GRANTEE AGREEMENT

GRA-RC004-13-0556-01

Between The
Gila Regional Partnership Council,
Arizona Early Childhood Development and Health Board
(First Things First)
And
Gila County Health Department

WHEREAS, A.R.S. Title 8, Chapter 13, Article 3 charges the Arizona Early Childhood Development and Health Board (also known as First Things First), the Gila Regional Partnership Council (hereinafter referred to as GRANTOR) with the responsibility of administering funds.

THEREFORE, it is agreed that the GRANTOR shall provide funding to Gila County Health Department (hereinafter referred to as the GRANTEE) for services under the terms of this Grant Agreement.

I. PURPOSE OF AGREEMENT

The purpose of this Agreement is to specify the responsibilities and procedures for the GRANTEE role in administering Arizona Early Childhood Development and Health Board grant funds.

II. TERM OF AGREEMENT, TERMINATION AND AMENDMENTS

This Agreement shall become effective on October 1, 2012 and shall terminate on June 30, 2013. This agreement is renewable for two (2) additional twelve (12) month extensions, based on satisfactory performance and continued available funding.

III. DESCRIPTION OF SERVICES

The GRANTEE shall provide the following services for the GRANTOR as approved and summarized below:

A. Effective care coordination begins with recognizing the needs of families and the coordination between health providers and health systems. It is based upon the relationship between the family, the health care providers and the care coordinator. It enhances access to needed services and resources, promotes optimal health and functioning of children, and supports improved quality of life. Data shows that primary care physicians struggle to fulfill the care-coordination needs of children, youth, and families. Care is coordinated and/or integrated across all elements of the complex health care and social services systems (e.g., subspecialty care, hospitals, home health agencies, home visitation services) and the patient's community (e.g., family, schools, childcare, public and private community-based services). Care coordinators enable medical practices to assure that their patients get the necessary services when and where they need it in a culturally and linguistically appropriate

manner. An important component of a Care Coordination strategy is to insure children receive regular developmental screenings at six-month intervals. Developmental screening has been a practice used in multiple settings; however, integrating the information using an online web-based system from those settings into a common database is a relatively new option.

B. There are a number of successful care coordination national models, which have demonstrated impressive health outcomes for children ages birth through five by offering high-risk families additional support to access health care and social services. Applicants are required by the Gila Regional Council to use the Healthy Steps National Model to provide care coordination services and the Ages and Stages Questionnaire (ASQ-3) online developmental screening tools and systems to be used for the trial implementation period. The Scope of work can be found in Exhibit A. The Standards of Practice for Care Coordination and Developmental Screening can be found in Exhibits B and C.

C. Adhere to the First Things First Data Collection Target Service Unit Guidance Document (Exhibit D).

D. Adhere to the First Things First Data Security Guidelines (Exhibit E).

E. Comply with the Scope of Work Narrative Responses, Implementation Plan and Submit the Grant Management Forms provided by First Things First (Attachments A – H).
NOTE: Narrative Responses, Implementation Plan, Line Item Budget, and Line Item Budget Narrative are required to be submitted prior to this agreement becomes final and is signed by First Things First. Submission is required by August 1, 2012.

F. Agencies and Departments implementing FTF programming are required to coordinate and collaborate with all First Things First grant recipients. Collaboration is critical to developing a seamless service delivery system for children and families.

IV. MANNER OF FINANCING

The GRANTOR shall:

a) Provide up to **$155,000.00** to GRANTEE for services provided under Paragraph III.

b) Payment made by the GRANTOR to the GRANTEE shall be on a reimbursement basis only and is conditioned upon receipt of applicable, accurate and complete reimbursement documents to be submitted by the GRANTEE via the First Things First on-line grants management system. Final payment will be contingent upon receipt of all fiscal and programmatic reports required of the GRANTEE under this Agreement.

c) Prior to processing payment, a review of submitted quarterly program narratives and data submission reports will be conducted as well as a review of any other required submission of programmatic information by the grantor to ensure programmatic requirements have been fulfilled. Timely submission of these reports is also required for payment.

V. FISCAL RESPONSBILITY

It is understood and agreed that the total amount of the funds used under this Agreement shall be used for the project(s) and scope of work outlined in this Agreement. Therefore, should the

project not be completed, be partially completed, or be completed at a lower cost than the original budget called for, the amount reimbursed to the GRANTEE shall be for only the amount of dollars actually spent by the GRANTEE. For any funds received under this Agreement for which expenditure is disallowed by an audit exception by the GRANTOR, the State, or Federal government, the GRANTEE shall reimburse said funds directly to the GRANTOR immediately.

VI. FINANCIAL AUDIT

GRANTEE agrees to terms specified in A.R.S. §§ 35-214 and 35-215.

In addition, in compliance with the Federal Single Audit Act (31 U.S.C. par., 7501-7507), as amended by the Single Audit Act Amendments of 1996 (P.L. 104 to 156), GRANTEE must have an annual audit conducted in accordance with Office of Management and Budget (OMB) Circular #A-133 ("Audits of States, Local Governments, and Non-profit Organizations") if GRANTEE expends more than $500,000 from federal awards/dollars, *a copy of the GRANTEE's audit report for the previous fiscal year must be submitted to the GRANTOR for review within thirty (30) days of signing this Agreement. Otherwise the annual audit review/statement must be provided to the GRANTOR within thirty (30) days.*

VII. DEBARMENT CERTIFICATION

The GRANTEE agrees to comply with the Federal Debarment and Suspension regulations as outlined in the "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions".

VIII. FUNDS MANAGEMENT

The GRANTEE must maintain funds received under this Agreement in separate ledger accounts and cannot mix these funds with other sources. GRANTEE must manage funds according to applicable regulations for administrative requirements, costs principles and audits.

The GRANTEE must maintain adequate business systems to comply with State of Arizona requirements. The business systems that must be maintained are:

- Financial Management
- Procurement
- Personnel
- Property
- Travel

A system is adequate if it is 1) written; 2) consistently followed – it applies in all similar circumstances; and 3) consistently applied – it applies to all sources of funds. Rates for mileage, lodging and meals are limited to the rates established by the State of Arizona Travel Policy (http://gao.az.gov/travel/default.asp).

IX. REPORTING REQUIREMENTS

Regular reports by the GRANTEE shall include:

Programmatic, Data Submission, and Financial Reports

1. The GRANTEE shall provide quarterly program narrative & evaluation data reports to the GRANTOR within twenty (20) working days of the last day of the quarter in which services are provided. Reporting is submitted via the First Things First on-line grants management system known as Partners and Grant Management System (PGMS) and shall contain such information as deemed necessary by the GRANTOR.

   a. Quarterly Programmatic Narrative & Data Submission Reports are due:

      i. Period: October 1, 2012 – December 31, 2012
         Due: January 20, 2013
      ii. January 1, 2013 – March 31, 2013
         Due: April 20, 2013
      iii. April 1, 2013 – June 30, 2013
         Due: July 20, 2013
      iv. The final programmatic report as submitted shall be marked FINAL

   b. Financial Reimbursement Reports

      i. The GRANTEE shall provide, as frequently as monthly but not less than quarterly, requests for reimbursement. Reimbursement requests shall be submitted using the First Things First online grants management system known as Partners and Grant Management System (PGMS). This submission includes a basic line item ledger to detail the type of expense relating to the approved line item budget and validates approved staffing assigned to the project, travel is within the approved state rate limitation, and other line item budget expenditure details.

      ii. The GRANTEE shall submit a final reimbursement request for expenses obligated prior to the end of the termination of this Agreement no more than forty-five (45) days after the end of the Agreement. Requests for reimbursement received later than the forty-five (45) days after the Agreement termination will not be paid. The final reimbursement request as submitted shall be marked FINAL.

All reports shall be submitted to the contact person designated in Paragraph XLII, NOTICES, of this Agreement.

X. ASSIGNMENT AND DELEGATION

GRANTEE may not assign any rights hereunder without the express, prior written consent of both parties.

XI. AMENDMENTS

Any change in this Agreement including but not limited to the Description of Services and budget described herein, whether by modification or supplementation, must be accomplished by a formal written Agreement amendment signed and approved by and between the duly authorized representative of the GRANTEE and the GRANTOR.

Any such amendment shall: 1) specify an effective date; 2) specify any increases or decreases in the amount of the GRANTEE's compensation if applicable; 3) be titled as an "Amendment"; and 4) be signed by the parties identified in the preceding sentence. The GRANTEE expressly and explicitly understands and agrees that no other method of communication, including any other document, correspondence, act, or oral communication by or from any person, shall be used or construed as an amendment or modification or supplementation to this Agreement.

XII. SUBCONTRACTORS

The GRANTEE may enter into written subcontract(s) for performance of certain of its functions under the contract in accordance with terms established in the State of Arizona procurement policy.

The GRANTEE agrees and understand that no subcontract that the GRANTEE enters into with respect to performance under this Agreement shall in any way relieve the GRANTEE of any responsibilities for performance if its duties. The GRANTEE shall give the GRANTOR immediate notice in writing by certified mail of any action or suit filed and prompt notice of any claim made against the GRANTEE by any subcontractor or vendor which in the opinion of the GRANTEE may result in litigation related in any way to the Agreement with the GRANTOR.

XIII. OFFSHORE PERFORMANCE OF WORK PROHIBITED

Due to security and identity protection concerns, all services under this Agreement shall be performed within the borders of the United States. All storage and processing of information shall be performed within the borders of the United States. This provision applies to work performed by subcontractors at all tiers.

XIV. PROHIBITION ON GOVERNMENT CONTRACTS

Pursuant to A.R.S. 35-393.06, the GRANTEE certifies that it does not have business operations in either Sudan or Iran.

XV. AGREEMENT RENEWAL

This Agreement shall not bind nor purport to bind the GRANTOR for any contractual commitment in excess of the original Agreement period.

XVI. RIGHT TO ASSURANCE

If the GRANTOR in good faith has reason to believe that the GRANTEE does not intend to, or is unable to perform or continue performing under this Agreement, the GRANTOR may demand in writing that the GRANTEE give a written assurance of intent to perform. Failure by the GRANTEE

to provide written assurance within the number of days specified in the demand may, at the GRANTOR's option, be the basis for terminating this Agreement under the terms of this Agreement or other rights and remedies available by law.

XVII. CANCELLATION FOR CONFLICT OF INTEREST

The GRANTOR or the GRANTEE may, by written notice cancel this Agreement without penalty or further obligation pursuant to A.R.S. § 38-511 if any person significantly involved in initiating, negotiating, securing, drafting or creating the Agreement on behalf of the State or its subdivisions (unit of local government) is an employee or agent of any other party in any capacity or a consultant to any other party to the Agreement with respect to the subject matter of the Agreement. Such cancellation shall be effective immediately upon receipt of written notice from the GRANTOR or the GRANTEE, unless the notice specifies a later time.

XVIII. THIRD PARTY ANTITRUST VIOLATIONS

GRANTEE assigns to the State of Arizona, GRANTOR any claim for overcharges resulting from antitrust violations to the extent that such violations concern materials or services supplied by third parties to GRANTEE toward fulfillment of this Agreement.

XIX. AVAILABILITY OF FUNDS

Every payment obligation of the GRANTOR under this Agreement is conditioned upon the availability of funds appropriated or allocated for the payment of such obligations. If the funds are not allocated and available for the continuance of this Agreement, the GRANTOR may terminate this Agreement at the end of the period for which funds are available. No liability shall accrue to the GRANTOR in the event this provision is exercised, and the GRANTOR shall not be obligated or liable for any future payments or for any damages as a result of termination under this paragraph, including purchases and/or contracts entered into by the GRANTEE in the execution of this Agreement.

XX. FORCE MAJEURE

If either party hereto is delayed or prevented from the performance of any act required in this Agreement due to acts of God, strikes, lockouts, labor disputes, civil disorder, or other causes without fault and beyond the control of the party obligated, performance of or payment for such act will be excused for the period of the delay.

XXI. ARBITRATION

This agreement is subject to arbitration to the extent required by A.R.S. § 12-1518.

XXII. GOVERNING LAW AND CONTRACT INTERPRETATION

a) This Agreement shall be governed and interpreted in accordance with the laws of the State of Arizona. First Things First follows all State of Arizona and Federal laws, State of Arizona Uniform Terms and Conditions and in particular abides by the Arizona Uniform Terms and Conditions and Uniform Instructions and are incorporated into this Agreement through reference. These laws

include Federal Immigration and Nationality Act (FINA) and all other federal immigration laws and regulations related to immigration status of its employees. First Things First may request verification for any Grantee, Contractor, or Subcontractor performing work under the agreement. Anyone entering into an Agreement with First Things First is required to follow any and all State laws around immigration and English only. Should First Things First suspect that a grantee is not in compliance with state or federal laws and First Things First may pursue any and all remedies allowed by law, including but not limited to: suspension of work, termination, and suspension and/or debarment of the grantee. All costs necessary to verify compliance are the responsibility of the grantee.

b) This Agreement is intended by the parties as a final and complete expression of their agreement. No course of prior dealings between the parties and no usage of the trade shall supplement or explain any terms in this document.

c) Either party's failure to insist on strict performance of any term or condition of the Agreement shall not be deemed a waiver of that term or condition even if the party accepting or acquiescing in the nonconforming performance knows of the nature of the performance and fails to object.

XXIII. ENTIRE AGREEMENT

This Agreement and its Attachments/Exhibits constitute the entire Agreement between the parties hereto pertaining to the subject matter hereof and may not be changed or added to except by a writing signed by all parties hereto in conformity with Section X Reporting Requirements of this Agreement; provided, however, that the GRANTOR shall have the right to immediately amend this Agreement so that it complies with any new legislation, laws, ordinances, or rules affecting this Agreement. All prior and contemporaneous agreements, representations, and understandings of the parties, oral, written, pertaining to the subject matter hereof, are herby superseded or merged herein.

XXIV. RESTRICTIONS ON LOBBYING

The GRANTEE shall not use funds made available to it under this Agreement to pay for, influence, or seek to influence any officer or employee of a State, Local or Federal government.

XXV. LICENSING

The GRANTEE, unless otherwise exempted by law, shall obtain and maintain all licenses, permits and authority necessary to perform those acts it is obligated to perform under this Agreement.

XXVI. NON-DISCRIMINATION

The GRANTEE shall comply with all state and federal equal opportunity and non-discrimination requirements and conditions of employment, including the American with Disability Act, in accordance with A.R.S. Title 41, Chapter 9, Article 4 and Executive Order 2009-09, which mandates that all persons, regardless of race, color, religion, sex, age, national origin, disability or political affiliation, shall have equal access to employment opportunities and all applicable provisions and regulations relating to Executive Order No. 13279 – Equal Protection of the Laws

for Faith-based and Community Organizations.

XXVII. SECTARIAN REQUESTS

Funds disbursed pursuant to this Agreement may not be expended for any sectarian purpose or activity, including sectarian worship or instruction in violation of the United States or Arizona Constitutions.

XXVIII. SEVERABILITY

The provisions of this Agreement are severable. Any term or condition deemed illegal or invalid shall not affect any other term or condition of the Agreement.

XXIX. ADVERTISING AND PROMOTION OF AGREEMENT

The GRANTEE shall not advertise or publish information for commercial benefit concerning this Agreement without the written approval of the GRANTOR.

XXX. OWNERSHIP OF INFORMATION, PRINTED AND PUBLISHED MATERIAL

The GRANTOR reserves the right to review and approve any publications and/or media funded or partially funded through this Agreement. All publications funded or partially funded through this Agreement shall recognize the GRANTOR, and GRANTOR shall have full and complete rights to reproduce, duplicate, disclose, perform, and otherwise use all materials prepared under this Agreement.

The GRANTEE agrees that any report, printed matter, or publication (written, visual, or sound, but excluding press releases, newsletters, and issue analyses) issued by the GRANTEE describing programs or projects funded under this agreement in whole or in part with First Things First funds and shall follow the protocol and style guide provided by First Things First and normally located in the Partners and Grant Management System (PGMS).

XXXI. INDEMNIFICATION

Indemnification Language for Public Agencies. Each party (as 'indemnitor') agrees to indemnify, defend, and hold harmless the other party (as 'indemnitee'') from and against any and all claims, losses, liability, costs, or expenses (including reasonable attorney's fees) (hereinafter collectively referred to as 'claims') arising out of bodily injury of any person (including death) or property damage but only to the extent that such claims which result in vicarious/derivative liability to the indemnitee, are caused by the act, omission, negligence, misconduct, or other fault of the indemnitor, its' officers, officials, agents, employees, or volunteers."

This indemnity shall not apply if the Grantee or sub-contractor(s) is/are an agency, board, commission or university of the State of Arizona.

XXXII. INSURANCE REQUIREMENTS

Grantee and subcontractors shall procure and maintain until all of their obligations have been discharged, including any warranty periods under this Contract, are satisfied, insurance against claims for injury to persons or damage to property which may arise from or in connection with the performance of the work hereunder by the Grantee, his agents, representatives, employees or subcontractors.

The *insurance requirements* herein are minimum requirements for this Contract and in no way limit the indemnity covenants contained in this Contract. First Things First in no way warrants that the minimum limits contained herein are sufficient to protect the Grantee from liabilities that might arise out of the performance of the work under this contract by the Grantee, its agents, representatives, employees or subcontractors, and Grantee is free to purchase additional insurance.

All certificates required by this Contract shall be sent directly to (First Things First, Grants and Contracts Procurement Specialist, 4000 N. Central, Suite 800, Phoenix, AZ 85012). The State of Arizona project/contract number and project description shall be noted on the certificate of insurance. The State of Arizona reserves the right to require complete, certified copies of all insurance policies required by this Contract at any time and shall be submitted within 15 days of the Agreement becoming final.

A. MINIMUM SCOPE AND LIMITS OF INSURANCE: Grantee shall provide coverage with limits of liability not less than those stated below.

1. **Commercial General Liability – Occurrence Form**
   Policy shall include bodily injury, property damage, personal injury and broad form contractual liability coverage.

• General Aggregate	$2,000,000
• Products – Completed Operations Aggregate	$1,000,000
• Personal and Advertising Injury	$1,000,000
• Blanket Contractual Liability – Written and Oral	$1,000,000
• Fire Legal Liability	$50,000
• Each Occurrence	$1,000,000

   a. The policy shall be endorsed to **include coverage for sexual abuse and molestation**.
   b. The policy shall be endorsed to include the following additional insured language: ***"The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Grantee".***
   c. Policy shall contain a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Grantee.

2. **Business Automobile Liability**
   Bodily Injury and Property Damage for any owned, hired, and/or non-owned vehicles used in the performance of this Contract.
   - Combined Single Limit (CSL) $1,000,000

     a. The policy shall be endorsed to include the following additional insured language: ***"The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Grantee, involving automobiles owned, leased, hired or borrowed by the Grantee".***
     b. Policy shall contain a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Grantee.

3. **Worker's Compensation and Employers' Liability**
   - Workers' Compensation Statutory
   - Employers' Liability
     - Each Accident $ 500,000
     - Disease – Each Employee $ 500,000
     - Disease – Policy Limit $1,000,000

     a. Policy shall contain a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Grantee.
     b. This requirement shall not apply to separately, EACH Grantee or subcontractor exempt under A.R.S. §23-901, AND when such Grantee or subcontractor executes the appropriate waiver (Sole Proprietor/Independent Contractor) form.

4. **Professional Liability (Errors and Omissions Liability)**
   - Each Claim $1,000,000
   - Annual Aggregate $2,000,000

     a. In the event that the professional liability insurance required by this Contract is written on a claims-made basis, Grantee warrants that any retroactive date under the policy shall precede the effective date of this Contract; and that either continuous coverage will be maintained or an extended discovery period will be exercised for a period of two (2) years beginning at the time work under this Contract is completed.
     b. The policy shall cover professional misconduct or lack of ordinary skill for those positions defined in the Scope of Work of this contract.

B. <u>ADDITIONAL INSURANCE REQUIREMENTS:</u> The policies shall include, or be endorsed to include, the following provisions:
   1. The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees wherever additional insured status is required such

additional insured shall be covered to the full limits of liability purchased by the Grantee, even if those limits of liability are in excess of those required by this Contract.

2. The Grantee's insurance coverage shall be primary insurance with respect to all other available sources.

2. Coverage provided by the Grantee shall not be limited to the liability assumed under the indemnification provisions of this Contract.

C. NOTICE OF CANCELLATION: Each insurance policy required by the insurance provisions of this Contract shall provide the required coverage and shall not be suspended, voided, canceled, or reduced in coverage or in limits except after thirty- (30) days prior written notice has been given to the State of Arizona. Such notice shall be sent directly to (First Things First, Grants and Contracts Procurement Specialist, 4000 N. Central, Suite 800, Phoenix, AZ 85012) and shall be sent by certified mail, return receipt requested.

D. ACCEPTABILITY OF INSURERS: Insurance is to be placed with duly licensed or approved non-admitted insurers in the state of Arizona with an "A.M. Best" rating of not less than A-VII. The State of Arizona in no way warrants that the above-required minimum insurer rating is sufficient to protect the Grantee from potential insurer insolvency.

E. VERIFICATION OF COVERAGE: Grantee shall furnish the State of Arizona with certificates of insurance (ACORD form or equivalent approved by the State of Arizona) as required by this Contract. The certificates for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf.

F. All certificates and endorsements are to be received and approved by the State of Arizona before work commences. Each insurance policy required by this Contract must be in effect at or prior to commencement of work under this Contract and remain in effect for the duration of the project. Failure to maintain the insurance policies as required by this Contract, or to provide evidence of renewal, is a material breach of contract.

G. All certificates required by this Contract shall be sent directly to (First Things First, Grants and Contracts Procurement Specialist, 4000 N. Central, Suite 800, Phoenix, AZ 85012). The State of Arizona project/contract number and project description shall be noted on the certificate of insurance. The State of Arizona reserves the right to require complete, certified copies of all insurance policies required by this Contract at any time. DO NOT SEND CERTIFICATES OF INSURANCE TO THE STATE OF ARIZONA'S RISK MANAGEMENT SECTION.

H. SUBCONTRACTORS: Grantees' certificate(s) shall include all subcontractors as insureds under its policies or Grantee shall furnish to the State of Arizona separate certificates and endorsements for each subcontractor. All coverages for subcontractors shall be subject to the minimum requirements identified above.

I. APPROVAL: Any modification or variation from the *insurance requirements* in this Contract shall be made by the Department of Administration, Risk Management Section, whose decision shall be final. Such action will not require a formal Contract amendment, but may be made by administrative action.

J. EXCEPTIONS: In the event the Grantee or sub-contractor(s) is/are a public entity, then the Insurance Requirements shall not apply. Such public entity shall provide a Certificate of Self-Insurance. If the Grantee or sub-contractor(s) is/are a State of Arizona agency, board, commission, or university, none of the above shall apply.

XXXIII. CONFIDENTIALITY OF RECORDS

The GRANTEE shall establish and maintain procedures and controls that are acceptable to the GRANTOR for the purpose of assuring that no information contained in its records or obtained from the State of Arizona or from a subcontractor under this Agreement shall be used by or disclosed by it, its agents, officers, or employees, except as required, to efficiently perform duties under the Agreement. GRANTEE also agrees that any information pertaining to individual persons shall not be divulged other than to employees or officers of the GRANTEE as needed for performance of duties under this Agreement, unless otherwise agreed to in writing.

XXXIV. CONFIDENTIALITY OF GRANTEE 'S INFORMATION

GRANTEE acknowledges that confidentiality provided in A.R.S. § §41-1505.06 (D) and 41-1505.07(J) may be waived with the GRANTEE's consent, and GRANTEE consents to a total and complete waiver of confidentiality. In waiving confidentiality, GRANTEE understand and consents to disclosure of any information submitted to the GRANTOR that concerns the identify, background, financial status, marketing plans, or trade secrets or any other proprietary information related to the GRANTEE or any person or organization involved in the project(s), including the application and supporting materials, unless such information or materials are clearly marked as "confidential".

XXXV. TERMINATION

a) The GRANTOR reserves the right to terminate the Agreement in whole or in part due to the failure of the GRANTEE to comply with any term or condition of the Agreement, to acquire and maintain all required insurance policies, bonds, licenses and permits or to make satisfactory progress in performing the Agreement. The GRANTOR staff shall provide written notice of the termination to the GRANTEE.

b) The GRANTOR may, upon termination of this Agreement, procure, on terms and in the manner that it deems appropriate, materials or services to replace those under this Agreement. The GRANTEE shall be liable to the GRANTOR for any excess costs incurred by the GRANTOR in procuring materials or services in substitution for those due from the GRANTEE.

XXXVI. CONTINUATION OF PERFORMANCE THROUGH TERMINATION

The GRANTEE shall continue to perform, in accordance with the requirements of the Agreement, up to the date of termination, as directed in the termination notice.

XXXVII. PARAGRAPH HEADINGS

The paragraph headings in this Agreement are for convenience of reference only and do not define, limit, enlarge, or otherwise affect the scope, construction, or interpretation of this Agreement or any of its provisions.

XXXVIII. COUNTERPARTS

This Agreement may be executed in any number of counterparts, copies, or duplicate originals. Each such counterpart, copy, or duplicate original shall be deemed an original, and collectively they shall constitute one agreement.

XXXIX. AUTHORITY TO EXECUTE THIS AGREEMENT

Each individual executing this Agreement on behalf of the GRANTEE represents and warrants that he or she is duly authorized to execute this Agreement.

XL. COMPLIANCE WITH FEDERAL IMMIGRATION LAWS AND REGULATIONS

The GRANTEE shall comply with Executive Order 2005-30, which mandates as follows: 1) The GRANTEE shall, and by signing this agreement does, represents that it is in compliance with all federal immigration laws and regulations; 2) The GRANTEE shall take affirmative action to ensure that all subcontractors of the Contractor execute similar representation; 3) the breach of any such warranty shall be deemed a material breach of this Contract, subject to monetary penalties or other penalties up to and including termination of the Contract; and 4) the State retains the legal right to inspect the papers of any employee who works on the Contract to ensure that the employer is in compliance with its representation.

XLI. Legal Arizona Worker

GRANTEE hereby warrants that it will at all times during the term of this Contract comply with all federal immigration laws applicable to GRANTEE employment of its employees, and with the requirements of A.R.S. § 23-214 (A) (together the "State and Federal Immigration Laws"). GRANTEE shall further ensure that each subcontractor who performs any work for GRANTEE under this contract likewise complies with the State and Federal Immigration Laws.

XLII. NOTICES

Any and all notices, requests, demands or communications by either party to this Agreement, pursuant to or in connection with this Agreement shall be in writing and shall be delivered in person or shall be sent by the United States Postal Service, certified mail, return receipt requested, to the respective parties at the following addresses:

The GRANTEE shall submit notices relative to this Agreement to:

First Things First
Attention: Finance
4000 North Central, Suite 800
Phoenix, Arizona 85012

GRANTOR shall address all notices relative to this Agreement to:

Gila County Health Department
5515 S. Apache Avenue, Ste. 100
Globe, Arizona 85501

XLIII. <u>IN WITNESS WHEREOF</u>

The parties hereto agree to execute this Agreement.

FOR AND BEHALF OF
Gila County

Tommie C. Martin, Chairman,
Board of Supervisors

9/18/12
Date

FOR AND BEHALF OF THE
Arizona Early Childhood Development
And Health Board

Rhian Evans Allvin
Chief Executive Officer

10/9/12
Date

Bryan Chambers, Chief Deputy
Gila County Attorney

9 19 2017
Date

Grant Agreement Attachments & Exhibits

Attachment A	Standard Agency Information Collection Form
Attachment B	Personnel Overview
Attachment C	Narrative Questions and Responses
Attachment D	Implementation Plan
Attachment E	Line Item Budget Form
Attachment F	Budget Narrative Explanation
Attachment G	Disclosure of Other Funding Sources
Attachment H	Financial Systems Survey
Attachment I	Data Collection Form

Exhibit A	Scope of Work Reference/Information
Exhibit B	Care Coordination/Medical Home Standards of Practice
Exhibit C	Developmental and Sensory Screening Standards of Practice
Exhibit D	First Things First Care Coordination/Medical Home Target Service Unit Information
Exhibit E	First Things First Developmental and Sensory Screening Target Service Unit Information
Exhibit F	Data Security Guidelines

Attachment A

FIRST THINGS FIRST STANDARD AGENCY INFORMATION COLLECTION FORM

A. Agency Information:

Program Name (if applicable) Gila County Healthy Steps

Agency Gila County Division of Health and Emergency Services

Contact Person Paula Horn

Address 5515 S. Apache Avenue, Suite 100

Position Deputy Director of Prevention Services

Address

Email phorn@co.gila.az.us

City, State, Zip Globe, AZ 85501

Phone 928-402-8813 x Fax

County Gila

Employer Identification Number: 86-6000444

Agency Classification: _____State Agency xx County Government _____Local Government _____Schools

_____Tribal _____Faith Based _____Non Profit _____Private Organization _____Other

Have you previously conducted business with First Things First using this EIN? x **Y** ____**N**

If **NO,** please go to the following website, download the State of Arizona Substitute W-9 Form and submit with your Application: http://www.gao.az.gov/Vendor/account_setup_home.asp.

In which Congressional (Federal) District is your agency? Enter District # 1

http://www.azredistricting.org (click on Final Maps)

In which Legislative (State) District is your agency? Enter District # 8

http://www.azredistricting.org (click on Final Maps)

Approximately how much FEDERAL funding (from a Federal Source) will your organization expend in your current fiscal year? $5,500,000

What is your organization's fiscal year-end date? 06-30-2012

Accounting Method: _____Cash X Accrual

Does your organization undergo an annual independent audit in accordance with OMB Circular A-133? X **Y** _____**N**

Please provide contact information of the audit firm conducting your audit:

Agency Miller, Allen & CO., P.C.

Address 5333 N. 7th Street Phoenix, AZ 85014

Phone Number 602-264-3888

B. Proposed Program Information / Description:

Amount requested: $155,000.00

Service area of proposed program: Gila County

Target population of proposed program: 200

Number of children to be served: 200

Number of children screened for developmental delays: 200

Please provide a **BRIEF** description of the **proposed program** in one or two paragraphs and this will be the source for a public description describing the nature of the program being implemented that will be used by First Things First.

Gila County Healthy Steps Program enhances the relationship between the parents of an infant and their pediatrician, through the child's fifth year. The Healthy Steps Specialist will work with parents to connect them to services in the community, conduct developmental screenings on a regular basis, introduce and support early literacy activities through the provision of developmentally appropriate books to the child, and work to be sure that parent's questions are answered. Home visits will be conducted at birth and key developmental stages to support families raise healthy successful children. The program will implement the Ages and Stages On-Line Enterprise Screening including Parent Access to ensure that all children receive timely developmental and social emotional screen. The Gila County Healthy Steps Program will serve as the leader in implementing a region-wide developmental screening process that will allow children to receive timely screenings from their first contact with the early childhood system.

C. Contact Information

First Things First Partner and Grants Management System (PGMS) require four designated contacts for contact with First Things First related to this grant (the same person may be assigned to more than one of the roles, if appropriate).

Main Contact Information – This should be information for the person designated as the Main contact for this grant award and this person can view all information related to this grant (financial, programmatic and data collection/evaluation in nature). This person will also be the primary contact for First Things First and should be the person responsible for ensuring the program plan is implemented. Primary correspondence from First Things First will be sent to this person.

Main Contact Person Paula Horn

Position Deputy Director of Prevention Services

Address 5515 S. Apache Avenue, Suite 100

City, State, Zip Globe, AZ 85501

Email phorn@co.gila.az.us

Phone 928-402-8813 x _____ Fax 928425-0794

Program Contact Information – This should be information for the person designated as the Program contact for this grant award and this person can view information related to this grant for program or data collection purposes only.

Program Contact Person Lauren Savaglio

Position Program Manager

Address 5515 S. Apache Avenue, Suite 100

City, State, Zip Globe, AZ 85501

Email lsavaglio@gilacountyaz.gov

Phone 928-402-8811 x _____ Fax 425-0794

Financial Contact Information – This should be information for the person designated as the financial contact for this grant award and this person can view information related to this grant for financial purposes only.

Financial Contact Person Sarah Chavez

Position Accounting Clerk

Address 5515 S. Apache Avenue Suite 300

City, State, Zip Globe, AZ 85501

Email schavez@gilacountyaz.gov

Phone 928-402-4332 x _____ Fax 928-425-0794

Evaluation Contact Information – This should be information for the person designated as the Evaluation contact for this grant award and this person can view information related to this grant for data collection purposes only.

Evaluation Contact Person Lauren Savaglio

Position Program Manager

Address 5515 S. Apache Avenue, Suite 100

City, State, Zip Globe, AZ 85501

Email lsavaglio@gilacountyaz.gov

Phone 928-402-8811 x Fax 928-425-0794

In addition, your application may have included information about a collaborating partner/agency. Please replicate this information as many times as necessary to document the participation and agreement to be involved with the application as a collaborating agency/partner.

Collaborator

Agency Gila County Nursing Section

Address Globe and Payson Location

Address

City, State, Zip

County

Contact Person Lorraine Dalrymple

Position

Email

Phone x Fax

Collaborator

Agency Gila County WIC

Address 5515 S. Apache, Suite 700

Address

City, State, Zip Globe, AZ 85501

County Gila

Contact Person Jamilyn Anderson

Position Supervisor

Email janderson@co.gila.az.us

Phone 928-402-4306 x Fax 928-425-0794

Collaborator

Agency Cobre Valley Regional Medical Center

Address 5880 S. Hospital Drive

Address

City, State, Zip Globe, AZ 85501

County Gila

Contact Person Sheena Guerrero

Position OB Director

Email

Phone 928-425-3261 x Fax

Attachment B

PERSONNEL OVERVIEW

STAFF MEMBER	BACKGROUND AND EXPERTISE OF PERSONNEL
Name: Title: FTE on this project:	Lauren Savaglio Program Manager .25
Name: Title: FTE on this project:	Vacant Healthy Steps Coordinator 1 FTE
Name: Title: FTE on this project:	Vacant Healthy Steps Coordinator 1 FTE
Name: Title: FTE on this project:	Sarah Chavez Accounting Clerk .10
Name: Title: FTE on this project:	
Name: Title: FTE on this project:	

***In addition to this overview, please attach a resume (for current personnel) or a job description (for positions to be hired) for individuals involved in the project.**

Attachment C

Narrative Questions and Responses

Narrative Responses Required
To complete your Application, provide a narrative response that addresses each of the items below.

Provide a description of the program being proposed.

Gila County Healthy Steps Program will implement the National Healthy Steps model to provide care coordination to children and their families. Services will be provided in Globe and Payson with a full time staff person in each city. The model implemented will be the Community Based program that collaborates with various partners in the community to provide services to children. Initial contacts will be made with many families in the hospital. Other families' first contact with the program may be from the Family Access Developmental Screening Program or their well child care providers referral. The program will partner with local hospitals, Payson Christian Clinic, Community Physicans, Canyonlands Clinic as well as the County Immunization Clinic and the WIC Program. The program will provide the services as outlined in the National Heathly Steps model as well as meeting the components of the Scope of Work and Standards of practice included in this document. The program will provide home visits at birth and key developmental stages when appropriate to meet the needs of the families and their children. We have identified 200 as the number of children birth to five. The program will consist of a .25 Program Manager who will oversee the two full time program coordinators housed in Globe and Payson. The program will serve as the lead agency to implement the ASQ Enterprise and Family Access Program within the Healthy Steps Program. In addition the program will develop a plan to implement the Enterprise System region-wide through community partners that provide services to children birth to five. The goal of the program is to provide parent education, identification of delays and coordination of care for all children who reside in Gila County, and to assist with creating a medical home. Training for staff will utilize a combination of the National Healthy Steps training as well as on-going training and support of the Arizona Healthy Steps Program trainers. Intensive training will be provided during the first grant period to insure the success of the program and model fidelity.

Identify and describe the target population to be served by the proposed strategy, including:

- Unit of service will be 200 unduplicated children birth to five and their families in Gila County receiving ongoing Healthy Steps support.
- 200 children will receive ASQ and ASQ-SE developmental screening either through the Parent Access Program or screenings conducted by the Healthy Steps Specialist. The program will screen children at key developmental milestone with a target of 400 screens and appropriate follow-up.

How the strategy will meet the needs of the targeted population in terms of being culturally competent, linguistically appropriate, age appropriate and gender responsive.

We plan to follow the Healthy Steps curriculum which has been proven to be evidence based as well as culturally competent, linguistically appropriate and gender responsive . Gila County provides training to all staff regarding cultural competency and currently has staff to assist with linguistic barriers.

Recruitment and outreach efforts, engagement and retention practices for the targeted population.

Healthy Steps curriculum and training will provide a multi-faceted approach to retention of clientele. Outreach will consist of working with agencies who service the same target population.

Identify capacity or infrastructure building which will be needed, including agreements and partnerships with other departments and agencies, additional resources, and training and technical assistance to provide the proposed service.

The program will partner with local hospitals, Payson Christian Clinic, Community Physicans, Canyonlands Clinic as well as the County Immunization Clinic and the WIC Program. We plan to form a partnership with the home visitation program coordinator in Gila County to assist with meetings and capacity building. Training and technical assistance will be provide by the National and State Healthy Steps Program. The program will become an official Healthy Steps Site upon completion of the initial training.

Identify barriers to providing the service or program proposed and plans for addressing these barriers. Describe plans to recruit and locate personnel within the geographical region of the provided service and that are linguistically and culturally competent for the population to be served.

The barriers we believe may arise will be the participation from one of the hospitals in the area and marketing the program to let the community know about the services that will be available. The plan to address the above barriers will be to collaborate with existing staff currently working with the hospital. Outreach and marketing will be a priority in the initial stages of the program. The personnel required for the program will be compensated at a higher level which will entrust we will get a good selection of applicants in which to pick from.

Describe the plan and resources necessary to meet FTF basic reporting requirements, maintain data securely and confidentially.

We plan to capture the reporting requirements in an electronic data base which our County IT has password protected software in place to ensure confidentiality. The staff our familiar with reporting requirements of First Things First.

Describe the process of implementing the ASQ-3 online system within the community of health practitioners.

We plan to purchase the enterprise system and begin implementation upon completion of the Healthy Steps training. After the staff become super-users of the on-line system, we will attempt to collaborate with other programs to use the on-line system. Healthy Steps staff will be the technical support for the ASQ online system. The Developmental Screening Program set up will meet all of the requirements outlined in the scope of work including community collaboration and reporting to the Regional Council.

Attachment D

IMPLEMENTATION PLAN: October 1, 2012 – June 30, 2013

Activities	Task	Person Responsible	Date Task Will Be Completed/Timeline	Support Documentation
Preparation	Recruit new employees for Healthy Steps Program Coordinator	HR/Program Manager/Deputy Director	11/15/2012	Job Description/Job filled/Resume of new staff
	Purchase office equipment	Program Manager	11/15/12	Purchase orders/receipts
	Purchase supplies	Program Coordinators	12/01/12	Receipts
Training	Schedule training with National Healthy Steps program	Program Manager	10/31/12	Training certificates
	On-on-one training with Healthy Steps consultant	Program Coordinators/Program Manager	On-going	Training logs
	ASQ-3 developmental assessment training	Program Manager/Program Coordinators	12/01/12	Certificate/performance
Outreach	Introduction letters to local agencies, physicians and healthcare providers.	Program Manager/Program Coordinators	01/31/13	Letters
	Utilize National Healthy Steps outreach education and information brochures/pamphlets/fact sheets.	Program Manager/Program Coordinators	01/31/13	Outreach materials
	ASQ-online system enterprise	Program Manager	01/31/13	On-line materials
Implementation	Home visits/hospital visits/in-office visits/social group settings to families in Gila County	Program Coordinators	On-going	Case files
	Collaboration with local pediatricians and family doctors that provide service to children birth to five.	Program Manager/Program Coordinators	On-going to build capacity	Meetings/contact information
	Provide education to parents on child development, literacy, parenting, and referral for other supporting resources	Program Manager/Program Coordinators	On-going	Case files
Follow-up	Appropriate referrals	Program Manager/Program Coordinators	At time of visit	Referral/case note

	Review with physician to provide family with a team approach for healthy development of their child	Program Manager/Program Coordinators	On-going	Case note
	Developmental screening referrals	Program Coordinators	On-going	ASQ online system
Evaluation	Ensure all reports are provided to FTF in a timely manner.	Program Manager	On-going	Quarterly Reports
	Purchase and implement the ASQ-3 and ASQ-SE Online Enterprise system and parent access system.	Program Manager	October 31,2012	Financial Reports
	Set up the Parent access and Enterprise systems for use and train staff.	Program Manager/Program Coordinators	November 30, 2012	Online system ready for use and children being screen.
	Collaborate with First Things First Staff and Gila Regional Council to convene community stakeholders to discuss expansion of the Enterprise system accoss the region.	Program Manager	November 1, 2012	Sign in Sheets from meetings held
	Prepare a report for the Region Council on the pilot implementation of the on-line system and pland for expansion to community partners.	Program Manager/Program Coordinators	April 1, 2012	Report submitted to First Things First
	Collaborate with First Things First to provide data from the Gila Enterprise System to the First Things First Hub	Program Manager/Program Coordinators	Approximately April 2012 or when the First Things First Hub is in place.	Case note
	Outreach the parent access sytem withn the community and provide follow-up for families entering into thedevelopmental screening process throught the system.	Program Coordinators	On-going	ASQ online system

Attachment E

Line Item Budget

While you must use this format, you may reproduce it with Word Processing or Spreadsheet software. Limit your budget line items to the following categories: Personnel, Fringe Benefits, Professional Services, Travel, Pass-Through (i.e. Sub grants), Other Operating Expenses and Administrative/Indirect Costs.

Budget period: October 1, 2012 – June 30, 2013

Budget Category	Line Item Description	Requested Funds	Total Cost
PERSONNEL SERVICES		**Personnel Services Sub Total**	**$62,125.00**
Salaries	Lauren Savaglio-Program Manager	7,583.34	
	Vacant-Program Coordinator	26,250.00	
	Vacant-Program Coordinator	26,250.00	
	Sarah Chavez-Accounting Clerk	2,041.66	
EMPLOYEE RELATED EXPENSES		**Employee Related Expenses Sub Total**	**$23,432.50**
Fringe Benefits or Other ERE	Lauren Savaglio-Program Manager	2957.50	
	Vacant-Program Coordinator	10237.50	
	Vacant-Program Coordinator	10237.50	
PROFESSIONAL AND OUTSIDE SERVICES		**Professional & Outside Services Sub Total**	**$21,589.85**
Contracted Services	Healthy Steps	20,000.00	
	ASQ Enterprise System	1589.85	
TRAVEL		**Travel Sub Total**	**$11,340.60**
In-State Travel	Mileage x .445	5,108.60	
	Hotel 2X2 @ 100.00	400.00	
	Perdiem 2X2X4	200.00	
Out of State Travel	Flight/taxi	2,200.00	
	Hotel 2X4	2016.00	
	Perdiem 4X3	1416.00	
AID TO ORGANIZATIONS OR INDIVIDUALS		**Aid to Organizations or Individuals Sub Total**	**$**
Subgrants or Subcontracts to organizations/agencies/entities			
OTHER OPERATING EXPENSES		**Other Operating Expenses Sub Total**	**$23,551.00**
• Telephones/Communications Services	2 cell phones	840.00	
• Internet Access	Payson office	420.00	
• General Office Supplies	3 staff members	1091.00	
• Rent/Occupancy	Payson office space	4,200.00	
• Utilities	n/a	0	
• Furniture	2 staff members	6000.00	
• Postage		200.00	
• Software (including IT supplies)	2 laptop systems	4000.00	
• Dues/Subscriptions	n/a	0	
• Advertising		800.00	
• Printing/Copying	including copy machine lease	800.00	
• Equipment Maintenance	n/a	0	
• Professional Development/Staff Training	Brazelton	900.00	
• Conference Workshops/ Training Fees for Staff	n/a	0	
• Insurance	n/a	0	
• Program Materials		0	
• Program Supplies		2000.00	
• Scholarships		0	
• Program Incentives	literacy	2300.00	
NON-CAPITAL EQUIPMENT		**Non-Capital Sub Total**	**$**
Equipment $4,999 or less in value			
Subtotal Direct Program Costs:			**$**
ADMINISTRATIVE/INDIRECT COSTS		**Total Admin/Indirect**	**$12961.05**
Indirect/Admin Costs		$12042.50	$
Total		**$**	**$155,000.00**

Authorized signature _____ Date 9/18/12

Attachment F

Gila County Healthy Steps Program
9 Month Budget Narrative

Personnel
Lauren Savaglio is the Program Manager. She oversees all the Maternal and Child Health Programs and will be spending 25% of her time on the proposed program for the 9-month grant cycle to include attending program related meetings and training. She will provide assistance with purchasing, coordination and outreach of the program. The program manager will also be responsible for the quality assurance, staff supervision of the program. The manager's salary will total $7,583.34.
The position of Program Coordinator will be hired at a full-time basis. There will be two Program Coordinators. They will be responsible for daily oversight of program implementation for the 9 month grant cycle. They will provide home visitation services, working with each of the families and providing developmental screenings and follow-up for participants. They will be responsible for outreach, media campaign and coordination with other agencies. The Program Coordinators salaries will total $52,500.00.
Sarah Chavez is the accounting clerk. She will provide all the billing and fiscal management for the program. Each program who utilizes the clerk is responsible to pay $3,500.00 to cover her salary, and benefits for the 9-month grant cycle the total will be 2,041.66. Grand total of personnel expenses will be $62,125.00.
ERE/Fringe Benefits
The approved fringe benefits for all Gila County employees include: Arizona Retirement, Medicare, Social Security, Arizona Unemployment, Worker's Compensation, and health insurance. The program manager's portion will total $2,957.50. The program coordinator's portion will total $20,475.00. Grand total of fringe benefits will be $23,432.50.
Professional and Outside Services
Gila County will be required to attend the Healthy Steps Training institute for our site the cost will be $20,000.00. The ASQ online enterprise system is a one-time cost of $499.95, a technical support cost of $139.95, a Family Access fee of 349.95, an ASQ and an ASQ-SE liscense fee of $400.00 and $0.50 per screen over 100 ($200 for 400 screens) to implement in Gila County. Total amount is $1589.85
Travel Expenses
The program manager and two program coordinators will be required to attend one out of state training for Brazelton and the flight will be $700.00, hotel $168.00 a night for 4 nights, taxi fare of $100.00 and perdiem at $59.00 per day for four days. The total out-of –state travel costs will be $5,632.00. Staff will attend Gila Regional Partnership Council meetings every three months (200 miles 2 times) mileage .445 cents per mile for a total of $178.00. Staff will be required to attend monthly staff meetings (180 miles each trip for 6 months) mileage .445 cents per mile for a total of $480.60. Program travel for the manager and community health assistant is necessary in the successful implementation of the program including outreach, recruiting participants, coordination with local agencies and program implementation. We have estimated mileage to be 5000 miles at .445 per mile total $4,450.00. Total mileage $5,108.60. Perdiem is estimated to provide $25.00 per day for two staff for four days total $200.00. Two night hotel stay for the program manager and community health assistant total $400.00. Total travel expenses $11,340.60.
Other Operating Expenses
The routine office operating expenses will consist of paper, envelopes, business cards, mailings, appointments and referral cards the total price will be $1,091.00. Communication supplies will

consist of two cell phones prices at $70.00 per month and internet services for the Payson office at $70.00 per month. In Payson we will rent office space in the amount of $700.00 per month. The first nine month contract we will need to purchase office furniture for two of the staff members including desk, chairs, locking filing cabinets, client chairs, kid zone furnishings, staplers, tape dispensers, label printers and other misc. in the amount of $6,000.00. The program coordinators will need to purchase a laptop in the amount of $4000.00. This is a new program and they will need advertising in local newspapers, flyers and referral cards for $800.00. Each staff member will need to pay for coping expenses and a portion of the copy machine lease for each office for a total of $800.00. The Brazelton Institute Training will cost $300.00 for all three staff members to attend for a total of $900.00. Program materials and incentives will include books, educational materials, and participation incentives in the amount of $2,300.00. This results in a grand total of $23,551.00.

Indirect costs

As a Gila County employee there are indirect costs for personnel paperwork, finance, mail routing, and support staff which will be budgeted in the amount of $12,961.05 per year. This reflects approximately 8% of direct expenses.

Applicants must list either Option A or Option B and provide proper justification for expenses included:

X **Option A - Administrative Costs**: *with proper justification, sub grantees may include an allocation for administrative costs for up to 10% of the total direct funds requested of the grant request. Administrative costs may include allocable direct charges for: costs of financial, accounting, auditing, contracting or general legal services; costs of internal evaluation, including overall organization's management improvement costs; and costs of general liability insurance that protects the organization(s) responsible for operating a project, other than insurance costs solely attributable to the project. Administrative costs may also include that portion of salaries and benefits of the project's director and other administrative staff not attributable to the time spent in support of a specific project.*

OR

☐ ***Option B - Federally Approved Indirect Costs***: *If your organization has a federally approved indirect cost rate agreement in place, grantees may include an allocation for indirect costs for up to 10% of the grant request.* ***Applicants must provide a copy of their federally approved indirect cost rate agreement***.

Indirect costs are costs of an organization that are not readily assignable to a particular project, but are necessary to the operation of the organization and the performance of the project. The cost of operating and maintaining facilities, depreciation, and administrative salaries are examples of the types of costs that are usually treated as indirect.

Authorized signature_____ Date 9/18/12

Attachment G

DISCLOSURE OF OTHER FUNDING SOURCES*

Please list all other funding that your organization currently receives from State or Public Agencies, Federal Agencies, Non-Profit Organizations, or any other source providing funding for the proposed Program*. Statute ARS 8-1183 provides for a prohibition on supplanting of state funds by First Things First expenditures, meaning that no FTF monies expended are to be used to take the place of any existing state or federal funding for early childhood development and health programs.

Use a continuation sheet if necessary. The following form may be reproduced with word processing software or another form may be created that contains all the information requested.

Type of Funding (Federal, State, local, other)	Received From	Amount	✔ If used for match on this grant
N/A		0	
TOTAL:		0	

***This table should include only those funds that will support the program detailed in this Application.**

Authorized Signature: Tommie C. Martin Date: 9/18/12

Job Title: Tommie C. Martin, Chairman Board of Supervisors

Attachment H:

FIRST THINGS FIRST FINANCIAL SYSTEMS SURVEY

Name of Applicant: Gila County Division of Health and Emergency Services

Please answer every question by filling in the circle next to the correct answer. Attach materials and document comments as required.

As stewards of federal and state funds, First Things First awards funds to organizations (regardless of how small or large) that are both capable of achieving project goals/objectives and upholding their responsibility for properly managing *funds* as they achieve those objectives.

This survey will be used primarily for initial monitoring of the organization. This survey may also be used in evaluating the financial capability of the organization in the award process. Deficiencies should be addressed for corrective action and the organization should consider procuring technical assistance in correcting identified problems.

A. GENERAL INFORMATION

1. Has your organization received a Federal or State Grant within the last two years?	X YES o NO
2. Has your organization completed an A-133 Single Audit within the past two years? If yes, please **attach** a complete copy of your A-133 Audit, including, but not limited to, your Management Let Findings and Questioned Costs.	X YES o NO
3. If your organization has not completed an A-133 Single Audit, have your financial statements be audited, reviewed or compiled by an independent Certified Public Accountant within the past tv years? If yes, please **attach** a complete copy of the most recent audited, reviewed or compiled financial statements. NOTE THAT ONLY ONE COPY OF YOUR AUDIT NEEDS TO BE INCLUDED WIT THE APPLICATION MARKED "ORIGINAL". It is not necessary to include additional copies with ea copy of the completed Application.	o YES o NO
4. Please **attach** a schedule showing the TOTAL federal funds (by granting agency) expended by yo agency for the most recent fiscal year. Note: If your organization had an A-133 Single Audit, a copy of the "Schedule of Expenditures for Federal Awards" can be submitted. ONLY ONE COPY I NEEDED, TO BE INCLUDED WITH THE APPLICATION MARKED "ORIGINAL"	
5. Has your organization been granted tax-exempt status by the Internal Revenue Service?	o YES X NO o N/A
6. If you answered YES to question #5, under what section of the IRS code? O 501 C (3) O 501 C (4) O 501 C (5) O 501 C (6) O Other Specify:_____	
7. Does your organization have established policies related to salary scales, fringe benefits, travel reimbursement and personnel policies?	X YES o NO

B. FUNDS MANAGEMENT

1. Which of the following describes your organization's accounting system?	o Manual X Automated o Combination

2. How frequently do you post to the General Ledger?	o Daily X Weekly o Monthly o Other
3. Does the accounting system completely and accurately track the receipt and disbursements of funds by each grant or funding source?	X YES o NO
4. Does the accounting system provide for the recording of actual costs compared to budgeted co: for each budget line item?	X YES o NO
5. Are time and effort distribution reports maintained for employees working fully or partially on state or federal grant programs that account for 100% of each employee's time?	X YES o NO
6. Is your organization familiar with Federal Cost Principles (i.e. 2 CFR 220, 2 CFR 225, and 2 CFR 230)?	X YES o NO
7. How does your organization plan to charge common/indirect costs to this grant? **NOTE:** Those organizations using allocable direct charges **must attach** a copy of the methodology and calculations in determining those charges. Those organizations using a federally approved indirect cost rate **must attach** a copy of the approval documentation issued by the federal government.	X Direct Charges o Utilizing an Indirect Cost Allocation Plan or Rate

C. INTERNAL CONTROLS

1. Are duties of the bookkeeper/accountant segregated from the duties of cash receipt or cash disbursement?	X YES o NO
2. Are checks signed by individuals whose duties exclude recording cash received, approving vouchers for payment and the preparation of payroll?	X YES o NO
3. Are all accounting entries and payments supported by source documentation?	X YES o NO
4. Are cash or in-kind matching funds supported by source documentation?	X YES o NO
5. Are employee time sheets supported by appropriately approved/signed documents?	X YES o NO
6. Does the organization maintain policies that include procedures for assuring compliance with applicable cost principles and terms of each grant award?	X YES o NO

D. PROCUREMENT

1. Does the organization maintain written codes of conduct for employees involved in awarding or administering procurement contracts?	X YES o NO
2. Does the organization conduct purchases in a manner that encourages open and free competition among vendors?	X YES o NO
3. Does the organization complete some level of cost or price analysis for every major purchase?	X YES o NO
4. Does the organization maintain a system of contract administration to ensure Grantee conformance with the terms and conditions of each contract?	X YES o NO
5. Does the organization maintain written procurement policies and procedures?	X YES o NO

E. CONTACT INFORMATION

Please indicate the following information. In the event that First Things First has questions about this survey, this individual will be contacted.

Prepared By: Paula Horn

Job Title: Deputy Director of Prevention Services

Date: 08/14/12

Phone/Fax/Email: 928-402-8813/928-425-0794/phorn@co.gila.az.us

F. CERTIFICATION

I certify that this report is complete and accurate, and that the Grantee has accepted the responsibility of maintaining the financial systems.

Authorized Signature

G. COMMENT AND ATTACHMENTS

Please use the space below to comment on any answers in Sections A – D. Please indicate the Section and Question # next to each comment. Number of Attachments (please number each attachment): _____

COMMENTS:

Attachment I

Data Collection Form

Performance Measure	Plan for Data Collection	Plan for Using the Data	Quality Assurance
Care Coordination/ Medical Home Number of children served/ proposed service number	Case files and electronic data base	Report to FTF	Program Manager will review number of children every quarter.
Number of written care plans completed	Case files and electronic data base	Report to FTF and the assist families	Review all care plans and make appropriate referrals
Number of families receiving referrals for health insurance enrollment	Demographic paperwork developed to obtain information on enrollment	Report to FTF and to assist families with enrollment	Review cases to ensure enrollment assistance is given to all families requesting assistance
Number of referrals for health and human service providers	ASQ online system will provide the follow-up indicators to assist the staff to refer based on the score of the developmental screen.	Report to FTF. Assist children with needed referrals	Review cases to ensure enrollment assistance is given to all families requesting assistance
Developmental & Sensory Screening Number of children screened for developmental delays/ proposed service number	Case files and ASQ online system will track children	Report to FTF. Long term tracking of children from various agencies at vital developmental stages.	Review ASQ online reports on a quarterly basis

Exhibit A:

Scope of Work Reference/Information

Overview of First Things First

On November 7, 2006, Arizonans made an historic decision on behalf of our state's youngest citizens. By majority vote, they made a commitment to all Arizona children five and younger, that children would have the tools they need to arrive at school healthy and ready to succeed. The voters backed that promise with an 80-cent per pack increase on tobacco products to provide dedicated and sustainable funding for early childhood services for our youngest children. The initiative created the statewide First Things First board and the 31 regional partnership councils that share the responsibility of ensuring that these early childhood funds are spent on strategies that will result in improved education and health outcomes for kids 5 and younger.

First Things First is designed to meet the diverse needs of Arizona communities. The regional councils are comprised of community volunteers, with each member representing a specific segment of the community that has a role in ensuring that Arizona's children grow up to be ready for school, set for life: parents, leaders of faith communities, tribal representatives, educators, health professionals, business leaders, and philanthropists.

First Things First Strategic Direction

FTF's commitment to young children means more than simply funding programs and services. It means having a shared vision about what being prepared for kindergarten actually means. First Things First specifies that programs and services funded by the FTF Board and Regional Partnership Councils are to address one or more of the following Goal Areas as defined by the statute:

- Improve the quality of early childhood development and health programs.
- Increase the access to quality early childhood development and health programs.
- Increase access to preventive health care and health screenings for children through age five.
- Offer parent and family support and education concerning early childhood development and literacy.
- Provide professional development and training for early childhood development and health providers.
- Increase coordination of early childhood development and health programs and provide public information about the importance of early childhood development and health.

The FTF Board established a strategic framework with a set of school readiness indicators that provide a comprehensive composite measure to show whether young children are ready for success as they prepare to enter kindergarten. The strategies funded by FTF work collectively to develop a comprehensive system across the state and regionally to address the school readiness indicators. The FTF Board and Regional Partnership Councils determine the priorities and strategies to be funded across the state and throughout the regions assessing the challenges and building on the resources and assets in place.

School Readiness Indicators

1. #/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical
2. #/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars
3. #/% of children with special needs enrolled in an inclusive early care and education program with a Quality First rating of 3-5 stars
4. #/% of families that spend no more than 10% of the regional median family income on quality care and education with a Quality First rating of 3-5 stars
5. % of children with newly identified developmental delays during the kindergarten year
6. # of children entering kindergarten exiting preschool special education to regular education
7. #/% of children ages 2-5 at a healthy weight (Body Mass Index-BMI)
8. #/% of children receiving timely well child visits
9. #/% of children age 5 with untreated tooth decay
10. % of families who report they are competent and confident about their ability to support their child's safety, health and well being

What is the Funding Source?

First Things First provides for distribution of funding through both statewide and regional grants. Statewide programs are considered those implemented across regional boundaries and are designed to benefit Arizona's children as a whole. Regional funding is based on the approval of the Regional Partnership Council funding plans submitted to the FTF Board each year.

What is the Total Funding Amount Available in this Request for Grant Application?

This is a nine (9) month contract for the fiscal year ending June 30, 2013 with an option for renewal for two (2) additional twelve (12) month periods. Total funds available are approximately $150,000 to fund the Healthy Steps- Care Coordination program for the first funding period. An additional $5,000 is available to plan and implement an online Developmental Screening implementation pilot process during the first year as part of the Care Coordination Program. The total award for year one is $155,000. First Things First reserves the right not to award the entire amount of available funds or to award an amount that is greater than the posted available funds. Renewal will be contingent upon satisfactory contract performance, evaluation and availability of funds.

Scope of Work: What Strategy Will This Grant Fund and How Will It Make a Difference for Children?

Statement of need

Effective care coordination begins with recognizing the needs of families and the coordination between health providers and health systems. It is based upon the relationship between the

family, the health care providers and the care coordinator. It enhances access to needed services and resources, promotes optimal health and functioning of children, and supports improved quality of life. Data shows that primary care physicians struggle to fulfill the care-coordination needs of children, youth, and families. Care is coordinated and/or integrated across all elements of the complex health care and social services systems (e.g., subspecialty care, hospitals, home health agencies, home visitation services) and the patient's community (e.g., family, schools, childcare, public and private community-based services). Care coordinators enable medical practices to assure that their patients get the necessary services when and where they need it in a culturally and linguistically appropriate manner. An important component of a Care Coordination strategy is to insure children receive regular developmental screenings at six-month intervals. Developmental screening has been a practice used in multiple settings; however, integrating the information using an online web-based system from those settings into a common database is a relatively new option.

Regional Intent:

In 2010, Gila County ranked lowest in health outcomes in Arizona according to the County Health Rankings published by the Robert Woods Johnson Foundation report "Mobilizing Action Toward Community Health." While official reports show that approximately 12% of children in Gila County were uninsured, it is believed that this is significantly unreported and that many families are not accessing appropriate health care services for their young children. In the same year, 49% of all children ages 19-35 months had the recommended set of immunizations, while 96% of incoming kindergartners were fully immunized. Both facts illustrate a need for more coordinated care for this population.

Information from Gila County regional school districts reflects that many children are entering kindergarten with undiagnosed developmental delays, specifically in speech/language and social emotional domains. This phenomena creates a widely variety of readiness levels among many students in the region. In one school district, 67% of incoming pre-kindergarten children qualified for a special education pre-kindergarten program.

The Gila Regional Partnership Council feels strongly that children and families need access to coordination of services that will ensure universal preventive services are provided and have identified Care Coordination/Medical home as the mechanism to address this need.

The Gila Regional Partnership Council has also identified the need for parents to have more access to relevant and useful information about their children, as well as having someone available to answer their questions about child development, developmental concerns , discipline, well-baby visits (and getting the most out of them), nutrition, and other areas of development. The Gila Regional Partnership Council has identified the *Healthy Steps for Young Children National Model* as the mechanism to address these needs. Healthy Steps is a program model that is to be funded through the Regional Council's Care Coordination/Medical Home strategy, and through this Agreement. It will be implemented in either a community based or clinic-based model. Included in the Healthy Steps model is the possibility of doing short-term home visits with at risk families.

- The Clinic-Based Healthy Steps for Young Children program implemented through the County Health Department Clinics, faith based clinics and/or Federally Qualified Healthcare Clinic (FQHC) in the region by providing care coordination services to children and families who are served by the county public health or medical clinic practices.
- The Community-Based Healthy Steps for Young Children programs that brings together partners from the health community including the regions' birthing hospital, clinic-based programs, physician's offices or community-based programs, depending on which pediatrician the parents have selected and the desire of the parent to remain in the program.
- The Ages and Stages Questionnaire (ASQ) online developmental screening system ***must be included*** in the Healthy Steps model implementation during the first year.

The Gila Regional Council has identified the following needs within the region:

1. Improve parent awareness and knowledge of the community based health and social services that are available;
2. Increase the numbers of children who are accessing a medical home;
3. Improve the rates of toddlers who are fully immunized; and
4. Decrease the numbers of children who arrive at kindergarten with newly diagnosed developmental delays.

In addition, programs implemented under this care coordination strategy will support the connection between the family and their pediatrician or medical provider, will work to establish a pediatric medical home provide additional parental support and information. The Gila Regional Council intends to build an infrastructure of services that will be offered to all newborns and their families across the region, potentially reaching all children and their families.
The Gila Regional Council intends to fund a ***single administrative home*** that can provide Healthy Steps and the ASQ developmental screening administration in the Globe/Miami and Payson areas of the region. The Regional Council intends this strategy to be universally available for newborns, infants, toddlers, and preschoolers and their families with an emphasis on enrolling families of newborns.

Evidence based or best practice models of care coordination: There are a number of successful care coordination national models, which have demonstrated impressive health outcomes for children ages birth through five by offering high-risk families additional support to access health care and social services. Applicants are required by the Gila Regional Council to use the Healthy Steps National Model to provide care coordination services and the Ages and Stages Questionnaire (ASQ) online developmental screening tools and systems to be used for the trial implementation period.

Healthy Steps: The Healthy Steps Model has been implemented nationwide and has been proven to have positive outcomes for children and families. Specifically, the Healthy Steps program encourages using a medical home model within the pediatric medical field. The program has shown to have higher rates of child immunizations, higher rates of timely and appropriate

developmental screenings, as well as providing a medical environment that is supportive of parents as the experts on their child.

Programs implementing care coordination will:

- Assure that all program staff has the appropriate experience and education.
- Provide ongoing training and technical assistance to program staff to assure quality and fidelity to the Healthy Steps model. Successful applicants will be asked to identify the Healthy Steps Trainer that they plan to use with their program staff, to assure program fidelity to the model and to assure that staff has the necessary level of support that they need to be effective.
- Assure that all child and family information is handled in a confidential manner.
- Develop procedures for assuring confidentiality regarding the ASQ-3 Online system.
- Assure that appropriate consent is obtained for service delivery.
- Assure that the intake process assesses the strengths and needs of the child and family by utilizing standardized methods and procedures.
- Collaborate with local agencies/community partners.

Care Coordinators will be asked to accomplish the following:

1. Assist the practice to identify children with special healthcare needs, establish methods for tracking, and follow up of these children.
2. Conduct timely developmental and social emotion screening at six month intervals for all children enrolled using the online screening program.
3. Assist the practice to identify other children potentially in need of care coordination services.
4. Complete an intake assessment with full participation of the family. This assessment (including strengths and weaknesses) should consider medical status, developmental stage of the child and a variety of family protective factors such as parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need and children's healthy social emotional development.
5. Work with families to develop a written plan of care. The intensity of care coordination should vary based upon identified needs/desires of the family.
6. Be able to, as appropriate, but not limited to:
   a. Work with the office referral staff to identify service referral needs, ensure completion of referral visits and outcomes of those visits
   b. Assist the family in following up with referrals
   c. Educate families on the importance of making follow up visits
   d. Assist in accessing health insurance as needed
   e. Provide information regarding community resources and linkage to those services
   f. Promote family independence by working to develop self-care skills
   g. Support care transitions
   h. Advocate for the family
7. Monitor the status of the care plan, making any necessary adjustments and communicating changes to the family.

8. Seek out feedback from families on the coordination processes and decisions of the providers serving the child.
9. Participate in quality/performance measurement processes related to the care coordination/medical home model.
10. Care Coordinators will NOT be responsible for performing medical procedures or treatments, giving medical advice, writing reports generally prepared by physicians or nurses and performing routine bookkeeping, clerical or billing functions.

Developmental Screening: The Gila Regional Partnership Council has also decided to use the Ages and Stages (ASQ) -3 online Enterprise Systems and the ASQ-Social and emotional (SE) online Enterprise system to be implemented as part of this grant. The ASQ developmental screening tools were selected by the Regional Council after reviewing the prevalence of current screening tools being used in the region and by other First Things First programs. The ASQ developmental screening tools are considered valid and reliable assessment and screening tools; and it is parent friendly.

ASQ Developmental Screening On-line System Pilot includes:

1. Purchase and implement the ASQ-3 and ASQ-SE online Enterprise Multi-site screening tool into the Healthy Steps – Care Coordination program.
2. Purchase, implement and integrate the Parent Access program to allow parents to complete the ASQ-3 and ASQ-SE online and conduct appropriate follow-up with families that use either the Parent Access Program or the paper version of the assessment tool.
3. Serve as program administrator for the enterprise system setting up appropriate policies and procedures to follow.
4. In Collaboration with First Things First Staff and the Gila Regional Partnership Council, convene community stakeholders groups to discuss expansion of the Enterprise to include other First Things First programs, schools, Head Start Programs, public and private medical clinics, Physician's offices, Child Find, AzEIP and other locations where families access services in the Gila Region.
5. Within six months of the start of the Grant award, a report on the pilot implementation of the online screening process, including a plan for expanding the Enterprise system to multi sites including the community partners, is expected. Included in the report should be information required for further expansion including cost estimates.
6. Serve as ongoing Enterprise administrator of the Gila Enterprise system and coordinate with community partners and the FTF HUB to ensure the success of the program.
7. Review parent initiated developmental screenings from the on-line parent access screening tool, communicate results to parents and make appropriate referrals for follow-up. The Healthy Steps program should serve as the triage with the families by either offering enrollment into the program to families or referral to other First Things First or community programs as appropriate to the needs of the families.
8. All individuals conducting developmental screening will obtain and maintain certification and/ or required training on the ASQ-3, ASQ-SE and the on-line system implementation. Trainings must be approved by the instrument developer to provide training for the on-line version of the instruments.

The intent of the Regional Council is to fund the establishment of a region wide ASQ enterprise system that allows various programs that come in contact with children birth through five to use a common system that also connects to clinical practices electronically in the region. This aspect of program development is considered a pilot that includes a 4-6 month period of planning, training and ongoing evaluation of the process.

It is expected that the ASQ online screening and reporting system will be implemented within the ***Healthy Steps*** program connected with the care coordination strategy implementation. The location of the ***Healthy Steps*** program will purchase the ASQ online enterprise license with the funds allocated to this strategy. The remainder of the funds will be used to support ongoing community collaboration and to encourage other programs to participate in using the online ASQ tools. It is expected that after the initial implementation phase, the Enterprise system will be expanded to include other community programs that currently have ASQ licenses or that are expecting to purchase their own license. This is a capacity building and trial implementation to identify successes and challenges in implementing this system in the region.

The Gila Regional Council intends that the trial implementation period of planning and implementation will occur during the first year of the grant period. It is a trial period with the intent to link the Gila Developmental Screening Enterprise system into a centralized ASQ HUB program to allow de-identified data reporting on developmental screening and delays as a result of the trial program.

Description of strategy including Standards of Practice

Effective care coordination begins with recognizing the needs of families and the coordination between health providers and health systems. It is based upon the relationship between the family, the health care providers and the care coordinator. It enhances access to needed services and resources, promotes optimal health and functioning of children, and supports improved quality of life. Data shows that primary care physicians struggle to fulfill the care-coordination needs of children, youth, and families. Care is coordinated and/or integrated across all elements of the complex health care and social services systems (e.g., subspecialty care, hospitals, home health agencies, home visitation services) and the patient's community (e.g., family, schools, childcare, public and private community-based services,). Care coordinators enable medical practices to assure that their patients get the necessary services when and where they need it in a culturally and linguistically appropriate manner.

An important component of care coordination is a child having a medical home. The medical home represents a standard in primary care where children and their families receive the care they need from a family physician, pediatrician or other healthcare professional that they trust. Healthcare professionals in partnership with the family work with appropriate community resources and systems to achieve the child's maximum potential and optimal health. A medical home addresses well-child care, acute care, and chronic care for all children from birth through their transition to adulthood.

Operating Structure

The intent of the care coordination strategy is to:

1) Provide care coordination services as funded by First Things First Regional Councils
2) Adhere to Healthy Steps - care coordination evidence based models that lead to improved coordination of health services for children 0-5 years of age
3) Adhere to the care coordination models that lead to more children 0-5 having a medical home
4) Adhere to the Care Coordination and Developmental Screening Standards of Practice that is attached (Attachment A).
5) Offer services free of charge to families. Programs implemented under this strategy are offered free of charge to all families who are interested.

Families with young children often face challenges accessing or coordinating needed care. Families in crisis, such as those experiencing homelessness, domestic violence or with chronic health care needs, often need multiple family support and health services. Referrals to such services are often quite haphazard, and families and service providers often struggle to figure out how to "piece together" a disconnected array of health resources. Families and service providers often need advice and assistance in obtaining available services, navigating complex systems and bureaucracies, and coordinating care. It is also necessary to identify and remove barriers that jeopardize care coordination for young children and prevent some families from accessing health care services that are vital to their child's overall well-being.

In order to address these issues and in collaboration with First Things First's goal to build on current efforts to collaborate to improve children's access to quality health care, and build on current efforts to increase the number of health care providers utilizing a medical home model.

First Things First School Readiness Indicators related to this strategy:

FTF is seeking successful applicants to implement this strategy and work collectively with FTF to impact the school readiness indicators below:

- #/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical
- % of families who report they are competent and confident about their ability to support their child's safety, health and well-being.

First Things First Goal Area to be Addressed:

- Health

Target Population to serve

The Regional Council targets newborns, infants, toddlers, and preschoolers and their families for these strategies. Initial focus will be on reaching 200 families accessing the Healthy Steps well-child care in community clinics and county health department services while concentrating

services to low or lower income families. Priority should be given to reaching children at birth or shortly after birth.
This program will also serve families that participate in the ASQ-3 screening process and follow up will be provided regarding this screening process. Target for Developmental Screening using the online system will be at least 250 children.

Geographic Area

The Gila Regional Partnership Council provides services to the communities of Gila County and the Tribal lands of the Tonto Apache Tribe. The Gila Region does ***not*** include the portion of the Fort Apache Indian Reservation (lands of the White Mountain Apache Tribe) within Gila County, or the portion of the San Carlos Apache Indian Reservation within Gila County. The implementation plan must include provision of services in the communities of Payson and Globe/Miami. Service provision to other locations in the region is optional.

Coordination and Collaboration

First Things First prioritizes coordination and collaboration among early childhood service providers as critical to developing a seamless service delivery system for children and families. As a result of coordination and collaboration, services are often easier to access and are implemented in a manner that is more responsive to the needs of the children and families. Coordination and collaboration may also result in greater capacity to deliver services because organizations are working together to identify and address gaps in service. Grantee must demonstrate capacity to work with and participate in coordination and collaboration activities occurring within the First Things First region being served. This may include but is not limited to participating in regular regional collaboration meetings. Depending upon the strategy, there may be additional statewide meetings, which the Applicant may be asked to attend, as noted in the Scope of Work. In order to accomplish this, Applicants should plan the appropriate staffing and budget to support travel to and attendance at monthly meetings within the regional area or statewide meetings, as appropriate.

Program Specific Data Collection and First Things First Evaluation

Successful Applicants agree to participate in the FTF evaluation and any program specific evaluation or research efforts. Data collection and FTF evaluation activities are directly connected with the Goals, Performance Measures and Units of Service aligned to the strategies described in this RFGA. In addition, ongoing evaluation of the ASQ implementation process should be reported in the narrative reports.

Unit of Service and related Target Service Number Definition:
A Unit of Service is a FTF designated indicator of performance specific to each FTF strategy. It is composed of a unit of measure and a number (Target Service Number). A Unit of Measure/Service can be a target population and/or a service/product that a grantee is expected to serve as part of an agreement. The Target Service Number represents the number of units (e.g. target population)

proposed to be served or number of products/services proposed to be delivered during the contract year.

For example, for the FTF strategy Home Visitation the FTF Unit of Service is "number of families served" and a Target Service Number of 50 represents the number of families the Applicant proposes to serve during the contract period. All FTF applicants must clearly state in the proposal a target service number for each strategy specific Unit of Service.
Performance Measures Definition:
Performance Measures measure (1) key indicators of performance (i.e. Unit of Service); (2) basic implementation of strategy; (3) alignment of program activities to strategy specific standards of practice, (4) performance or progress toward pre-established strategic goals. Performance measures may include the level or type of program activities conducted (e.g. serving families/children through home visits) and/or the direct services and products delivered by a program (e.g., providing scholarships).

Successful Applicants must have capacity to collect and submit FTF data requirements, securely and confidentially store client data, and utilize data to assess progress in achieving desired outcomes of the proposed strategy. Units of Service, Target Service Numbers, and Performance Measures outline how quarterly data submissions will be evaluated according to the contracted deliverables and standards of practice for that contract. Additionally, they are used by FTF to determine the key impacts of the strategies, programs and approaches being implemented.

Grantee will be provided with data reporting requirements by FTF and will meet the requirements of the FTF evaluation including, but not limited to, timely and regular reporting and cooperation with all FTF evaluation activities. Timely and regular reporting of all performance and evaluation data includes the electronic submission of data (as identified in data reporting templates designed for each strategy) through the FTF secure web portal known as PGMS.
(The FTF data reporting requirements for this strategy can be found at
http://www.azftf.gov/pages/WebMain.aspx?PageId=9E8669C97C0C408B9F3567C855744398&StrategyId=62

Grantee is required to collaborate with any FTF external evaluation activities, which means the Grantee must collaborate with external evaluation-led child assessment activities. Collaborative activities may include tracking and reporting data pertaining to participant attendance, enrollment, and demographic information. In addition, Grantee agrees to allow FTF and evaluation consultants of FTF to observe program activities on site and successful applicants must collaborate with FTF led and initiated evaluation activities to encourage parent consent for data collection. (Standards for data security for this strategy are found in Exhibit C.)

Units of Service and Performance Measures that are aligned to the Goal for the purposes of this RFGA are as follows:

Unit of Service:

- The targeted service units is 200 children birth to age five for care coordination and 250 children for the online developmental screening during the year.

For **Care Coordination/Medical Home,** the Unit of Service is:

- **Number of children served**

For **Developmental and Sensory Screening,** the Units of Service are:

- **Number of children screened for developmental delays**
- **Number of children receiving vision screening**
- **Number of children receiving hearing screening**

Performance Measures:

For **Care Coordination/Medical Home,** the performance measures are:

- Number of children served/ proposed service number
- Number of written care plans completed
- Number of families receiving referrals for health insurance enrollment
- Number of referrals for health and human service providers

For **Developmental & Sensory Screening,** the performance measures are:

Number of children screened for developmental delays/ proposed service number
(Note: Hearing and Vision screening are not a requirement of the developmental and sensory screening requirements of this grant. Hearing and vision may be a part of the care coordination program but are not required elements of the Developmental Screening component of this agreement)

For the quarterly narrative reports, the following information should be addressed: Description of the ASQ implementation into the Healthy Steps program should be reported. Challenges and successes in implementation should be addressed as well as solutions found. A separate report on the progress in implementation of the ASQ Enterprise On-line system must be submitted to the Gila Regional Director and the Gila Regional Council six months after the implementation of this agreement.

For more information on FTF Goal Areas, Goals and Performance Measures, please reference the FTF Strategy Toolkit at:
http://azftf.gov/pages/webmain.aspx?PageID=2D427ADB35B34BB09F353B77B74AB9BA
For more information on the ASQ-3 and ASQ-SE online system please refer to the Brooks Publisher Website at:
http://www.brookespublishing.com/store/books/squires-asq/proenterprise.htm

For more information on FTF Goal Areas, Goals and Performance Measures, please reference the FTF Strategy Toolkit at:
http://www.azftf.gov/pages/webmain.aspx?PageID=2D427ADB35B34BB09F353B77B74AB9BA

Exhibit B:

FIRST THINGS FIRST

Ready for School. Set for Life.

Standards of Practice

Care Coordination/Medical Home

I. Description of Health Issue

Data shows that primary care physicians struggle to fulfill the care-coordination needs of children, youth, and families. The medical home model represents a standard of primary care where children and their families receive the care they need from a family physician, pediatrician or healthcare professional that they trust. Healthcare professionals in partnership with the family work with appropriate community resources and systems to achieve the child's maximum potential and optimal health. A medical home addresses well-child care, acute care, and chronic care for all children from birth through their transition to adulthood.

A medical home is a building block needed to ensure accessible, patient-centered, and coordinated primary care for children. The medical home model is an approach to providing primary care that is focused on the relationship between the patient and the personal clinician. Championed by the American Academy of Pediatrics, the medical home is broadly defined as primary care that is "accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective." A medical home does not refer to an actual physical place but to an approach to providing health care that assures that patients have access to care, that their care is well coordinated, and that they are engaged in their care, patient centered care.

An important component of a medical home is service coordination and case management to provide linkages for children and their families with appropriate services and resources in a coordinated effort to achieve good health. According to the Medical Home Practice-Based Care Coordination Workbook (McAllistar, Presler, Cooley); "It has been suggested that you cannot be a strong medical home without the capacity to link families with a designated care coordinator."

Effective care coordination begins with recognizing the relationship between the family, the health care provider and the care coordinator. It enhances access to needed services and resources, promotes optimal health and functioning of children, and supports improved quality of life.

Care is coordinated and/or integrated across all elements of the complex health care and social services systems (e.g., subspecialty care, hospitals, home health agencies, home visitation services) and the patient's community (e.g., family, schools, childcare, public and private community-based services). Care coordinators will enhance the abilities of the physician and practice to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.

The non-profit health membership organization, National Quality Forum (NQF), has defined care coordination as a "function that helps ensure that the patient's needs and preferences for health services and information sharing across people, functions, and sites are met over time." In September 2010, NQF endorsed 10 performance measures and 24 preferred practices for care coordination. They can be found at:
http://www.qualityforum.org/projects/care_coordination.aspx

II. Implementation Standards

A. Programs implementing care coordination will:

1. Assure that all program staff has the appropriate experience and education.
2. Provide ongoing training to program staff to assure quality.
3. Assure that all patient and family information is handled in a confidential manner.
4. Assure that appropriate consent is obtained for service delivery.
5. Assure that the intake process assesses the strengths and needs of the child and family by utilizing standardized methods and procedures.
6. Collaborate with local agencies/community partners.

B. Individuals delivering care coordination services will:

1. Assist the practice to identify children with special healthcare needs and establish methods for tracking and follow up of these children.
2. Assist the practice to identify other children potentially in need of care coordination services.
3. Complete an intake assessment, with participation of the family. This assessment (including strengths and weaknesses) should consider medical status, developmental stage of the child and a variety of family protective factors such as parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need and children's healthy social emotional development.
4. Review that intake assessment with the family and identify needs that might be addressed via care coordination.
5. Work with families and health plan, if appropriate, to develop a written plan of care. The intensity of care coordination should vary based upon identified needs/desires of the family.
6. Be able to, as appropriate but not limited to:

a. Work with the office referral staff to identify service referral needs, ensure completion of referral visits and outcomes of those visits
b. Assist the family in following up with referrals
c. Educate families on the importance of follow up
d. Facilitate access to care (insurance or social services)
e. Provide information regarding community resources and linkage to those services
f. Promote family independence by working to develop self-care skills
g. Lead or facilitate team conferences
h. Support care transitions
i. Advocate for the family

7. Monitor the status of the care plan, making any necessary adjustments and communicating changes to the family.
8. Seek out feedback from families on the coordination processes and decisions of the providers serving the child.
9. Participate in quality/performance measurement processes related to the care coordination/medical home model.

It is recommended that well child visits for children age 0-5 years follow the standards for well child visits based upon Early Periodic Screening Diagnostic and Treatment (EPSDT) guidelines. EPSDT funds well-child visits that provide comprehensive health care through primary prevention, early intervention, diagnosis and medically necessary treatment of physical and behavioral health problems for enrolled AHCCCS members less than 21 years of age. Standardized forms and guidelines for all EPSDT providers can be found at: http://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/AppendixB.pdf

Care Coordinators will NOT be responsible for performing medical procedures or treatments, giving medical advice, writing reports generally prepared by physicians or nurses and performing routine bookkeeping, clerical or billing functions.

III. Training and Qualifications Standards

Qualifications for a Care Coordinator include:

- Minimum of a Bachelor's Degree in health care, social work, nursing or related field and have experience working with children birth through five and their families.
- Have excellent communication and organizational skills that promote efficiency in care coordination.
- Have a comprehensive understanding of community, social and governmental resources available to support families.

IV. Cultural Competencies

Programs will also implement the following best practices and standards related to Cultural Competencies:

- To address cultural competency objectives, early childhood practitioners /early childhood service providers shall ensure that children and families receive from all staff members and program participants' effective, understandable, and respectful care that is provided in a culturally competent manner. Early childhood practitioners /early childhood service providers should ensure that staff and participants at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery. Early childhood practitioners/early childhood service providers should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and family-centered involvement to ensure that services are delivered in a manner that is consistent with the National Standards on Culturally and Linguistically Appropriate Services and/or the National Recommendations on Cultural and Linguistic Competence for the National Association for the Education of Young Children."
  http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15
  http://www.naeyc.org/positionstatements/linguistic
- Service providers should understand individual Tribes/Nations are distinct and separate communities from other Tribes/Nations and their governmental systems and structures are not reflective of each other. Services to Tribal communities and on reservations must be provided in a manner compatible with the Tribe's/Nation's cultural beliefs and practices, to include the preferred language of the community. Services must also be provided in accordance with the Tribe's/Nation's laws, policies and procedures. The effectiveness of services is directly related to the provider's consideration of the beliefs, customs and laws of the Tribe/Nation.
- Service providers can obtain information about providing services on tribal lands from a variety of sources. These include the FTF Regional Coordinator, Regional Council members, tribal websites and publications, as well as official representatives of the Tribe/Nation such as the governing body, standing committees and authorized departments.
- It is highly recommended that service providers seek guidance from one or more of these sources before initiating services on reservations. Failure to do so could result in contraventions of cultural beliefs, Tribal laws or sovereignty.
- The ideal applicant will demonstrate their ability to operate within these parameters through prior experience working with Tribes/Nations, demonstrating that staff is culturally competent, partnerships with agencies serving Native American families, knowledge of cultural beliefs, customs and laws of the Tribe/Nation or a combination of these elements.
- Related to data collection, evaluation or research activities:
  - In the United States, Native American Tribes are considered autonomous nations with all of the rights and responsibilities of a nation. Understanding this, Native American Tribes are charged with protecting the health and safety of their people. To this end, Tribes have full ownership over any data collected within their reservation boundaries. This means that Tribes can allow or not allow any program to collect data from or

related to any early childhood development and health program or activities on the reservation.

- Any grantee implementing programs in tribal communities must have official tribal permission to collect and utilize sensitive data from or related to any early childhood development and health program or activities. Such data can include but not be limited to:

    - Morbidity and mortality among children members of their communities
    - Information regarding child safety and welfare
    - Information regarding children in foster care
    - Infectious and chronic disease information among members of their communities
    - BMI and healthy weight information beginning at age 2 years and each year after that

V. References and Resources

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Exhibit C:

FIRST THINGS FIRST

Ready for School. Set for Life.

Standards of Practice
Developmental and Sensory Screening
Administration Services

I. Description of Strategy Health Issue

As part of a comprehensive system of services to families, there is a need for additional services to screen and identify children who may have developmental delays or sensory (hearing, vision) problems. Many children who have spent time in a neonatal intensive care unit (NICU), and who may have had health problems when they were born, have a greater risk for developmental delays and require additional screening.

Many children with behavioral or developmental disabilities and sensory deficits miss important opportunities for early detection and intervention due to gaps in screening and availability of services. Delays in language development, other developmental areas or sensory deficits impact a child's ability to be ready for school. Less than 50% of these children are identified as having a problem before they start school and the opportunities for early intervention have been missed. The U.S. Department of Education regulates the early intervention program under Part C of the Individuals with Disabilities Education Act (IDEA). This program provides screening, evaluation and intervention services for infants and toddlers with developmental delays and disabilities and their families. Part C is administered by states that serves infants and toddlers through age 2 with developmental delays or who have diagnosed physical or mental conditions with high probabilities of resulting in developmental delays. However, many children are not Part C eligible initially and have delays that may not be identified.

Developmental screening administrative services funded by FTF are multi-tiered. They include community awareness programs to screen children for developmental delays, identification of children in child care centers with possible delays, and home visitation program staff who have identified children with possible delays. ***Screening for developmental delays or sensory deficits is not diagnostic and should not be represented as definitive***. Screening leads to a referral for a diagnostic assessment by a child's health care providers to determine if there is an actual delay and to plan for treatment through state agencies (AzEIP, school districts, Children's Rehabilitative Services) or private organizations that provide these specific services.

Screening is comprehensive in that it includes a review of children's development in the cognitive, communication, physical development, sensory deficits, social-emotional and adaptive domains. The results of the screening process can lead to further screening and diagnostic testing and early interventions.

There are a number of avenues that can facilitate basic screening and identification of children with potential developmental delays or sensory deficits:

- Quality First Child Care Health Consultants (CCHC)
- Home visitation programs staffed by nurses or trained staff – referrals to appropriate resources if screening cannot occur during home visit.
- Community based screening including mobile screening vans

Although developmental and sensory screening is merged together, awardees can be selected separately. The intent is to have screening be a more comprehensive effort.

I. Implementation Standards

All developmental or sensory screening administration includes the following standards:

Screening services should include the following:

- Discussion of concerns with parent and obtain parental consent for screening.
- Standard training for anyone who is conducting a screening on how to use screening instruments or equipment.
- Administration of age appropriate developmental screening instrument or age appropriate sensory testing equipment.
- Discussion of results of screening with parents.
- Plan for sequential screening if the child's response indicates follow up rather than a referral (could have been an off day, sick child with marginal results).
- Make appropriate referrals to AzEIP, local schools, health care providers, behavioral health professionals, or other community resources for a diagnostic evaluation if results warrant.
- Follow up with families about the result of the referral process and findings. Determine if they obtained an additional screening and what the next steps are for the child.

Screening Locations:

- While screening can occur in wide variety of settings, screenings that are conducted in environments where families maintain ongoing connections (as part of a medical home or child care centers) are preferred. The administration of screening at such locations will facilitate the follow up process, and ensure that routine screenings occur at recommended intervals.
- Screenings should occur in a quiet, well-lighted, non-distracting environment.

- Screenings optimally should occur in settings that are closely aligned to a child's natural environment (for example: where children typically are such as a home or child care center or other location with which the child has familiarity and is comfortable).

Developmental Screening Administration Standards:

Screening Tools

- Age appropriate and standardized screening tools and equipment should be used. Also, the most reliable and appropriate options for screening should be used to:
    - Ensure that the cognitive and motor skills being assessed appropriately match the age of the child.
    - Ensure that screening tools are comprehensive and assess children in all developmental domains: cognition, communication, physical, social-emotional, and adaptive.
- Developmental assessment instruments must have validity and a .80 reliability level.

Suggested developmental assessment tools for screening children birth-age three

a. PEDS (Parents Evaluation of Developmental Status): resources found in Appendix
b. Ages and Stages Questionnaires: link is in reference section, online screening can be considered
c. Ages and Stages Questionnaire: Social Emotional Scale (this tool needs to be supplemented by another tool to ensure all areas of development are covered)

Conducting Screening

- Parent or guardian consent to screening is required before screening can occur.
- The parent is actively involved in the screening process.
- Screening must occur in the child and family's primary language.
- Screenings should include additional confirmatory information (parent input, observations, etc.).
- A parent or other designated caretaker is present for all screening procedures conducted through home visitation or mobile screening activities.
- Parents receive written feedback from the screening as well as a written referral for additional screening and diagnostic services if necessary.

Sensory Screening Administration Standards

Screening Tools

- Screening instruments should be sensitive enough to identify problems, and specific enough to prevent unacceptable over-referrals.
- Screening tools should be designed to capture and hold a child's interest at an age appropriate level while minimizing distraction from other stimuli.
- Screening tools used must be age appropriate, meeting the cognitive and motor skills required for participation.
- Screening tools should be designed to actively engage a young child, giving the tester the

opportunity to observe and interact with the child during the screening process.

- Screening tools must be free from bias and appropriate to the population on which they are used.

Conducting Screening

Hearing

- Hearing screening should be performed using age appropriate, standardized screening tools, equipment and/or assessments.
- Hearing screenings require a quiet environment with ambient noise levels on average of less than 50 dBSPL. Although the space requirement is minimal, it is important that the hearing screenings be conducted in a room separate from the rest of the screening.
- Audiometers, if used, should be equipped with a full headset (two earphones), while audiometers equipped with only one earphone utilizing a handled method should be avoided.
- Hearing screeners should have additional, child friendly manipulatives available to help elicit results beyond the use of hardware and charts.
- All devices to test hearing shall have periodic testing for accuracy and proper functioning and include any required certificates stating that these standards have been met.

Vision

- Vision screening would be performed using age appropriate, standardized screening tools and/or assessments.
- Vision screenings should be conducted in areas that have minimal distraction, are well lighted, and have space appropriate for the test being used.
- Vision screeners should have additional, child friendly manipulatives available to help elicit results beyond the use of hardware and charts.

II. Training and Qualifications Standards

Conducting developmental screening requires specific education and skills.

- Educational level: minimum of a bachelor's degree or certification in child development, nursing, early childhood education, child and family studies, or closely related field is required.
- All individuals conducting developmental screening will obtain and maintain certification and/ or required training on all of the chosen methods and tools used in screening activities and attend re-certification or additional training courses as required by the tool, the instrument developers, and as it is determined necessary through supervision.
- Personnel, who do not meet the required education level or are newly trained in developmental screening activities, may administer developmental screening under the direct supervision of an individual who does meet the training and qualifications standards until it can be documented that the person conducting screening can do so in a reliable manner. This level of supervision is above and beyond the regular supervision activities required in the First Things First Home Visitation or other Standards of Practice. The supervisor will participate with the home visitor or program specialist in conducting

screenings and review all completed screening instruments until the home visitor or program specialist is able to consistently conduct screening in a reliable manner. This can be documented in staff's personnel file and family files.

- Areas of knowledge and competencies must be demonstrated in:
    a. Typical and atypical child development
    b. Routines based interviewing practices (see http://www.fpg.unc.edu/~inclusion/RBI.pdf)
    c. Objective child observation
    d. Use of appropriate screening tools for young children
- Individuals conducting screening will participate in continuing education to remain current and update skills and knowledge regarding developmental screening procedures and child development to meet the requirements of this scope of work.

Conducting sensory screening requires specific education, equipment and skills.

- Educational level: minimum of a bachelor's degree or certification in hearing or vision screening as well as certification in the use of the equipment used for screening.
- All individuals conducting sensory screening will obtain and maintain certification and/ or required training on all of the chosen equipment and tools used in screening activities and attend re-certification or additional training courses as required and as it is determined necessary through supervision.
- Personnel, who do not meet the required education level or are newly trained in sensory screening activities, may administer screening under the direct supervision of an individual who does meet the training and qualifications standards until it can be documented that the person conducting screening can do so in a reliable manner.
    a. This level of supervision is above and beyond the regular supervision activities required in the First Things First Home Visitation or other Standards of Practice. The supervisor will participate with the home visitor or program specialist in conducting screenings and review all completed abnormal or marginal screening results given to families.

III. Cultural Competencies

Programs will also implement the following best practices and standards related to Cultural Competencies:

- To address cultural competency objectives, early childhood practitioners /early childhood service providers shall ensure that children and families receive from all staff members and program participants' effective, understandable, and respectful care that is provided in a culturally competent manner. Early childhood practitioners /early childhood service providers should ensure that staff and participants at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery. Early childhood practitioners/early childhood service providers should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and family-centered involvement to ensure that services are delivered in a manner that is consistent with the National

Standards on Culturally and Linguistically Appropriate Services and/or the National Recommendations on Cultural and Linguistic Competence for the National Association for the Education of Young Children."
http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15
http://www.naeyc.org/positionstatements/linguistic

- Service providers should understand individual Tribes/Nations are distinct and separate communities from other Tribes/Nations and their governmental systems and structures are not reflective of each other. Services to Tribal communities and on reservations must be provided in a manner compatible with the Tribe's/Nation's cultural beliefs and practices, to include the preferred language of the community. Services must also be provided in accordance with the Tribe's/Nation's laws, policies and procedures. The effectiveness of services is directly related to the provider's consideration of the beliefs, customs and laws of the Tribe/Nation.
- Service providers can obtain information about providing services on tribal lands from a variety of sources. These include the FTF Regional Coordinator, Regional Council members, tribal websites and publications, as well as official representatives of the Tribe/Nation such as the governing body, standing committees and authorized departments.
- It is highly recommended that service providers seek guidance from one or more of these sources before initiating services on reservations. Failure to do so could result in contraventions of cultural beliefs, Tribal laws or sovereignty.
- The ideal applicant will demonstrate their ability to operate within these parameters through prior experience working with Tribes/Nations, demonstrating that staff is culturally competent, partnerships with agencies serving Native American families, knowledge of cultural beliefs, customs and laws of the Tribe/Nation or a combination of these elements.
- Related to data collection, evaluation or research activities:
  - In the United States, Native American Tribes are considered autonomous nations with all of the rights and responsibilities of a nation. Understanding this, Native American Tribes are charged with protecting the health and safety of their people. To this end, Tribes have full ownership over any data collected within their reservation boundaries. This means that Tribes can allow or not allow any program to collect data from or related to any early childhood development and health program or activities on the reservation.
  - Any grantee implementing programs in tribal communities must have official tribal permission to collect and utilize sensitive data from or related to any early childhood development and health program or activities. Such data can include but not be limited to:
    - Morbidity and mortality among children members of their communities
    - Information regarding child safety and welfare
    - Information regarding children in foster care
    - Infectious and chronic disease information among members of their communities

- BMI and healthy weight information beginning at age 2 years and each year after that

IV. References and Resources:

Ages and Stages Resources found at: http://agesandstages.com/
CDC Developmental Screening guidelines and tools found at:
http://www.cdc.gov/ncbddd/child/devtool.htm and
http://www.cdc.gov/ncbddd/child/improve.htm
Early developmental screening in early childhood systems: American Academy of Pediatrics and Healthy Child Care America and Child Care and Health Partnership (www.healthychildcare.org) found at: http://www.healthychildcare.org/pdf/DSECSreport.pdf

First signs: Autism spectrum disorder resource found at: http://www.firstsigns.org/

Meisels, S.J., & Atkins-Burnett. S. (2005) 5th edition. Developmental Screening in Early Childhood: A Guide. download at: http://www.naeyc.org/store/files/store/TOC/121.pdf

Exhibit D:

First Things First Target Units of Service Information
Care Coordination/Medical Home

Unit of Service and related Target Service Number

A Unit of Service is a FTF designated indicator of performance specific to each FTF strategy. It is composed of a unit of measure and a number (Target Service Number).

A Unit of Measure/Service can be a target population and/or a service/product that a grantee is expected to serve as part of an agreement. Target Service Number represents the number of units (e.g. target population) proposed to be served or number of products/services proposed to be delivered during the contract year.

For example, for the FTF strategy Home Visitation the FTF Unit of Service is "number of families served" and a Target Service Number of 50 represents the number of families the program proposes to serve during the contract period. All FTF applicants must clearly state in the proposal a target service number for each strategy specific Unit of Service.

For **Care Coordination/Medical Home,** the Unit of Service is:

Number of children served

Determining and Interpreting Target Service Numbers

Number of children served should reflect all children proposed to receive services for one grant contract period (in most cases, one year). This number should reflect a total headcount (aggregate) of children to receive services, including current caseload and potential enrollment within the contract period. Please note this may be a **duplicated** count since it is possible for a child to discontinue (disenroll) and re-enroll to receive services during the same grant contract period.

Performance Measures

Performance Measures measure (1) key indicators of performance (i.e. Unit of Service); (2) basic implementation of strategy; (3) alignment of program activities to strategy specific standards of practice, (4) performance or progress toward pre-established strategic goals. Performance measures may include the level or type of program activities conducted (e.g. serving families/children through home visits) and/or the direct services and products delivered by a program (e.g. providing scholarships).

For **Care Coordination/Medical Home,** the performance measures are:

Number of children served/ proposed service number
Number of written care plans completed
Number of families receiving referrals for health insurance enrollment
Number of referrals for health and human service providers

Exhibit E:

First Things First Target Service Unit Information

Developmental and Sensory Screening

Unit of Service and related Target Service Number

A Unit of Service is a FTF designated indicator of performance specific to each FTF strategy. It is composed of a unit of measure and a number (Target Service Number).
A Unit of Measure/Service can be a target population and/or a service/product that a grantee is expected to serve as part of an agreement. Target Service Number represents the number of units (e.g. target population) proposed to be served or number of products/services proposed to be delivered during the contract year.

For example, for the FTF strategy Home Visitation the FTF Unit of Service is "number of families served" and a Target Service Number of 50 represents the number of families the program proposes to serve during the contract period. All FTF applicants must clearly state in the proposal a target service number for each strategy specific Unit of Service.
For **Developmental and Sensory Screening,** the Units of Service are:

Number of children screened for developmental delays
Number of children receiving vision screening
Number of children receiving hearing screening

Determining and Interpreting Target Service Numbers

Number of children screened for developmental delays should reflect the total number of children receiving screening for developmental delays for one grant contract period (in most cases, one year) and may be a **duplicated** count since one child may receive multiple developmental delay screenings within a contract period.

Number of children receiving vision screening should reflect the total number of children receiving vision screening for one grant contract period (in most cases, one year) and may be a **duplicated** count since one child may receive multiple vision screenings within a contract period.
Number of children receiving hearing screening should reflect the total number of children receiving hearing screening for one grant contract period (in most cases, one year) and may be a **duplicated** count since one child may receive multiple hearing screenings within a contract period.

Performance Measures

Performance Measures measure (1) key indicators of performance (i.e. Unit of Service); (2) basic implementation of strategy; (3) alignment of program activities to strategy specific standards of practice, (4) performance or progress toward pre-established strategic goals. Performance

measures may include the level or type of program activities conducted (e.g. serving families/children through home visits) and/or the direct services and products delivered by a program (e.g. providing scholarships).

For **Developmental & Sensory Screening,** the performance measures are:

Number of children screened for developmental delays/ proposed service number
Number of children receiving vision screening / proposed service number
Number of children receiving hearing screening / proposed service number

Exhibit F:

First Things First - Arizona Early Childhood Development and Health Board Data Security Guidelines and Requirements for Collaborators

BACKGROUND:
The purpose of First Things First is to aid in the creation of a system that offers opportunities and supports for families and communities in the development of all children so they can grow up healthy and ready to succeed. Our work is accountable and transparent to decision-makers and the citizens of Arizona. Collaboration and direct funding of grantees to undertake work on behalf of the children and families of Arizona is fundamental to the purpose and mission of FTF. Regular submission of data related to funded work is an important part of ensuring accountability and maximum positive impact for young children.

Data Security Guidelines for Data Submission to FTF
The Arizona Early Childhood Development and Health Board (First Thing First - FTF) will ensure that resources allocated have maximum impact for the benefit of children and families. To ensure this accountability, FTF will establish data reporting requirements for all state and regional grantees. All funded providers will regularly submit programmatic and financial reports as identified in the FTF reporting requirements.
FTF data submissions are classified in one of three levels:

- **Public data**
- **Limited distribution data**
- **Confidential data**

The majority of FTF reporting submissions are completed through the FTF Partner and Grants Management System (PGMS). Subsequent to the award of a FTF contract, the grantee will receive general training on login and navigation within the PGMS system. With this login the grantee will be able to manage their contract information. An additional training on strategy-specific data submission requirements will also be conducted. During that training the grantee will be informed on submission of data reporting requirements through PGMS. All data submitted through PGMS is **public data** or **limited distribution data**. Because PGMS is located in a secure extranet environment, grantees using PGMS for data submission are not required to undertake additional security measures related to their data submission above those identified in the general and data submission orientations (password and login security, guidelines for upload of narrative and other reports).

A small group of grantees submit data requirements, through agreement between the grantee and FTF, directly through the FTF extranet, rather than a PGMS web-based entry form. These data are likely to contain limited distribution data and must follow the following protocols. Data

structure agreement, Login, ftp, revision request. Grantees that submit data through the FTF extranet must ensure that limited distribution data may not be intercepted or viewed at any time by parties other than the grantee and FTF and that throughout the reporting and submission process the data are secured.

Any grantee submitting data identified as confidential must file a formal data security policy with FTF. Confidential data will not be a part of standard data submission requirements. Grantee general orientation and data reporting orientation will identify data requirements as public data, limited distribution data, and/or confidential data.

Data Security Guidelines for Grantee Maintenance of Data

In order to submit data to FTF in fulfillment of reporting requirements, grantees must keep all data collected for their program(s) within their system (database) or hardcopies. While FTF data submissions are generally aggregated and contain no individually identifying information, grantee data is likely to contain highly sensitive information on individuals, their education and their health. These guidelines and requirements are for the maintenance of those data.

All grantees must have a data security policy in force which identifies how the organization ensures that data is protected in all its forms, during all phases of its life cycle, from inappropriate access, use, modification, disclosure, or destruction.

All grantees subject to HIPAA, FERPA, GITA, or other data regulation, are required to submit and maintain those approvals for all data. If HIPAA, FERPA or other data regulation requires that participating individuals give consent to data collection on their person and if in the course of regular data submissions to FTF such data will be provided to FTF, submission of personal data to FTF must be reflected in all data regulation documents.