3 services; rather, they need to move to more appropriate services. This data should also include families moving out of your service area *who have been referred to services in their new area of residence*.

Date Entry Rules for 2O:

- Record the number of families transitioning to other services.

2P: Number of Families who Dropped Out of Services

Report the number of families who dropped out of services because they are no longer interested in the service, they are unable to be located, or for other reasons. These families should only be counted if they have been screened, assessed, and **officially** enrolled in 0-3 funded services, and then dropped out and **officially** exited. If the families were not **officially** enrolled, please do not count them in this section.

For 2Pa, report the number of families who are no longer interested in receiving 0-3 funded services. These families should express that they no longer wish to participate either with words or actions per your program's written policy. For 2Pb, report the number of families no longer able to be contacted or located by the program. These families did not express interest in leaving the program, not were they transitioned to other services, aged out, or completed services. For 2Pc and 2Pd, list other reasons you may have for families dropping out of services and provide the relevant data.

Data Entry Rules for 2P:

- 2Pa = The number of families no longer interested in services
- 2Pb = The number of families no longer able to be contacted by the program
- 2Pc = Other reasons your program has for families dropping out of services not covered by other options and relevant data
- 2Pd = Other reasons your program has for families dropping out of services not covered by other options and relevant data

Section 3: Race/Ethnicity of Children Served

Section 3 collects data on the number of children served, per quarter, based on racial and ethnic demographics. The number of children served should be placed into one of the 5 provided racial/ethnic categories *based on the family-identified race or ethnicity*. No judgments should be made by program staff about the validity of the choice by the family of their race/ethnicity.

A multi-racial category has been added to account for those participants who may fall in to more than one race and or/ethnic category. According to the US Census Bureau², a multiracial person can choose to identify with two or more race and/or ethnic groups according to their personal identity.

The number of children served is the number of children receiving Zero to Three Secondary Prevention Initiative funded services for the quarter. This number is the **total number of children served** regardless if they discontinued, aged-out, completed, or left services later in the quarter. The child was still served.

Data Entry Rules for Section 3:

- The number of Black or African-American, Hispanic or Latin-American, White or Caucasian, Multi-Racial, and Other Race/Ethnicity should equal the number of Children Served in 2G. This number will be checked with the following method: (Section 3 = #Black or African American + #Hispanic or Latin American + #White or Caucasian + #Multi-Racial + #Other = 2G)
- Include the other races/ethnicities served in the space provided

Section 4: Service Provided

This section reports the number of activities/services/events provided by the grantee in the quarter. The services counted in this section should only be those funded through direct fund from the Zero to Three Secondary Prevention Grant or through the required match funding. This section does not count the number of families or children served, but the number of actual services provided. One unit of service is counted once.

4A: Home Visits –Initial and subsequent visits in the family home as a part of grantee programming.

4B: Parenting Classes –Education or skill-building classes presented in a group setting with curriculum on child development, parenting, local family resources, or other topics related to the prevention of child maltreatment. Each class session is counted.

4C: Parent Support Groups – A group meeting of peers to support each other and exchange information and ideas.

4D: Service Coordination –Coordinate and manage supports and services for the family and children based on identified needs through referrals, evaluation of services, contact with other service providers, etc.

4E: Child Care Services –Care services provided to children in the absence of a parent.

4F: Respite Care Services –Care services provided for children in short intervals to allow the parent/caregiver a break from parenting to enhance the positive and safe functioning of a family.

4G: Transportation –Providing transportation services to a family or group of families in order to facilitate access to needed services and supports.

4H: One-on-One Counseling –Therapeutic interventions by a qualified professional aimed at the mental health of families/individuals; Counseling meetings, home-based or otherwise, are focused on the needs of the family/individual.

4I: Phone Contacts: Provide the number of telephone contacts, both in-coming, and outgoing, provided by your program with the distinct focus on secondary prevention activities.

4J: Developmental Newsletters –Provide the number of developmental newsletters disseminated (number of newsletters mailed) per quarter to Zero to Three eligible families.

4K: Developmental Assessments/Screenings –Provide the number of developmental assessments provided per quarter. This is the number of developmental

assessments/screenings provided, not the number of children receiving the assessments/screenings. Item 5E counts the number of children receiving these assessments/screenings.

4L: Other Services: Please aggregate other services not listed above and provide their names in the space provided.

Section 5: Outcome Data

This section collects data on the number of families or children served who receive certain service provisions. These indicators base their calculation on the total number of families served (2E) or the total number of children ages 0-3 served (2G) unless otherwise noted.

5A: Number and percentage of families who have a primary health care provider

Report the number of families served in the quarter who have identified a primary health care provider for their family. This should be *beyond an awareness* of a doctor or physician or other provider; it should be the identified person or agency where the family *actually* receives health services.

Data Entry Rules for 5A:

- Report the number of families served with a primary health care provider
- The number of families in 5A may not be more than the number of families reported in 2E: ($5A \leq 2E$)
- The percentage will automatically be calculated

5B: Number and percentage of children who are up-to-date with age-appropriate immunizations

Record the number of children served up-to-date with age-appropriate immunizations required by the American Academy of Pediatrics (AAP; www.aap.org). The 2008 AAP recommended immunization schedule is provided as Attachment C. Within reasonable and best efforts, the Michigan Childhood Immunization Registry (MCIR; www.mcir.org) should be used to verify immunization status. If the MCIR cannot be accessed, other means, including parent report, may be used. Please contact your grant monitor for technical assistance.

Data Entry Rules for 5B:

- Report the number of children served up-to-date with age-appropriate immunizations
- The number of children in 5B may not be more than the number of children reported in 2G: ($5B \leq 2G$)
- The percentage will automatically be calculated

5C: Number and percentage of 0-3 age children who are up-to-date with well-child visits

Record the number of the children receiving the recommended AAP Preventive Pediatric Health Care (well-child visits) in the given quarter. The Recommendation for Preventative Pediatric Health Care 2008 is provided as Attachment D.

Data Entry Rules for 5C:

- Report the number of children served who are up-to-date with well-child visits
- The number of children in 5C may not be more than the number of children reported in 2G: ($5C \leq 2G$)
- The percentage will automatically be calculated

5D: Number and percentage of pregnant women who received the recommended number of prenatal visits

Record the number of pregnant women served who received the recommended number of prenatal visits by the American College of Obstetricians and Gynecologists (ACOG; www.acog.org) during the given quarter. The recommended prenatal visit schedule for a typical 40 week pregnancy is provided in Attachment F. Please contact the ACOG or the Michigan Department of Public Health for more information.

Data Entry Rules for 5D:

- Report the number of pregnant women served who are receiving the recommended number of prenatal visits for the given quarter
- The number of women in 5D may not be more than the number of women reported in 2I: ($5D \leq 2I$)
- The percentage will automatically be calculated

5E: Number and percentage of 0-3 age children, eligible for lead testing, who are up-to-date with age appropriate lead testing

Record the number of children served who should be tested for Lead (according to the Michigan Lead Testing/Lead Screening Plan) and who are up-to-date with age-appropriate lead testing as recommended by the American Academy of Pediatrics (AAP) Periodicity Schedule. It is understood that not all children will be eligible for a lead testing each quarter, so numbers may not include all the children ages 0-3 served. The intensity of testing should follow the timeline provided in the Michigan Lead Testing/Lead Screening Plan, developed by the Childhood Lead Poisoning Prevention Program (CLPPP) at MDCH, provided in Attachment F, and the 2008 AAP recommended lead testing schedule, included in Attachment D.

For children who meet the criteria for testing in the Michigan Lead Testing/Lead Screening Plan, testing is recommended at 12 months, and again between 24-30 months (note: while AAP recommends a second Lead test at 24 months, many lead tests are done by WIC, and WIC visits typically occur at 30 months, thus CLPPP created some flexibility in the timeline for the second test).

Within reasonable and best efforts, the Michigan Care Improvement Registry (MCIR; www.mcir.org) should be used to verify Lead testing status. If the MCIR cannot be accessed, parent report may be used. Please contact your grant monitor for technical assistance if you cannot access Lead test results in MCIR.

Data Entry rules for 5E:

- Report the number of children eligible for lead testing in the quarter and who have up-to-date lead test results listed in MCIR or who have up-to-date lead test results per parent report (i.e. parent report used in lieu of MCIR data).

- The number of children may not be more than the number of children reported in 2H ($5E \leq 2H$).
- The percentage will automatically be calculated.

5F: Number and percentage of 0-3 age children who participated in developmental screening during the quarter

Record the number of children whose development was assessed during the quarter. It is understood that not all children will be eligible for a developmental screening each quarter, so numbers may not include all the children ages 0-3 served. The intensity of screenings should follow the timeline provided with the screening tool each grantee is using. For example, the Ages and Stages Questionnaire, a common tool, has 19 screenings available from birth to 4 years of age, and is flexible to be used at many different intervals.

As in item 4I.3, the terms assessment and screening are interchangeable for developmental evaluation activities.

Data Entry Rules for 5F:

- Report the number of children served who participated in developmental screening for the given quarter
- The number of children in 5F may not be more than the number of children reported in 2I: ($5F \leq 2I$)
- The percentage will automatically be calculated

5G: The number and percentage of 0-3 age children who met age-appropriate developmental milestones

Record the number of children who received a developmental screening in the quarter and met the developmental milestones for their age group within the normal or above normal ranges. This number is based on the number of children who received a developmental screening in the quarter, not all the children served in the given quarter.

Data Entry Rules for 5G:

- Report the number of children who received a developmental screening in the quarter and met age-appropriate developmental milestones
- The number of children in 5G may not be more than the number of children reported in 5F: ($5G \leq 5F$)
- The percentage will automatically be calculated

5H: Number and percentage of 0-3 age children who did not meet age appropriate developmental milestones

Record the number of children who received a developmental screening the quarter and *did not meet* developmental milestones for their age group. This number is based on the number of children who received a developmental screening in the quarter, not all children served.

Data Entry Rules for 5H:

- Report the number of children who received a developmental screening in the quarter and did not meet age-appropriate developmental milestones

- The number of children in 5H may not be more than the number of children reported in 5F: ($5H \leq 5F$)
- The number reported in 5H, when added to the number reported in 5G, must equal the number reported in 5F: ($5H + 5G = 5F$)
- The percentage will automatically be calculated

5Ha: Number and percentage of children with a suspected developmental delay who were referred to appropriate services

Record the number of children for the quarter who received a developmental screen, did not meet their age-appropriate development, and were referred for appropriate developmental services. This number is based on the number of children who did not meet their developmental milestone, not the total number of children receiving screens nor the total number of children served.

Data Entry Rules for 5Ha:

- Report the number of children who received a developmental screening in the quarter and did not meet age-appropriate developmental milestones, and hence were referred to appropriate services
- The number of children in 5Ha may not be more than the number of children reported in 5H: ($5Ha \leq 5H$)
- The percentage will automatically be calculated

5Hb: Number and percentage of families whose children were referred for developmental services that followed through with the referral

Record the number of referrals for developmental services for which families followed through with the referrals. This number is based on the number of children/families referred for developmental services, not the number of children who did not meet developmental milestones, or those screened or the total number of children served.

Data Entry Rules for 5Hb:

- Report the number of children who received a developmental screening in the quarter and did not meet age-appropriate developmental milestones, and hence were referred to appropriate services and followed through with the referral
- The number of children in 5Hb may not be more than the number of children reported in 5Ha: ($5Hb \leq 5Ha$)
- The percentage will automatically be calculated

Section 6: Participant Satisfaction

Participant satisfaction surveys are not required for every quarter, but at least once during the grant year as part of the locally-based program evaluation. Section 6 is intended to organize data on participant satisfaction with 0-3 funded services as well as participant reports of impact.

6A: Number and percentage of families sent the satisfaction survey

Report the number of families served who were sent/given the satisfaction survey for the given quarter. If no families received the survey in the quarter, enter a zero (0) and

do not proceed with the remainder of the section. This is a new data field starting in Grant Year 2006.

Data Entry Rules for 6A:

- Report the number of families receiving the satisfaction survey for the given quarter.
- The number of families in 6A may not be more than the total number of families served as reported in 2E: ($6A \leq 2E$)

6B: Number and percentage of families responding to the satisfaction survey

Report the number of families served who received a satisfaction and who completed and returned the survey for the given quarter. This number is based on the number of families receiving a survey, not on the total number of families served. This is a new data field starting in Grant Year 2006.

Data Entry Rules for 6B:

- Report the number of families receiving the satisfaction survey *and* returning the completed survey for the given quarter.
- The number of families in 6B may not be more than the number of families receiving surveys as reported in 6A: ($6B \leq 6A$)

6C: Number and percentage of families who were satisfied with 0-3 services

Report the number of families who received and returned the satisfaction survey and who were served in 0-3 services. This number is based on the number of families who received, completed, and returned the satisfaction survey, not on the number of families served for the quarter.

Data Entry Rules for 6C:

- Report the number of families receiving the satisfaction survey who returned the completed survey for the given quarter and indicated satisfaction with 0-3 services.
- The number of families in 6C may not be more than the number of families receiving and returning surveys as reported in 6B: ($6C \leq 6B$)

6D: Number and percentage of families who reported that their parenting skills improved as a result of the 0-3 service(s)

Report the number of families who indicated an impact on their parenting skills by participation in 0-3 services. This number is based on the number of families who received and returned a complete satisfaction survey, not on the total number of families served.

Data Entry Rules for 6D:

- Report the number of families receiving the satisfaction survey *and* returning the completed survey for the given quarter who indicated that the 0-3 services in which they participated improved their parenting skills
- The number of families in 6D may not be more than the number of families receiving and returning completed surveys as reported in 6B: ($6D \leq 6B$)

Zero to Three Secondary Prevention Electronic 31-B

ATTACHMENT G

On the following sheet, please list the name of those children who participated in your program during the **Fiscal Year 2006**

- 1. The child's name, first and last, is the name of the children being served
- 2. If there is more than one child being served per household, please list them individually.
For example: if Bobby and Rachael Jones are being served by your program, the entry would look like:

Child's Last Name	Child's First Name
Jones	Bobby
Jones	Rachael

- 3. Birthdates must be entered as a six-digit date; **for example** May 19, 2004 should be entered as 05/19/04
If you do not enter dates in this format, the spreadsheet will not recognize them, and your data will not be entered.
- 4. The Date Enrolled is the date that the parent/family started participating in Zero to Three Services.
This means that this is the date the family starts services after the screening and assessment process.
Dates must be entered as a six-digit date; **for example** May 19, 2004 should be entered as 05/19/04
If you do not enter dates in this format, the spreadsheet will not recognize them, and your data will not be entered.
- 5. The Exit Date is the date that the parent/family ended their participation in Zero to Three Services.
This means that this is the date the family ends services whether they have completed the program, dropped-out, transferred, aged-out; when they are officially no longer counted in your quarterly reports.
Dates must be entered as a six-digit date; **for example** May 19, 2004 should be entered as 05/19/04
If you do not enter dates in this format, the spreadsheet will not recognize them, and your data will not be entered.
- 6. Mark the current status of the child (one 'X' per child)
P = Currently Participating an Enrolled
A = No longer age 0-3 and has 'Aged-Out'
C = Family has completed the program
T = Transferred to Another, more appropriate service
D = Family has dropped-out of the program
- 7. Once your form is complete, please attach it to an email addressed to Michael Gillespie: michael@gillespieresearch.org or include it with your fourth quarter reporting requirements.
- 8. Questions or issues with this form should be directed to:

Michael D. Gillespie, MSW
Gillespie Research, LLC
734-717-0901
michael@gillespieresearch.org

ATTACHMENT H

Guidelines for Locally Implemented Annual Evaluations for Grantees of the State of Michigan's Zero to Three Secondary Prevention Initiative

Compiled by Michael D. Gillespie, MSW - Gillespie Research, LLC

All Zero to Three Secondary Prevention Initiative (0-3) Grantees are required to conduct an annual locally implemented evaluation¹. This evaluation should be in addition to the evaluation data required by the funding agencies and the Michigan Children's Trust Fund. Moreover, this evaluation should be both a quantitative and qualitative reflection of the grantee's impact on the local community, and the community and/or county's impact on the prevention of child abuse and neglect.

While the data that each grantee collects for the required state-level evaluation² of 0-3 is used by the initiative evaluator for legislative and other reporting requirements, these localized evaluations are for the purpose of informing grant monitors and administrators about the successes, challenges, and processes of grantees and their programs. Further, these local evaluations can be used in grant reviews, to holistically inform future grant applications, and to empower and support the larger state-level evaluation with in-depth localized information.

With this stated, the local evaluation does not have to be a daunting task. It does not require clinical trials utilizing "double-blind" comparison groups and other such scientific processes. Historically, some grantees have chosen to contract with an external evaluator but this is not required: a perfectly feasible, valid, and acceptable evaluation can be conducted without such assistance. This document is meant to act as a guide for those grantees unable to contract with an outside evaluator, and for those that do, to meet the requirements of 0-3 Grant Monitors. This document will not offer set parameters for page lengths or font size, nor will it layout requirements for the types of charts and graphs one should use in developing a report. Instead, this document, in its brevity, will offer suggestions for the types of information and data points that 0-3 Grant Monitors will look for when reviewing evaluation reports.

¹ Please refer to the Zero to Three Secondary Prevention Grant Agreement, Evaluation Section, Subsection A

² State-level evaluation requirements include: the Adult-Adolescent Parenting Inventory, Quarterly Data Collection Form Submissions, 31-B Forms for CPS Involvement, and the use of the Zero to Three Secondary Prevention Initiative Indicators.

Unlike traditional evaluation reports replete with statistical and technical jargon, the local annual evaluation should focus more on a reflective “self-evaluation”. The local evaluation should be a culmination of the program's year and include a discussion of program processes, data, and outcomes, which leads to a qualitative and reflexive evaluation on how this information will help improve the program.

Because the initiative collects a substantial amount of quantitative data, the focus of the local evaluation is not on what the data are saying. More important, the focus should be on how the program summarizes their own data, how the data highlight successes and challenges of the year, and what implications the data have for the program in the coming year.

At a minimum, local evaluation reports to 0-3 Grant Monitors should include the following four sections:

1. An introductory section that outlines the contents of the report, including a program description, data collection tools, data collection methods, and general findings/conclusions.
 - a. This is important as it offers space to highlight important information in the report.
 - b. One may consider this component similar to an “executive summary” but the reader should be able to understand the program by reading the introduction.
2. A section that highlights both success and challenges of the year evident through a review of program data³.
 - a. Use data descriptively and organize key information.
 - i. Quantitative analysis does not have to be difficult; simple frequencies and averages are often effective enough.
 - b. Discuss the data in the context of what it means for your program. Why are the data important?
 - i. Clarity, not complexity, makes for effective data analysis.
 - c. Discuss the success and challenges based on the data.
3. A section that focuses on other program information that is not apparent through the data.
 - a. What happened during the year that helped or hindered the delivery of the program?

³ Program data includes the required data collected for the state-level evaluation as well as other data and information collected locally, but not reported in other formats to the initiative. One important component is the results of the parent/client satisfaction survey. Because minimal information is required quarterly from the satisfaction survey, this is an opportunity to highlight other findings from the survey. The parent/client satisfaction survey is an effective tool to use as the foundation of the local evaluation. It certainly does not have to be limited to satisfaction and could be the only other data collected for this purpose.

4. The final component should focus on a summary of the data and other program information in the context of continuous improvement and program planning.
 - a. Ultimately, this is where the report will present how the information presented in the previous sections impacts the future of the program.
 - b. Specifically, it moves from what the data are saying to what the program is learning, expanding, and changing because of the data.
 - c. This section should, minimally, set the direction for program implementation in the following grant year, and inform the local program, grant monitors, and administrators of the direction of the program.

Technical Assistance with Local Program Evaluations:

Contact your grant monitor!

Jeff Sadler, Michigan Children's Trust Fund
517.335.4620
sadlerm@michigan.gov

Dawn Ritter, Michigan Department of Human Services
517.335.0650
ritterd@michigan.gov

For technical assistance with conducting evaluations and collecting data, contact the 0-3 Evaluation Consultant:

Michael Gillespie, Gillespie Research, LLC
248.912.0278
michael@gillespieresearch.org



**0-3 Secondary Prevention
SITE VISIT REPORT
FY-09
ATTACHMENT I**

GRANT #:

COUNTY:

AGENCY NAME:

PROGRAM NAME:

AMOUNT OF GRANT:

DATE OF VISIT:

PERSONS PRESENT:

I. PROGRAM REVIEW

- A. Describe the participant referral, screen, assessment, and enrollment process(include the population that will be served and the risk factors that are focused on):**
- B. Describe the services your program offers:**
- C. Describe the model and curriculums that your program uses:**
- D. Describe the way your program collects the required data for the program and any additional program specific data that you collect:**
- E. Describe any trainings obtained and any trainings needed during this program year(include any trainings or TA offered by state level training and TA entity):**
- F. Describe current collaborations in which the program is involved, including type of agencies participating and initiatives, if any.**

II. PARENT/FAMILY INVOLVEMENT AND FAMILY INTERVIEW

- A. How are parents working with the program involved in the development, design and implementation of the program?**

FAMILY INTERVIEW:

- A. How did you become involved with this program?**
- B. How long have you been involved?**
- C. Describe the services you received while involved?**
- D. Do you have goals/plans that you are aware of working toward while working with this program for you/your child?**
- E. How would you describe your role in working with the program (primarily for you and your child, parent meetings, advisory committees?).**
- F. Are there any ways that you think the programming could be improved?**

III. EFFECTIVENESS/EVALUATION

- A. List all data being kept, e.g., intake records, IFSP/Plan, exit reports, client satisfaction, referral information. Attach copies.**

- B. Describe your plan for implementing a local program evaluation (include process and data and tools to be used).
- C. Has most recent completed annual program evaluation been submitted?
- D. Describe how you will implement your participant satisfaction survey. Attach documentation of tools used and results if any to date.
- E. What challenges to the evaluation process have you encountered?
- F. Have you requested assistance from the State's contracted evaluator?

III. FINANCIAL ISSUES

- A. List all sources of matching funds being used by the project.
- B. Verify the status of matching funds being used for the program (via receipt, check stub etc.) of most recent fiscal year. Provide proof that match funds were secured and status of current year as of site visit date. Indicate match funds that are not secured and the plan for securing or alternate ways program will be funded.
- C. Are funds being used as specified in the grant agreement? If not has a budget amendment been requested or is one currently needed?
- D. Include narrative of how the funds are spent for salary, fringes, administrative, contractual, supplies, travel, equipment, occupancy, training, evaluation, communication, and any other items the funds are spent on.
- E. Were there unspent funds in the most recently completed fiscal year? If yes, why?
- E. Does the agency receive over \$500,000 in federal funds? Yes No

E1. If yes, has the agency had an A133 circular audit? Yes No
A copy of the audit with required documentation must be submitted to DHS's Office of Internal Audit as specified in the grant.

E2. If no, has the agency submitted a letter stating such? Yes No
*A form letter can be found for this purpose on the Department of Human Services, Office of Internal Audit web page at:
http://www.michigan.gov/dhs/0,1607,7-124-5455_7199_8380-16551--,00.html*

Note: *If the agency is required to have an A133 circular audit, they are allowed to use a percentage of CTF funds to pay for the audit. Non-profit agencies refer to circular A122 for more information on this allowance. School districts use A-87.*

IV. ISSUES/ PROBLEMS/ COMMENTS

- A. List any grant requirements you wish to discuss.
- B. Review of sample file for family and discuss strengths/weaknesses of documentation(is there a plan, release of information and can services be seen).
- C. What are the program's strengths and weaknesses (targeted TA)?

V. Corrective Action Needed for Grant Agreement compliance (Due by)

- A.
- B.
- C.

Grant Monitor: _____
Dawn Ritter

Date: _____

Program Representative: _____

Date: _____

ATTACHMENT J
Zero to Three Outcomes Plan for Year FY-09
For the Period Covering October 1, 2008 to September 30, 2009

A: Outcomes: What do you expect will happen <u>for children and families</u> as a result of the services provided?	B: Objectives What specific, numerical target was set to demonstrate progress or achievement of the outcome within what time frame?	C: Indicators What data or tools will be used to measure progress towards or achievement of the objective?
Outcome expected Participants have access to information on marriage and healthy relationships	<u>Target Set:</u> 100% of families will receive information and materials on the promotion of marriage and healthy couple relationships. <u>What happened:</u>	Expected data or tool:
Outcome expected Enhance the parenting capacities of participants	<u>Target Set:</u> Annually, 80% of parents will indicate an improvement in parenting skills as a result of 0-3 services. <u>What happened:</u>	Expected data or tool: Satisfaction survey 0-3 program register
Outcome expected: Improve parent/child relationships	<u>Target Set:</u> The percentage of families who remain in service will be maintained or increased over 4 quarterly reports. <u>What happened:</u>	Expected data or tool: 0-3 Program register
Outcome expected Children will receive needed services	<u>Target Set:</u> Annually, 100% of children will participate in developmental screening. <u>What happened:</u>	Expected data or tool: 0-3 Program Register
Outcome expected Children will receive needed services	<u>Target Set:</u> 100% of children screened each quarter who are suspected to have developmental delays will be referred to <i>Early On</i> Michigan or a similar program. <u>What happened:</u>	Expected data or tool: 0-3 Program Register

<p>Outcome expected</p> <p>Children will receive needed services and be ready for school</p>	<p><u>Target Set:</u></p> <p>80% of children will be up-to-date with age appropriate immunizations each quarter.</p> <p><u>What happened:</u></p>	<p>Expected data or tool:</p> <p>0-3 Program Register</p>
<p>Outcome expected</p> <p>Children will receive needed services</p>	<p><u>Target Set:</u></p> <p>Each quarter, 75% of children are up-to-date with well-child visits</p> <p><u>What happened:</u></p>	<p>Expected data or tool:</p> <p>0-3 Program Register</p>
<p>Outcome expected</p> <p>Families will receive needed services</p>	<p><u>Target Set:</u></p> <p>As reported quarterly, 90% of pregnant women will receive the recommended number of pre-natal care visits.</p> <p><u>What happened:</u></p>	<p>Expected data or tool:</p> <p>0-3 Program Register</p>
<p>Outcome expected</p> <p>Families will receive needed services</p>	<p><u>Target Set:</u></p> <p>Each quarter, 85% of families served will have access to a primary health care provider.</p> <p><u>What happened:</u></p>	<p>Expected data or tool:</p> <p>0-3 Program Register</p>
<p>Outcome expected</p> <p>Families will receive needed services</p>	<p><u>Target Set:</u></p> <p>Annually, 100% of families will be offered a satisfaction survey</p> <p><u>What happened:</u></p>	<p>Expected data or tool:</p> <p>Satisfaction survey 0-3 Program register</p>
<p>Outcome expected</p> <p>Children will be developmentally age appropriate</p>	<p><u>Target Set:</u></p> <p>94% of children screened quarterly will meet age appropriate developmental milestones</p> <p><u>What happened:</u></p>	<p>Expected data or tool:</p> <p>0-3 Program Register</p>

<p>Outcome expected</p> <p>Appropriate services will be provided to at-risk families</p>	<p><u>Target Set:</u></p> <p>Each quarter, Grantees report at least 50% of families served have 3 or more risk factors.</p> <p><u>What happened:</u></p>	<p>Expected data or tool:</p> <p>0-3 Program Register</p>
<p>Outcome expected</p> <p>Parents will receive education regarding healthy family environments</p>	<p><u>Target Set:</u></p> <p>100% of families will receive information on healthy family environments (for example, non-exposure to second-hand smoke; non-exposure to alcohol, tobacco, and other drugs).</p> <p><u>What happened:</u></p>	<p>Expected data or tool:</p>
<p>Outcome expected</p> <p>Children are not exposed to secondhand smoke</p>	<p><u>Target Set:</u></p> <p>100% of families will be assessed for tobacco use and be provide information regarding cessation</p> <p><u>What happened:</u></p>	<p>Expected data or tool:</p>
<p>(Other: Optional)</p>		

ATTACHMENT K

ZERO TO THREE SECONDARY PREVENTION INITIATIVE

PROGRAM INDICATORS

FY 2009 – FY 2011

March 21, 2008

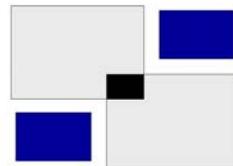
CREATED BY:

THE ZERO TO THREE SECONDARY PREVENTION STEERING COMMITTEE

AND

GILLESPIE RESEARCH, LLC

MICHAEL D. GILLESPIE, MSW



ZERO TO THREE SECONDARY PREVENTION PROGRAM INDICATORS

Introduction:

The Zero to Three Secondary Prevention Initiative Program Indicators were created to address the building reality of outcomes and accountability for programs and services. The overarching purpose of this set of indicators is to systematically collect data from the entirety of grantees, and aggregate this data to inform the system as a whole. The Indicators are not designed to measure performance at the grantee level, rather to assure to stakeholders, including the State Legislature, that the Initiative is outcome-driven. Further, it will allow the Initiative to show that impacts are being made on the population served which warrant continued funding and support.

Traditionally, indicators for Zero to Three reporting were based on those established by the Zero to Five Advocacy Network of Michigan (ZFAN), an advocacy group working on behalf of service providers for infants and toddlers. These indicators, eight in total, were created for a larger service system, focusing on any home visitor services for families with children ages birth to five. The indicators created by the Zero to Three Secondary Prevention Steering Committee focus in on the ideas of ZFAN, and expand the number of indicators to cover the specificity of programs and services funded through Zero to Three. Therefore, these indicators are specific to the Initiative, intended for use by the Initiative, and weigh the accountability of the Initiative. In essence, they provide the framework for the system to respond to the requirements established by law.

The method through which the indicators were created focused on the history of data previously collected by grantees as well as an incorporation of new mandates and projects. In sum, the indicators created minimal new data points; rather, the indicators use and respond to the data already being collected by grantees through quarterly reporting requirements, state-wide evaluation efforts, grant agreements, and funding applications.

Percentage goals for meeting the indicators and outcomes were established through a process of informed research. Historical Initiative data was used to establish a base-line predicated on past performance. Initially, goals concerning indicators for which data from the Adult-Adolescent Parenting Inventory (AAPI-2) will be employed, a set of pilot data from over 2 years of AAPI-2 use was used to determine levels of success. Additionally, State of Michigan trend data, such as immunizations rate, were used to inform goals concerning such information. As updated during FY 2008, data from FY 2006 and 2007, the first two years through which these indicators were employed, were used to make necessary adjustments.

The indicators were also crossed with those created by the larger early childhood system in Michigan, known as the Early Childhood Comprehensive System. This allows for the work being done by Zero to Three providers to be connected and inform the larger early childhood system. Finally, the original indicators, in draft form, were sent to current Zero to Three Grantees for comments and feedback. The suggestions and remarks provided by the Grantees aided in shaping this final version of the system's accountability.

ZERO TO THREE SECONDARY PREVENTION PROGRAM INDICATORS

In closing, it is important to remember that accountability and outcomes are at the forefront of the decision-making process.

Programs need to have the capacity to report to stakeholders in a systematic and coherent way; it is through these indicators that the Zero to Three Secondary Prevention Initiative will be accountable. By holding the system responsible for outcomes, it is the vision that the Zero to Three Secondary Prevention Initiative will remain in the forefront of providing high quality, effective and important child abuse and neglect prevention services for Michigan's families.

Description of Indicator Format:

The indicators are grouped by a series of information, including Evaluation Focus Areas and Outcomes. Further, the indicators are crossed with statistics already established by the larger early childhood system; the data source from which the indicator will be informed is also provided. Below is a description of each field in the matrices on the following pages.

- Evaluation Focus Area:* These focus areas are the classification of program intents as legislated by the State of Michigan. In all, Zero to Three Secondary Prevention includes 7 general focus areas: Promotion of Marriage, Foster Positive Parenting Skills, Improved Parent/Child Interactions, Promote Access to Needed Community Services, Improve School Readiness, Increase Local Capacity to Serve Families at-Risk, and Support Healthy Family Environments that Discourage Alcohol, Tobacco, and Other Drug Use.
- Outcomes:* The outcomes were established to organize the data and information processed through the indicators themselves. They focus the indicators in to groups to help inform the overall legislated focus areas.
- Indicators:* The main focus of this document, the indicators lay-out the exact specification of what information will inform the outcomes and the focus areas.
- ECCS Indicator:* The column provides the indicator number and letter for which it corresponds in the Early Childhood Comprehensive System. This enables users to see how the Initiative is addressing similar issues as the larger early childhood system, as well as provide data to this system.
- Data Source:* The data source gives the resource from which data will be collected to inform the indicator.
- Definition:* Preceding each focus area, the definition outlines the Steering Committee's characterization of each focus area and their outcomes and indicators. In general, these definitions provide direction for understanding the focus areas in the context of secondary prevention and early childhood development.

ZERO TO THREE SECONDARY PREVENTION PROGRAM INDICATORS

Foster Positive Parenting Skills: Supporting parents in strengthening those characteristics that lend stability to their child’s development, including¹:

- Increased understanding of child development
- Increased awareness and responsiveness to child’s engagement strategies
- Increased understanding of appropriate child discipline techniques
- Providing a safe and nurturing home environment

Evaluation Focus Area	Outcomes	Objective/Indicator	ECCS Indicator	Data Source
FOSTER POSITIVE PARENTING SKILLS	Increase at-risk parenting attitudes to normal, positive sustainable levels	1) Of those with AAPI-2 pre-test scores near at-risk levels, 60% will increase them to normal levels prior to discharge from the program.		AAPI-2 Data
		2) 85% of participants will not have AAPI-2 scores drop to at-risk levels when a previous administration indicated them as ‘normal’.		AAPI-2 Data
		3) Of those whose AAPI-2 scores drop to at-risk levels after the pre-test scored them as ‘normal’, 80% will raise them to positive levels by the next administration.		AAPI-2 Data
		4) Quarterly, 80% of parents will show an increase or maintain the level of how they rate their parenting skills.	8.b.	AAPI-2 Demographic Questionnaire
	Improve parent’s understanding of child development	1) 70% of participants will show an increase on the “Appropriate Parental Expectations” Construct from the pre-test to the second administration.		AAPI-2 Data

¹ *Effective Home Visiting for Very Young Children – 1, MSU Best Practice Briefs No. 17, 1999-2000, p. 2*

ZERO TO THREE SECONDARY PREVENTION PROGRAM INDICATORS

Evaluation Focus Area	Outcomes	Objective/Indicator	ECCS Indicator	Data Source
FOSTER POSITIVE PARENTING SKILLS	Enhance the parenting capacities of participants	1) For each grantee, the mean AAPI-2 score on a single construct will increase between .25 and .75 points between each administration.		AAPI-2 Data
		2) 65% of participants will show an increase in AAPI-2 scores, significant or not, from the pre-test to the 2nd administration in at least 3 constructs.		AAPI-2 Data
		3) 65% of participants will show an increase in AAPI-2 scores, significant or not, from the pre-test to the 3rd administration in at least 3 constructs.		AAPI-2 Data
		4) Annually, 80% of parents will indicate an improvement in parenting skills as a result of 0-3 services.	8.b.	0-3 Program Register
		5) 100% of grantees who serve parents of newborns will provide or ensure access to parenting skills classes or individual instruction focused on basic care and child safety.	8.c.	0-3 Program Register

ZERO TO THREE SECONDARY PREVENTION PROGRAM INDICATORS

Improved Parent/Child Interactions: To assist and support parents to be appropriately responsive, consistent with the child’s development and safety, including the child’s²:

- Bids for attention,
- Moods,
- Emotional states,
- Expressions of interests, and
- Efforts to communicate.

Evaluation Focus Area	Outcomes	Objective/Indicator	ECCS Indicator	Data Source
IMPROVED PARENT/CHILD INTERACTIONS	Improve parent/child relationships	1) 95% of participants will show an increase in how they rate their quality of relationships with their children from their pre-test to their final administration of the AAPI-2.		AAPI-2 Demographic Questionnaire
		2) The percentage of families who remain in service will increase over 4 quarterly reports.		0-3 Program Register

² Shonkoff, J. P. and Phillips, D. A. (Eds.) (2000). *Neurons to Neighborhoods: The science of early childhood development*. Washington, D.C.: National Academy Press

ZERO TO THREE SECONDARY PREVENTION PROGRAM INDICATORS

Evaluation Focus Area	Outcomes	Objective/Indicator	ECCS Indicator	Data Source
IMPROVED PARENT/ CHILD INTERACTIONS	Infants and toddlers are safe	1) 96% of children in families served will not have Category 1 or 2 CPS Dispositions while enrolled in services.	7.a.	0-3 31-B
		2) 96% of children in families served will not have a Category 3 CPS Disposition while enrolled in services.	7.a	0-3 31-B
		3) 90% of children in families served will not have a Category 1 or 2 CPS Disposition 6 months after exiting from the program.	7.a.	0-3 31-B
		4) 90% of children in families served will not have a Category 3 CPS Disposition 6 months after exiting from the program.	7.a	0-3 31-B
		5) 90% of children in families served will not have a Category 1 or 2 CPS Disposition 12 months after exiting from the program.	7.a.	0-3 31-B
		6) 90% of children in families served will not have a Category 3 CPS Disposition 12 months after exiting from the program.	7.a	0-3 31-B

ZERO TO THREE SECONDARY PREVENTION PROGRAM INDICATORS

Promote Access to Needed Community Services: Programs assist families to identify services to meet family needs and assist to remove any barriers to access³.

Evaluation Focus Area	Outcomes	Objective/Indicator	ECCS Indicator	Data Source
PROMOTE ACCESS TO NEEDED COMMUNITY SERVICES	Children will receive needed services	1) Annually, 100% of children will participate in developmental screening.	3.a.	0-3 Program Register
		2) 100% of children screened each quarter who are suspected to have developmental delays will be referred to <i>Early On</i> Michigan or a similar program.	3.b.; 10.d.	0-3 Program Register
		3) 80% of children will be up-to-date with age appropriate immunizations each quarter.	1.i.	0-3 Program Register
		4) Each quarter, 80% of children are up-to-date with well-child visits.	3.a.	0-3 Program Register
		5) 65% of children who should be tested for lead will be up-to-date with age appropriate lead testing each quarter.		0-3 Program Register
	Families will receive needed services	1) Each quarter, 88% of families served will have access to a primary health care provider.	1.a.; 2.b.	0-3 Program Register
		2) As reported quarterly, 90% of pregnant women will receive the recommended number of pre-natal care visits.	1.d.	0-3 Program Register

³ Nisbet, J. and Hagner, D. (2000). *Part of the Community: Strategies for including everyone*. Baltimore, MD: Paul H. Brookes Publishing Co.

ZERO TO THREE SECONDARY PREVENTION PROGRAM INDICATORS

Improve School Readiness: Efforts that contribute to the well-being of the child so that the child is ready to succeed in school and life. One definition of “Ready to Succeed” includes⁴:

- Socially, emotionally and physically healthy
- Able to communicate needs, wants, and thoughts
- Enthusiastic and curious in approaching new activities
- Able to do problem solving and use new information
- Grounded in safe, stable, consistent, and nurturing relationships

Evaluation Focus Area	Outcomes	Objective/Indicator	ECCS Indicator	Data Source
IMPROVE SCHOOL READINESS	Children will be on target for school entry	1) 80% of children will be up-to-date with age appropriate immunizations each quarter.	1.i.	0-3 Program Register
	Children will be developmentally age appropriate	2) 94% of children screened quarterly will meet age-appropriate developmental milestones.	9.h.	0-3 Program Register

⁴ Based on definitions created by Michigan’s Ready to Succeed Partnership

ZERO TO THREE SECONDARY PREVENTION PROGRAM INDICATORS

Increase Local Capacity to Serve Families At-Risk: Programs maintain a stable level of services with steady cash matches, in-kind services, and local supports so families identified to be at the greatest risk and need can receive community interventions.

Evaluation Focus Area	Outcomes	Objective/Indicator	ECCS Indicator	Data Source
INCREASE LOCAL CAPACITY TO SERVE FAMILIES AT-RISK	Agencies will maintain program infrastructure	1) 100% of grantees will guarantee matching funds prior to the start of the programming cycle.	11.d.	Annual Grant Review
	Appropriate services will be provided to at-risk families	1) Each quarter, 100% of grantees will maintain or increase the number of families served with three or more risk factors.		0-3 Program Register
		2) Each quarter, Grantees report at least 50% of families served have 3 or more risk factors.		0-3 Program Register
		3) Each quarter, 100% of grantees will maintain or increase the number of services provided.		0-3 Program Register
		4) Each quarter, 100% of grantees will maintain or increase the types of services available to families.		0-3 Program Register

ZERO TO THREE SECONDARY PREVENTION PROGRAM INDICATORS

Support Healthy Family Environments that Discourage Alcohol, Tobacco and Other Drug Use: Provide information and support that encourage healthy life choices, a physical environment that protects family members from injuries and illness and discourages use/abuse of drugs, tobacco, and alcohol.

Evaluation Focus Area	Outcomes	Objective/Indicator	ECCS Indicator	Data Source
SUPPORT HEALTHY FAMILY ENVIRONMENTS THAT DISCOURAGE ALCOHOL, TOBACCO AND OTHER DRUG USE	Parents will receive education regarding healthy family environments	1) 100% of programs will provide information on healthy family environments (for example, non-exposure to second-hand smoke; non-exposure to alcohol, tobacco, and other drugs).		Annual Grant Review
	Children are not exposed to second-hand smoke	1) 100% of programs will assess tobacco use by parents and provide information regarding cessation.		Annual Grant Review

BIDDER RESPONSE: STAFFING ALLOCATION AND QUALIFICATIONS

Michigan Department of Human Services

ATTACHMENT L

Bidder Name *	
County	Type of Service

CATEGORY	POSITIONS	RATE/ HOUR	HOURS/ WEEK	# OF WEEKS	QUALIFICATIONS
**MANAGERIAL/ SUPERVISORY					
DIRECT SERVICE					
SUPPORT STAFF					

* Please provide information on staffing only for services to be provided for the request for quote/contract.

**Managerial/supervisory refers to administrative positions. If a position is both administrative and direct service, prorate the position into the correct categories.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

ATTACHMENT M

Zero to Three Outcomes Implementation Plan for Year FY-09

A: Goals/Outcomes What do you expect will happen <u>for children and families</u> as a result of the services provided?	B: Objectives What specific, numerical target was set to demonstrate progress or achievement of the outcome within what time frame?	C: Indicators What data or tools will be used to measure progress towards or achievement of the objective?	D: Activities/Tasks and Timelines What activities will be used to accomplish the goal and who will do them within what timeframe?
Outcome expected: Participants have access to information on marriage and healthy relationships	Target Set: 100% of families will receive information and materials on the promotion of marriage and healthy couple relationships.	Expected data or tool: 	Activity: Timeline: Who: Activity: Timeline: Who:
Outcome expected: Enhance the parenting capacities of participants	Target Set: Annually, 80% of parents will indicate an improvement in parenting skills as a result of 0-3 services.	Expected data or tool: Satisfaction survey 0-3 program register	Activity: Timeline: Who: Activity: Timeline: Who:
Outcome expected: Improve parent/child relationships	Target Set: The percentage of families who remain in service will be maintained or increased over 4 quarterly reports.	Expected data or tool: 0-3 Program register	Activity: Timeline: Who: Activity: Timeline: Who:
Outcome expected: Children will receive needed services	Target Set: Annually, 100% of children will participate in developmental screening.	Expected data or tool: 0-3 Program Register	Activity: Timeline: Who: Activity: Timeline: Who:

<p>Outcome expected:</p> <p>Children will receive needed services</p>	<p>Target Set:</p> <p>100% of children screened each quarter who are suspected to have developmental delays will be referred to <i>Early On</i>[®] Michigan or a similar program.</p>	<p>Expected data or tool:</p> <p>0-3 Program Register</p>	<p>Activity: Timeline: Who:</p> <p>Activity: Timeline: Who:</p>
<p>Outcome expected:</p> <p>Children will receive needed services and be ready for school</p>	<p>Target Set:</p> <p>80% of children will be up-to-date with age appropriate immunizations each quarter.</p>	<p>Expected data or tool:</p> <p>0-3 Program Register</p>	<p>Activity: Timeline: Who:</p> <p>Activity: Timeline: Who:</p>
<p>Outcome expected:</p> <p>Children will receive needed services</p>	<p>Target Set:</p> <p>Each quarter, 75% of children are up-to-date with well-child visits</p>	<p>Expected data or tool:</p> <p>0-3 Program Register</p>	<p>Activity: Timeline: Who:</p> <p>Activity: Timeline: Who:</p>
<p>Outcome expected:</p> <p>Families will receive needed services</p>	<p>Target Set:</p> <p>As reported quarterly, 90% of pregnant women will receive the recommended number of pre-natal care visits.</p>	<p>Expected data or tool:</p> <p>0-3 Program Register</p>	<p>Activity: Timeline: Who:</p> <p>Activity: Timeline: Who:</p>
<p>Outcome expected:</p> <p>Families will receive needed services</p>	<p>Target Set:</p> <p>Each quarter, 85% of families served will have access to a primary health care provider.</p>	<p>Expected data or tool:</p> <p>0-3 Program Register</p>	<p>Activity: Timeline: Who:</p> <p>Activity: Timeline: Who:</p>

<p>Outcome expected:</p> <p>Families will receive needed services</p>	<p>Target Set:</p> <p>Annually, 100% of families will be offered a satisfaction survey</p>	<p>Expected data or tool:</p> <p>Satisfaction survey 0-3 Program register</p>	<p>Activity: Timeline: Who:</p> <p>Activity: Timeline: Who:</p>
<p>Outcome expected:</p> <p>Children will be developmentally age appropriate</p>	<p>Target Set:</p> <p>94% of children screened quarterly will meet age appropriate developmental milestones</p>	<p>Expected data or tool:</p> <p>0-3 Program Register</p>	<p>Activity: Timeline: Who:</p> <p>Activity: Timeline: Who:</p>
<p>Outcome expected:</p> <p>Appropriate services will be provided to at-risk families</p>	<p>Target Set:</p> <p>Each quarter, Grantees report at least 50% of families served have 3 or more risk factors.</p>	<p>Expected data or tool:</p> <p>0-3 Program Register</p>	<p>Activity: Timeline: Who:</p> <p>Activity: Timeline: Who:</p>
<p>Outcome expected:</p> <p>Parents will receive education regarding healthy family environments</p>	<p>Target Set:</p> <p>100% of families will receive information on healthy family environments (for example, non-exposure to second-hand smoke; non-exposure to alcohol, tobacco, and other drugs).</p>	<p>Expected data or tool:</p>	<p>Activity: Timeline: Who:</p> <p>Activity: Timeline: Who:</p>
<p>Outcome expected:</p> <p>Children are not exposed to secondhand smoke</p>	<p>Target Set:</p> <p>100% of families will be assessed for tobacco use and be provide information regarding cessation</p>	<p>Expected data or tool:</p>	<p>Activity: Timeline: Who:</p> <p>Activity: Timeline: Who:</p>

(Other: Optional)	Target Set:	Expected data or tool:	Activity: Timeline: Who: Activity: Timeline: Who:
(Other: Optional)	Target Set:	Expected data or tool:	Activity: Timeline: Who: Activity: Timeline: Who:
(Other: Optional)	Target Set:	Expected data or tool:	Activity: Timeline: Who: Activity: Timeline: Who:

Note: Applicants may use the grid above to add their own unique outcomes and implementation plans.

ATTACHMENT N

APPLICATION CHECKLIST FOR GRANT APPLICANTS

(Applicant's **must** include this checklist with their application submission.)

- Is the application single-spaced, with margins not less than 1 inch?
- Times New Roman, Tahoma or Verdana 12 pt. font.
- Is the Application Face Sheet signed by the authorized signatory?
- Are the Budget Plan Forms signed by the authorized signatory? *
- Are the budget line items calculated correctly? *
- Are there any miscellaneous forms that need to be attached?
- Is the application complete and the original and ALL four (4) copies in the following order?
 - Application Face Sheet
 - CC Endorsement and Disclosure Form
 - Narrative
 - Implementation Plan
 - Outcomes Plan
 - CTF Budget Plan Summary *
 - DHS-468 Budget Detail and Supporting Budget Narrative *
 - DHS CM-011 Bidder Response Form *
 - Budget Narrative (DHS Resource Grid; CM-043) *
 - Documented Agreements
 - Comprehensive Community Prevention Plan
 - Miscellaneous Attachments (if applicable)
 - Is the application stapled or bound? **

Applications not meeting the above requirements will be disqualified.

*For each year of the three (3) year grant.

** Three ring binders will not be accepted.

Instructions for the Application Face Sheet

Complete the application face sheet in readable type. (Form is attached):

1. Fiscal Agent Information: Complete this section for the applicant's fiscal agent:

- a. Give the entire fiscal agent's name. Do not abbreviate or use acronyms.
- b. Give the fiscal agent's address.
- c. Give the city, state and zip code in which the fiscal agent is located.
- d. Give the county in which the service(s) will be provided.
- e. Give the name and telephone number of the person who will act as the authorized signatory for the grant application.
- f. Give the fiscal agent's federal I.D. number.
- g. Give the state and federal legislative representative's name and district number in which the fiscal agent is located.

2. Service/Project Information: Complete this section based on the service/project for which 0-3 Secondary Prevention money is being requested.

- a. State the entire service/project name. Do not abbreviate or use acronyms.
- b. List the name and telephone number of the project director or contact person. (Questions about the application will be directed to this individual.)
- c. State the amount of 0-3 Secondary Prevention funds being requested.
- d. List the total cost of the service/project including requested funding, cash match, and in-kind match.
- e. Indicate the target population to be served by the service/project.

CTF OFFICE USE ONLY: APP # _____ TEAM # _____

APPLICATION FACE SHEET FOR 0-3 SECONDARY PREVENTION GRANTS
(Before completing this form, carefully read the instructions)

Fiscal Agent Information

Fiscal Agent

Address

City, State, Zip Code

County(ies) where services will be provided

Authorized Signatory (Print and Sign name)

Telephone: _____ e-mail: _____

Federal I.D. Number

State Senator: _____ Dist. No. _____

State Representative: _____ Dist. No. _____

Federal Representative: _____ Dist. No. _____

Service/Project Information

Name of Service/Project

Project Director's Name, Signature & Telephone Number

e-mail address: _____

Amount of Funds Requested: \$ _____

Total Cost of Project: \$ _____

Attachment O
RESOURCE GRID
MICHIGAN DEPARTMENT OF HUMAN SERVICES

* Do not include dollar amounts.

** List any match resources your agency will be providing and the fund source of that match.

Resource	Description
Employee Fringe Benefits (FTEs by position)	
Occupancy (square feet and number of Facilities)	
Communications (fax, telephone, number of lines and phones)	
Supplies (general, program, duplicating)	
Equipment	
Local Transportation (number of miles for client transportation)	
Contractual Services	
Specific Assistance to Individuals	
Miscellaneous	

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

Michigan
Department of Human Services
Office of Contracts and Rate Setting

Contract Budget Preparation Program

The objective of this program is to facilitate the completion of DHS Form CM-468 for submission to the Office of Contracts and Rate Setting as part of the contract application process. The Michigan Department of Human Services delivers social services to qualified state residents through the efforts of agency personnel and non-agency personnel. Non-agency personnel deliver services pursuant to contract terms mutually agreed to by the agency and the contractor. Some applications must be accompanied by a budget. Please utilize this program to prepare the budget form. Users loading this workbook as a working copy of a template should save the file under a different name. Click on File from the menu above; then choose Save As.

Several changes have been made to this version of the CM-468EX. Please click the link below to view those changes. All other versions will be obsolete as of October 1, 2006.

[Revision Changes](#)

CM 468-EX Changes on August 2006 update

1. Update name change
2. Date printed appears in right hand lower corner of each page
3. Elimination of cents
4. Automatic computations: i.e. Annual salary X percentage of time spent on program, time spent on program X DHS portion, social security, Medicare
5. Notes automatically pop up in areas that have been problems in the past, i.e. unemployment base, workman's compensation amount.
6. Break out of FICA - Social Security 6.2%, Medicare 1.45%
7. Section on transportation page for training mileage
8. Removed CM-4074 (line item transfer) and instructions. This form is available on the Web.

Michigan DHS - OCRS - Contract Budget Preparation Program

Main Menu

Complete all budget sections which apply to your contract or bid proposal (Salary, Fringe Benefits, etc).
When you have completed and saved all pertinent sections:

- * For bid response, print completed form and follow instructions in Request For Quote (RFQ)
- * For awarded contract budgets, submit completed forms with contract to DHS Contract Administrator electronically.

The command buttons on this sheet are available to assist in navigating through the form.

The sheet tabs below can also be used.

Salaries and Wages	Getting Started	Equipment	
Fringe Benefits	Budget Summary Sheet	Transportation	
Occupancy		Contracted Services	
Communication	Save File	Specific Assistance	
Supplies	Print Options	Miscellaneous	
Purpose	Guidelines	Instructions	Comments

I. CONTRACT BUDGET PURPOSE

A potential contractor may be asked to prepare a budget as part of a bid response or for a sole source purchase. The budget is used for two different purposes:

1. BASIS FOR REIMBURSEMENT:

Actual Cost Reimbursement Method. The approved projected budget is part of the contract and serves as the basis for payment. Total expenditures are limited to the total budget amount. The contractor is paid actual expenditures made in accordance with the budget. Expenditures cannot exceed 5% or \$1,500, whichever is greater, of any line item without a line transfer from underspent line items in the same budget approved in advance by the Office of Contracts and Rate Setting (OCRS). The required form, Line Item Transfer Request (CM-4070EX) can be found on the DHS website.

2. DOCUMENTATION TO SUPPORT REASONABLENESS OF PRICE:

Unit Rate Reimbursement Method. The approved projected budget is used to justify the unit price, particularly in sole source awards. The budget is used as basis for negotiation, or to analyze (together with the narrative proposal) the resources to be used in providing service. The budget does not control expenditures or serve as the basis for payment because the contractor is paid a set price for each unit of service provided. The unit rate cannot be changed during the term of the contract, unless the contract specifically provides for a rate change.

II. Getting Started

Summary Sheets

If multiple service types are to be delivered under the contract, spread the various expenditures between the service categories after you have completed the individual spreadsheets detailing expected spending (Salaries, Fringe Benefits, Occupancy, etc.). Use the second Budget Summary sheet if there are additional services.

The "Total Program Cost" column and the "DHS Contract Portion" column will fill in automatically based on the dollar amounts you enter on each detail page. Match or In-Kind portion of the program fields must be completed manually on each detail page. The totals will transfer automatically to the Total Program Budget Summary.

Spreadsheets

The individual detail pages permit the entry of data only in the appropriate cells (shaded light yellow in color). If the instructions at the top of each sheet are inadequate, there is a "Help" button in the upper right hand corner which will display additional information when clicked. If you are new to the budget preparation process, it is suggested that you read the "Purpose", "Guidelines" and "Instructions" pages of the program for useful background information. If you still have questions, call the Office of Contracts and Rate Setting in Lansing at (517) 373-3724.

Navigating

A data input range is available for each detail page. When the range is selected you can press the tab key or the enter key to move between data input cells. Enable the range by selecting the appropriate range name from the range name list box. The name of the spreadsheet you are on corresponds to the name of the range for that spreadsheet. (For instance, "range_Salary" is the data input range used on the Salary sheet.) To display the range name list box, click on the downward pointing arrow on the left side of the format bar immediately above the spreadsheet. You can also move to different pages within the workbook by using the labeled tabs at the bottom of the page.

Comments Page

A comments page is included on this form for your use if you need to supplement your proposed budget with additional information. Click on the Comments button to access that page.

Printing

Print the sheets which you need using the printing features of MS-Excel, or click on the Print Options button at the Main Menu and make your selections from there.

Screen Images

If the text image on your screen becomes distorted, that does not necessarily mean the your data has been corrupted. Save your work and exit the program. When you re-enter the program the problem should be gone. Printing is not normally affected.

Not Enough Pages

Open a second, separate, copy of the CM-468ex workbook and enter the remaining unrecorded cost items on the appropriate spreadsheet(s) provided in that new workbook. It is important to remember that the total of costs recorded on a supplemental page(s) must be included in the body of the main workbook for those costs to be picked up and added to the total figures on the Summary page of the spreadsheet provided for that category of cost. In the item description space there should then be a reference to the supplemental page. For example: "Total (item type) from Supplemental page". A printed copy of a supplemental page should also be very clearly marked as being a supplemental page.

IV. CONTRACT BUDGET INSTRUCTIONS

(DETAIL FORMS)

1. **DEFINITION:** Self-explanatory
2. **INSTRUCTIONS:** Self-explanatory
3. **METHOD OF ALLOCATION:** For each line item, insert in the space provided above the column headings, the letter that corresponds to the method of allocation used to determine the percentage figure for column 3 on the form. The method of allocation refers to how the potential contractor determined the amount of a cost that could be attributed to the DHS portion of the service(s)/program. An acceptable cost allocation method is one that equitably assigns program expenditures according to service delivery and shall be documented in the contractor's bookkeeping records.
4. **COLUMN 1. - COST ITEM (TOTAL COST):** Each cost item must be separately identified and detailed. Show method of computation. No items may be combined as one cost unless their combined cost is less than \$100.
5. **COLUMN 2. - TOTAL PROGRAM:** Column 2 should include the total cost to the potential contractor to provide the type of program or service for which a budget is being submitted, and includes the cost of the services to be purchased by DHS plus the costs of providing similar services to non-DHS clients paid from other funding sources.
6. **COLUMN 3. - %DHS:** Determine the portion of the cost item that can be allocated to DHS (see item 3 above). Enter the percentage allocated to DHS in column 3. This percentage should be consistent among all line items unless another method of allocation is more appropriate for an individual line item.
7. **COLUMN 4. - DHS CONTRACT PORTION:** This program will multiply each cost in column 2 by the percentage figure in column 3 and enter the resulting figure in Column 4. This is DHS' portion of the cost item. Each figure in column 4 must be equal to or less than the corresponding figure in column 2.
8. **COLUMN 5. - MATCH OR IN KIND PORTION (If applicable)** Must be filled in manually.
9. **TOTAL:** The workbook will total columns 2 and 4 and 5 if applicable based on the dollar amounts entered.
10. **COMMENTS:** Enter any additional information or explanation necessary for any of the line items use Comments page if not enough room on detail page.

**ZERO to THREE SECONDARY PREVENTION
BUDGET PLAN for the PERIOD of OCTOBER 1, 2008 to SEPTEMBER 30, 2009
ATTACHMENT Q**

I.) Name of Fiscal Agent: _____

II.) Name of Service/Project: _____

III.) Total Cost: _____

IV.) Sources of Funding:		% of Grant
A. 0-3 Secondary Prevention Funds:	_____	
B. Local Cash Match Amount:	_____	#DIV/0!
C. Local In-Kind Match Amount:	_____	#DIV/0!
D. Other Sources of Cash Funding:	_____	#DIV/0!
E. TOTAL COST (Sum of A,B,C & D)	<u>\$0.00</u>	

Match must be 25% (minimum) of 0-3 Funds. There is a 15% minimum cash match requirement. Federal funds may not be used as matching funds (e.g., SF/SC, Early-On, Head Start, etc.) Legislation mandates that matching funds be local source contributions. Federal funds that support the 0-3 Secondary Prevention program can be itemized in the "Other Sources of Cash Funding" (Other Cash) to accurately show total program costs.

Program Line Item	0-3 Funds	Cash Match	In-Kind Match	Other Cash	Total Project Cost
A. Salaries (Personnel)					\$0.00
B. Fringes					0.00
C. Administrative					0.00
D. Contractual					0.00
E. Supplies					0.00
F. Transportation (Travel)					0.00
G. Equipment					0.00
H. Occupancy (Rent/Lease)					0.00
I. Training					0.00
J. Evaluation					0.00
K. Communication					0.00
L. Miscellaneous					0.00
TOTAL	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>

List All Sources of Cash Match (Required) :

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Original Signature of the Agency's Authorized Signatory (Required)

Date

Children's Trust Fund Approval



Revised 02/08; Previous versions are obsolete and will not be accepted.

ATTACHMENT R

Service Description Example

Please complete service description in this outline format in addition to the 10 page (maximum) service description submitted with your application. All programming (curriculum, CAN prevention model, home visitation practices, etc.) will vary. This example is intended for illustration purposes only and should be used as a guide in preparing each unique program service description submitted in response to this RFP.

Agency Name: _____
Program Name: _____
County(ies) Served: _____
Funds Requested: _____
Total Program Costs: _____

This Agreement is administered through DHS with funds provided by the Department of Human Services, Department of Education and Department of Community Health.

This Agreement is effective from October 1, 2008 through September 30, 2011.

I. GRANTEE RESPONSIBILITIES

A. Geographic Area

The Grantee shall provide services described herein in the following geographic area: ABC county.

B. Location of Facilities

The Grantee shall provide services described herein at the following location(s): Main office is located at 12345 Main St., Clinton, MI 48878. Services are provided to at risk families county wide through home visitation.

C. Target Population/Client Eligibility Criteria:

1. Expectant families and those with children age birth through three residing in ABC county who have been identified to be at risk, who meet the definition of secondary prevention and do not have an open Children's Protective Services (CPS) case with a Category I or II disposition.

2. Determination of Eligibility

Families assessed by the Family Support Specialist found to have one or more of the following risk factors:

- a) Family history of child abuse and neglect
- b) Pregnant & parenting youth
- c) Inadequate prenatal care
- d) History of Mental Illness
- e) Single parent
- f) Domestic Violence
- g) Familial crisis
- h) Poverty-unemployment-inadequate income
- i) Substance abuse
- j) Poor parenting skills
- k) Unsafe-unfit-unstable living environment
- l) Limited-inadequate social support system

D. Credentials

The Grantee shall assure that appropriately credentialed or trained staff shall perform functions under this Agreement.

E. Services to be Delivered

The grantee shall develop a coordinated, integrated system of early childhood services that are voluntary, accessible, culturally competent and universal with broad community and legislative support for these services for all families which prevent and reduce child abuse and neglect, improve family functioning, and keep children safe in their own homes by enhancing current efforts to identify and treat family child abuse and neglect risk factors proactively.

The grantee shall utilize the XYZ curriculum child abuse & neglect prevention model with intensive, comprehensive home-based services to identified at risk children and families. The model provides weekly home visits, parental support, parenting education, developmental and health screenings and assessments, and family goal setting.

1. Activities the Grantee shall perform: (Activities each Grantee will perform will, of course vary. Please tailor this example service description outline to fit your programming.)

The Grantee shall:

- a. Utilize the ABC model based on the XYZ curriculum child abuse and neglect prevention paradigm to:
 - 1) Provide weekly, biweekly or monthly home visits to families and children prenatal through three years old identified to be at risk of child abuse and neglect by Family Support Specialist.
 - 2) Assessment tools and/or curriculum that will be utilized shall include:
 - a) Ages & Stages Questionnaire (ASQ).
 - b) Infant & Toddler Developmental Assessment (IDA).
 - c) Adult Adolescent Parenting Inventory (AAPI-2).
 - d) Partners for a Healthy Baby Curriculum.
 - e) Before Baby Arrives Curriculum.
 - f) HELP (Hawaii Early Learning Profile) Curriculum.
 - g) Socialization Experiences Curriculum (GSEC).
 - h) Create a Family Service Plan will be developed for each family enrolled in the 0-3 Secondary Prevention program.
 - 3) Home visits may become less intensive as families move through the program, gaining skills and reducing CAN risk factors. Initially home visitation will be 1-2 hours in duration and shall continue until the identified risk has been reduced to an acceptable level or the parent no longer elects to participate in services.
 - a) These services may include, but are not limited to, the home visiting program, two play groups per week, parenting classes, mental health counseling health and development screenings, access and referrals to collaborative community services.
 - b) Assessment and home visiting teams will consist of A Family Support Specialist and a Parent Aide.
 - 4) Refer families to other community based services if indicated
 - 5) Disseminate informational materials and educate parents and expectant parents on current early childhood brain development research findings.
 - 6) Refer and provide parents with resources to promote school readiness by providing books, referrals and related materials to all families.
 - 7) Provide parenting education on positive child discipline best practice strategies during home visits and at the facility.
 - 8) Provide parenting education during home visits and at the facility on:

- a. Safe Sleep.
 - b. Environmental safety.
 - c. Nutrition.
 - d. Health.
 - e. Family Planning.
- 9) Provide individualized support to help reduce stress for caregivers during home visits and at the facility.
- 10) Provide referrals for:
- a. transportation assistance.
 - b. tangible goods such as household and baby items.
 - c. other as need presents.
- 11) Report to the CTF each quarter the number of families/children that:
- a. have a primary health care provider.
 - b. are current with well child doctor visits
 - c. are up-to-date with age appropriate childhood immunizations.
 - d. all other required outcome data as outlined in the Data Collection Form
 - e. Involve parents in program and outcome planning.
 - f. Support healthy family environments that discourage alcohol, tobacco and other drug use.
 - g. Assess parent satisfaction with 0-3 prevention services.
- 12) Maintain family/parent involvement in programming and service delivery.

2. Volume of Service

Clients - The estimated number of unduplicated eligible clients to be served during the period of this Agreement shall be: 50 units.

3. Unit Definition(s): One unit equals one family successfully completing their individualized service plan.

4. Units: The estimated number of units of service to be provided per term of Agreement shall be: 50

Supplemental Attachments

- **Recommended Childhood Immunization Schedules**
- **Recommendations for Preventive Pediatric Health Care**
- **Recommendations for Prenatal Care Visits**
- **Michigan Lead Testing/Lead Screening Plan**

Attachment C:

**Recommended Childhood and Adolescent
Immunization Schedule**

Recommended Immunization Schedule for Persons Aged 0–6 Years—UNITED STATES • 2008

For those who fall behind or start late, see the catch-up schedule

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B ¹		HepB	HepB		see footnote 1		HepB					
Rotavirus ²				Rota	Rota	Rota						
Diphtheria, Tetanus, Pertussis ³				DTaP	DTaP	DTaP	see footnote 3	DTaP				DTaP
Haemophilus influenzae type b ⁴				Hib	Hib	Hib ⁴		Hib				
Pneumococcal ⁵				PCV	PCV	PCV		PCV			PPV	
Inactivated Poliovirus				IPV	IPV			IPV				IPV
Influenza ⁶								Influenza (Yearly)				
Measles, Mumps, Rubella ⁷								MMR				MMR
Varicella ⁸								Varicella				Varicella
Hepatitis A ⁹								HepA (2 doses)			HepA Series	
Meningococcal ¹⁰												MCV4

Range of recommended ages

Certain high-risk groups

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2007, for children aged 0 through 6 years. Additional information is available at www.cdc.gov/vaccines/recs/schedules. Any dose not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine are not

contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective Advisory Committee on Immunization Practices statement for detailed recommendations, including for **high-risk conditions**: <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at www.vaers.hhs.gov or by telephone, **800-822-7967**.

1. Hepatitis B vaccine (HepB). (Minimum age: birth)

At birth:

- Administer monovalent HepB to all newborns prior to hospital discharge.
- If mother is hepatitis B surface antigen (HBsAg) positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
- If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine the HBsAg status as soon as possible and if HBsAg positive, administer HBIG (no later than age 1 week).
- If mother is HBsAg negative, the birth dose can be delayed, in rare cases, with a provider's order and a copy of the mother's negative HBsAg laboratory report in the infant's medical record.

After the birth dose:

- The HepB series should be completed with either monovalent HepB or a combination vaccine containing HepB. The second dose should be administered at age 1–2 months. The final dose should be administered no earlier than age 24 weeks. Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg after completion of at least 3 doses of a licensed HepB series, at age 9–18 months (generally at the next well-child visit).

4-month dose:

- It is permissible to administer 4 doses of HepB when combination vaccines are administered after the birth dose. If monovalent HepB is used for doses after the birth dose, a dose at age 4 months is not needed.

2. Rotavirus vaccine (Rota). (Minimum age: 6 weeks)

- Administer the first dose at age 6–12 weeks.
- Do not start the series later than age 12 weeks.
- Administer the final dose in the series by age 32 weeks. Do not administer any dose later than age 32 weeks.
- Data on safety and efficacy outside of these age ranges are insufficient.

3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). (Minimum age: 6 weeks)

- The fourth dose of DTaP may be administered as early as age 12 months, provided 6 months have elapsed since the third dose.
- Administer the final dose in the series at age 4–6 years.

4. Haemophilus influenzae type b conjugate vaccine (Hib). (Minimum age: 6 weeks)

- If PRP-OMP (PedvaxHIB[®] or ComVax[®] [Merck]) is administered at ages 2 and 4 months, a dose at age 6 months is not required.
- TriHIBit[®] (DTaP/Hib) combination products should not be used for primary immunization but can be used as boosters following any Hib vaccine in children age 12 months or older.

5. Pneumococcal vaccine. (Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPV])

- Administer one dose of PCV to all healthy children aged 24–59 months having any incomplete schedule.
- Administer PPV to children aged 2 years and older with underlying medical conditions.

6. Influenza vaccine. (Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 2 years for live, attenuated influenza vaccine [LAIV])

- Administer annually to children aged 6–59 months and to all eligible close contacts of children aged 0–59 months.
- Administer annually to children 5 years of age and older with certain risk factors, to other persons (including household members) in close contact with persons in groups at higher risk, and to any child whose parents request vaccination.
- For healthy persons (those who do not have underlying medical conditions that predispose them to influenza complications) ages 2–49 years, either LAIV or TIV may be used.
- Children receiving TIV should receive 0.25 mL if age 6–35 months or 0.5 mL if age 3 years or older.
- Administer 2 doses (separated by 4 weeks or longer) to children younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time last season but only received one dose.

7. Measles, mumps, and rubella vaccine (MMR). (Minimum age: 12 months)

- Administer the second dose of MMR at age 4–6 years. MMR may be administered before age 4–6 years, provided 4 weeks or more have elapsed since the first dose.

8. Varicella vaccine. (Minimum age: 12 months)

- Administer second dose at age 4–6 years; may be administered 3 months or more after first dose.
- Do not repeat second dose if administered 28 days or more after first dose.

9. Hepatitis A vaccine (HepA). (Minimum age: 12 months)

- Administer to all children aged 1 year (i.e., aged 12–23 months). Administer the 2 doses in the series at least 6 months apart.
- Children not fully vaccinated by age 2 years can be vaccinated at subsequent visits.
- HepA is recommended for certain other groups of children, including in areas where vaccination programs target older children.

10. Meningococcal vaccine. (Minimum age: 2 years for meningococcal conjugate vaccine [MCV4] and for meningococcal polysaccharide vaccine [MPSV4])

- Administer MCV4 to children aged 2–10 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high-risk groups. MPSV4 is also acceptable.
- Administer MCV4 to persons who received MPSV4 3 or more years previously and remain at increased risk for meningococcal disease.

The Recommended Immunization Schedules for Persons Aged 0–18 Years are approved by the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/recs/acip), the American Academy of Pediatrics (<http://www.aap.org>), and the American Academy of Family Physicians (<http://www.aafp.org>).

DEPARTMENT OF HEALTH AND HUMAN SERVICES • CENTERS FOR DISEASE CONTROL AND PREVENTION • SAFER • HEALTHIER • PEOPLE™

Attachment D:

Recommendations for Preventive Pediatric Health Care

Attachment E:

Recommendations for the Number of Prenatal Care Visits

American College of Obstetricians and Gynecologists

Recommended Prenatal Visit Schedule:

For a full-term (40-week) pregnancy with no complications, ACOG recommends prenatal-care visits:

- ◆ Every 4 weeks for the first 28 weeks of pregnancy,
- ◆ Every 2-3 weeks until 36 weeks of gestation,
- ◆ and weekly, thereafter, although flexibility is desirable.

Note: The frequency and complexity of these visits may vary, according to previous obstetrical history, and any special needs that the mother and baby may have.

Attachment F:

Michigan Lead Testing/Lead Screening Plan, developed by
the Childhood Lead Poisoning Prevention Program (CLPPP)
at the Michigan Department of Community Health

Statewide Lead Testing/Lead Screening Plan

