

CONTRACT AMENDMENT

This agreement is entered into by the Montana State Department of Public Health and Human Services (hereinafter referred to as the Department), whose address is 111 Sanders, P.O. Box 4210, Helena, MT 59604, and whose phone number is (406) 444-2995 and **Lewis and Clark Public Health**, (hereinafter referred to as the "Contractor"), whose address is **1930 9th Avenue Helena, MT 59601** whose phone number is **406.457.8958**, and whose Federal ID Number is **81-6001383**, and has as its purpose the modification of Contract Number **13035250013** pursuant to **Section I** of the Contract. Your new Contract Number is **16047030441**.

The parties agree to modify the Contract effective **July 1, 2015** for the following purpose:

- A.** To extend the term in **Section I Effective Date and Duration** of the Contract in accordance with that Section.

The parties agree to modify the Contract as follows:

1. **Section I Effective Date and Duration** is amended to read as follows:

The term of this Contract is from July 1, 2012 through June 30, 2016 unless terminated in accordance with the Contract.

This Contract may be extended in one year terms not to exceed a total term of 7 years if the parties agree in writing to each extension prior to the end of the then current term of this Contract.

The completion date of performance for purposes of issuance of final payment for services is the date upon which the Contractor submits to the MT CTF Board such final reports as are required under this contract and are satisfactory in form and content as determined by the MT CTF Board. See Section XIV Reporting Requirements.

2. **Section II Services to be Provided** is amended as follows:

Services to be provided under this contract extension are set forth in:

Attachment A: The Montana Children's Trust Fund 2015-2016 Annual Grant Renewal Questions – Part II Renewal Application

3. **Section III Consideration** is amended to read as follows:

CONSIDERATION AND PAYMENTS

The Department will reimburse the Contractor in consideration of the goods and services the Contractor provides and renders under this Contract as follows:

A. Total Reimbursement Available.

The total reimbursement provided to the Contractor for the purposes of this Contract may not exceed **\$7,500** per State Fiscal Year 2016 (July 1, 2015 – June 30, 2016) for which the contract is in effect and for the months for which the Contractor is eligible to receive contract funds. The Contractor agrees to spend [use] the funds issued by the Department only during the fiscal year in which they were issued.

B. Billing for Performance.

The Contractor must bill monthly or quarterly based upon the services delivered in the previous month or quarter. The invoice submitted must be based upon the costs allowed for in the provider's budget. Contractor must include all receipt for expenses including, but not limited to payroll.

C. Other Programs as Payers for Services – Non-duplication of Payment.

The Contractor may not seek compensation from monies payable through this Contract for the costs of goods and services that may be or are reimbursed, in whole or in part, from other programs and sources.

D. Billing Procedures and Requirements.

1. The Department will pay / reimburse the Contractor in consideration of the goods and services the Contractor provides and renders under this Contract quarterly, commencing July 1, 2015. The Contractor must bill in accordance with the procedures and requirements of the Department and must submit invoices on forms the Department provides itemizing all services and expenses for reimbursement. Invoices must be submitted at the same time as the quarterly reports required in section 1.5.9 of RFP-1314KH.
2. Payment to the Contractor shall be made to:
Drenda Niemann, Community Health Promotion Division Administrator
Lewis & Clark Public Health
1930 9th Avenue
Helena, MT 59601

3. This contract is valid and enforceable only if sufficient funds are made available to the State and by the State for the appropriate fiscal year for the purposes of this program.

E. Adjustments to Consideration

The Department may adjust the consideration provided to the Contractor under this Contract based on any reductions of funding, governing budget, erroneous or improper payments, audit findings, or failings in the Contractor's delivery of services.

F. Sources of Funding

The sources of the funding for this Contract are approximately \$100,000 from the state special revenue fund.

G. Erroneous and Improper Payments

The Contractor may not retain any monies the Department pays in error or which the Contractor, its employees, or its agents improperly receive. Any monies the Contractor receives in error are a debt the Contractor owes to the Department. The Contractor must immediately notify the Department if it determines a payment may be erroneous or improper, and must return that payment within 30 days of the Department requesting its return. If the Contractor fails to return to the Department any erroneous or improper payment, the Department may recover such payment by any methods available under law or through this Contract, including deduction of the payment amount from any future payments to be made to the Contractor.

H. Withholding for Failure to Perform

The Department may withhold payment at any time during the term of the Contract and may withhold final payments under the Contract if the Contractor is failing to perform its duties and responsibilities in accordance with the terms of this Contract. The Department will give the Contractor written notice of both the amount of withheld and of the basis for the withholding of payment.

4. **Section IV: Scope, Amendment and Interpretation:**

This contract agreement consists of numbered **pages 1-13** including **Attachment A: The Montana Children's Trust Fund 2015-2016 Annual Grant Renewal Questions – Part II Renewal Application**.

This agreement to amend is intended to modify DPHHS Contract Number **13035250013** only as herein specifically

provided. All other contract provisions remain in full force and effect.

This amendment shall take effect on the date specified above and shall continue in effect through **June 30, 2016**.

Richard H. Oppen, Director
Department of Health and Human Services

Date

Susan Good Geise, Chair
Lewis & Clark County Commission

Date

ATTACHMENT A:

The Montana Children's Trust Fund

2015-2016 Annual Grant Renewal Questions

Part II Renewal Application

A useful resource for assisting in completion on this application is <http://friendsnrc.org>

Answer each question individually in the order listed. Do not delete the question.

Name of Grant Project: [Year Round Parenting from the Heart](#)

Please note: A logic model (Attachment B) **must** be included as part of this renewal application and should be a true reflection of the program or services to be funded by the Montana Children's Trust Fund (MCTF) during the 2015-2016 grant cycle. Items referenced in each section of the logic model must be described in greater detail in the application. Because this is an application for renewal of funding, it is intended to be more streamlined and concise than the initial application for funding from the MCTF. **(Use standard template provided)**

1. Projected Numbers to Be Served July 1, 2015 to June 30, 2016

Population	#	Population	#	Population	#
Children	150	Parents/caregivers	200	Families	150
Children with disabilities	10	Parents/caregivers with disabilities	10		

2. Write a brief overview of the project or projects for which funds are requested. This narrative must not exceed **a total of 1200 words** (for parts a-g) and must include:

- a) Need: The need for the services in your community;

[According to the 2013 Maternal, Infant, Early Childhood Home Visiting \(MIECHV\) County Profile report](#), 13% of births were to women under the age of 21. 35% of the 720 deliveries were paid by Medicaid indicating a significant level of poverty in the county. The substantiated child abuse reports for L&C County is nearly twice the rate reported for the State of Montana. Young parents living in poverty tend to have a higher level of stress and mental illness such as depression and anxiety. Struggling parents are at a greater risk of becoming abusive or neglectful which may lead to life-long struggles for children. Children who grow up in a safe and nurturing home are more likely to provide their own children with loving and nurturing home. Year Round Parenting from the Heart is intended to provide parents the resources and support to learn and understand what their

children need and provide the love, nurturing, attention, and discipline to help their children become securely attached.

- b) Population: The population targeted to receive your services. Include the projected numbers to be served, the reasons you are targeting this population;
- Parents with at least one child under the age of five (5) who have a desire to parent well;
 - Priority outreach to fathers;
 - Families identified as having difficulties parenting.
- c) Outcomes and indicators: Projected outcomes and their indicators; (Please note: Although your logic model will be limited to no more than 4 outcomes, in this narrative, you may identify secondary outcomes you expect your services to achieve.)

Outcomes:

Parents will demonstrate an increased ability to meet the needs of their children.

Parents increase awareness of how Adverse Childhood Experiences impact parenting.

Parents and children will obtain needed community services.

Children will make social-emotional gains.

Indicators:

Parents demonstrate increased knowledge of child development & parenting skills.

Parents make positive changes in their parenting.

Parents will demonstrate an increased ability to provide structure and discipline in a developmentally appropriate manner.

Staff make referrals to community services.

Parents will begin to identify needs and seek out services.

Children will express emotions and social behavior in a developmentally appropriate way.

- d) Measurement: How will you measure or evaluate whether or not you have achieved your outcomes?

Circle of Security Assessment

Facilitator observation and self-report

Referral Log

ACE assessment

Parents seeking services log

Daycare provider rates child's feelings of safety on a scale of 1-5.

- e) Services: What specific activities will occur that will lead to your outcomes?
- Circle of Security Parenting Education Classes

- Parents Anonymous Support Group
- Referral Services to Community Resources
- Child care using CSEFEL and Circle of Security Principles
- Marketing – Public Awareness and Child Abuse and Prevention activities

- f) Describe your rationale (the evidence base) or assumptions that suggest your services will achieve the outcomes set. Circle of Security Parent Education is an evidence-informed parenting education program. Fidelity to the curriculum is vital. Supplemental material about nutrition and compassionate parenting will be added, but the actual curriculum will not be altered. Evidence shows if the model is implemented correctly, the program will achieve the outcomes with families outlined above.
- g) Resources/Infrastructure:
- What do you have already (staff, space, experience, etc.) that will enable you to provide services as you intend.
This program is fully staffed with experienced professionals. A space for the education series and weekly parent support group is available through a partnership with a local church. Certified daycare provider is ensured through a contract with Catholic Social Services.
 - What do you need to ensure your services can be provided as intended?
Continued funding is vital to contract with a mental health professional for co-facilitation and for safe and quality day care services. It has become more difficult to cover consumable supplies such as snacks for the weekly support group. The health department intends to build both business and church partnership to ensure parents have a warm, positive experience with support services.

3. Engagement: (300 word limit total for parts a-b)

- How will you engage parents, both as program participants and as leaders in shaping policy and program activities?
Describe the success and challenges you have had with this in the past. What challenges do you anticipate in the next funding period and how will you address them?
This program is designed to put parents into leadership roles. Parents take an active role in planning activities, publicizing the project, writing and administering the parent support group facebook page, assisting with child care, providing ongoing feedback, providing information and referrals to group members, providing feedback to CTF staff during site visit, and assisting with evaluation tools. Parents are also encouraged to participate in the efforts of the Early childhood Coalition of the Great Helena area in order to positively impact the early childhood systems by sharing a parent's perspective regarding access to early childhood services in the community and developing community based solutions to address the issues.
- How will the program engage the community?
It is essential that Lewis & Clark Public Health engage community partners to ensure ongoing referrals to the

parent education and parent support groups. Ongoing participation in the the Early Childhood Coalition will equate to community conversations about collaborative efforts to provide families with high quality services. Ongoing efforts to raise community-wide awareness about the prevalence of child abuse and neglect will help to raise the priority of supporting services like these as well as others across the community.

4. State your plan and timeline for sustainability for funding beyond Montana Children's Trust fund support? (300 word limit)
Lewis & Clark County is privileged to be receiving Children's Trust Fund funding for the fifth year. The health department is dedicated to ensuring these services continue after the expiration of CTF funds. The Maternal Child Health Block grant and the County Mill are already contributing a significant cash and in-kind match to the project. It is anticipated MCH Block grant and County Mill will continue to provide the necessary financial support to continue Year Round Parenting from the Heart.
5. Budget & Narrative: Provide a line item budget and a narrative for fiscal year July 1, 2015-June 30, 2016 for your program.
(Use Attachment C)
6. Changes and Challenges: Provide a list of any changes or challenges, including but not limited to: relevant personnel, location, status, etc. Changes in staff/leadership require a full explanation to show how your organization will meet the requirements of the contract without interruption.
There are no anticipated changes to the staff, location, or programming for fiscal year 2016.

2015-2016 Logic Model

Goal (long-term impact, long-term outcome): Strengthen families to prevent child abuse and neglect.

Population: Families who have children under 5 years of age in Lewis & Clark County that have risk factors for child abuse and neglect.

Services (outputs)

Circle of Security Parent Education Series
Parents Anonymous Weekly Support Group
Referral services to community resources
Child care using Circle of Security Principles
Public awareness

Resources (inputs)

Certified facilitator, therapist (co-facilitator), Circle of Security curriculum, office & meeting space, supplies, child care, snacks, parent participants, toys, books, volunteers, county health department communications coordinator, division administrator, administrative support, Maternal Child Health Block grant funds, County Mill funds, Target Case Management funds.

Outcomes

Parents will demonstrate an increased ability to meet the needs of their children.

Parents increase awareness of how Adverse Childhood Experiences impact parenting.

Parents and children will obtain needed community services.

Children will make social-emotional gains.

Indicators

Parents demonstrate increased knowledge of child development & parenting skills.

Parents make positive changes in their parenting.

Parents will demonstrate an increased ability to provide structure and discipline in a developmentally appropriate manner.

Staff make referrals to community services.

Parents will begin to identify needs and seek out services.

Children will express emotions and social behavior in a developmentally appropriate way.

Measurement

Circle of Security Assessment
Facilitator observation and self-report
Referral Log
Parents seeking services log
Daycare provider rates child's feelings of safety on a scale of 1-5.

Assumptions (Rationale)

Budget/Narrative

<u>Budget Category</u>	<u>CTF Grant Budget Amount Requested</u>
A. Personnel (including fringe benefits)	<u>\$8,019</u>
B. Consultants and professional fees	<u>\$5,000</u>
C. Telephone	<u>\$</u>
D. Consumable Supplies	<u>\$481</u>
E. Printing	<u>\$</u>
F. Travel	<u>\$</u>
G. Specific assistance to clients (i.e., Childcare, transportation)	<u>\$</u>
H. Other (explain below)	<u>\$1,500</u>
I. *Total cost of program	<u>\$15,000</u>
J. Other sources of funding, if any **	<u>\$</u>
(Deduct)	
K. Total CTF Costs	<u>\$15,000</u>

* Other categories: (attach an additional page if needed)

**List sources and amounts of non-CTF funding used: (attach an additional page if needed)

<u>Source</u>	<u>Cash</u>	<u>In-kind</u>	<u>Total</u>
Maternal Child Health Block Grant	<u>\$10,000</u>	<u>\$</u>	<u>\$10,000</u>
County Health Mill Levy	<u>\$8,656</u>	<u>\$</u>	<u>\$8,656</u>
Targeted Case Management	<u>\$770</u>	<u>\$</u>	<u>\$770</u>
Church Facility	<u>\$</u>	<u>\$3,283</u>	<u>\$3,283</u>
Therapist	<u>\$</u>	<u>\$4,000</u>	<u>\$4,000</u>
Total other sources of funding:	<u>\$</u>	<u>\$</u>	<u>\$26,709</u>

BUDGET NARRATIVE:

Briefly describe each line item above showing what each amount will be used for and how.

Personnel/fridge - public health staff to facilitate services

Consultatns - co-facilitator and childcare provider

Consumable supplies - food for support group

Other - 10% admin fee

In-Kind Match:

MCH Block Grant: Staff facilitation of services, supplies, professional development

County Mill: admnistration, supervision, grants management

TCM: rent and phone

Church facility: location of education classes and support groups

Therapist: hourly rate not covered by the contract

BUDGET MODIFICATION FORMAT

PROGRAM NAME: Lewis & Clark Public Health Year Round Parenting from the Heart
CONTRACT # FY15: 16047030441

	A	B	C	D	E A+(-)D
CATEGORY	ORIGINAL MT CTF GRANT FUNDING	HARD CASH MATCH	IN-KIND MATCH	BUDGET MODIFICATION AMOUNT	NEW REVISED BUDGET CATEGORY TOTALS
Personnel	\$8019	\$8019		(8019)	0
Space/Rental	Typically not funded by CTF/case-by-case basis				
Telephone					
Postage					
Consumable Supplies	481			1269	1750
Printing					
Travel					
Parent Leadership	\$				
Contracted Services	\$5000		\$	0	5000
Other Costs/Describe Admin Fee (10%)	1,500			750	750
TOTAL	\$15,000	\$	\$		7500

Provide a budget narrative describing in detail each category of expenditure modified and rationale behind change. The hard cash match and/or in-kind match must remain the same amount and within the match percentage as stated in the RFP.

SIGNATURE

DATE

Budget Justification:

Personnel: Due to decreased funding, L&C Public Health will subsidize this program by paying for the required personnel through other funding sources.

Supplies: The supply funds will be used for class and group materials and food for group.

Admin Fee: 10% of total grant award – decreased due to decreased funds available.