

Schedule 13

Funding Request for the 2013-14 Budget Cycle

Department: Human Services
 Request Title: Bridging Health and Human Services Child Abuse Services by Augmenting Nurse Family Partnerships
 Priority Number: S-12D, BA-9K

Dept. Approval by: Jay Moran 2/19/13
 Date
 OSPB Approval by: David M. [Signature] 2/19/13
 Date

- Decision Item FY 2013-14
- Base Reduction Item FY 2013-14
- Supplemental FY 2012-13
- Budget Amendment FY 2013-14

Line Item Information		FY 2012-13		FY 2013-14		FY 2014-15
		1	2	3	4	5
	Fund	Appropriation FY 2012-13	Supplemental Request FY 2012-13	Base Request FY 2013-14	Funding Change Request FY 2013-14	Continuation Amount FY 2014-15
Total of All Line Items	Total	0	291,097	0	1,637,184	1,553,073
	FTE	0.0	0.0	0.0	1.8	2.0
	GF	0	291,097	0	1,637,184	1,553,073
	CF	0	0	0	0	0
	RF	0	0	0	0	0
	FF	0	0	0	0	0
	MCF	0	0	0	0	0
	MGF	0	0	0	0	0
	NGF	0	291,097	0	1,637,184	1,553,073
(5) Division of Child Welfare, Community-based Child Abuse Prevention Services (New Line)	Total	0	291,097	0	1,637,184	1,553,073
	FTE	0.0	0.0	0.0	1.8	2.0
	GF	0	291,097	0	1,637,184	1,553,073
	CF	0	0	0	0	0
	RF	0	0	0	0	0
	FF	0	0	0	0	0
	MCF	0	0	0	0	0
	MGF	0	0	0	0	0
	NGF	0	291,097	0	1,637,184	1,553,073

Letternote Text Revision Required? Yes: No: If yes, describe the Letternote Text Revision:

Cash or Federal Fund Name and COFRS Fund N/A

Reappropriated Funds Source, by Department and Line Item N/A

Name:

Approval by OIT? Yes: No: Not Required:

Schedule 13s from Affected Departments: N/A

Other Information: N/A

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DEPARTMENT OF HUMAN SERVICES

John W. Hickenlooper
Governor

Reggie Bicha
Executive Director

*FY 2012-13 Supplemental and FY 2013-14 Budget Amendment
February 15, 2013*

Reggie Bicha
Signature

2-19-13
Date

Department Priority: S-12D, BA-9K

Bridging Health and Human Services Child Abuse Services by Augmenting Nurse Family Partnership

Summary of Incremental Funding Change for FY 2012-13	Total Funds	General Fund	FTE
Bridging Health and Human Services Child Abuse Services by Augmenting Nurse Family Partnership	\$291,097	\$291,097	0.0
Summary of Incremental Funding Change for FY 2013-14	Total Funds	General Fund	FTE
Bridging Health and Human Services Child Abuse Services by Augmenting Nurse Family Partnership	\$1,637,184	\$1,637,184	1.8

Request Summary:

The Department requests \$291,097 General Fund in FY 2012-13 and \$1,637,184 General Fund and 1.8 FTE in FY 2013-14. The request annualizes to \$1,553,073 General Fund and 2.0 FTE for FY 2014-15, and thereafter.

This request will enhance prevention services for families at risk of entering the child welfare system. Funds allow for the Department and Nurse Family Partnership to augment the existing Nurse Family Partnership program and build a partnership with child welfare agencies and other child abuse prevention programs.

Components of this proposal include: 1) Department staff to develop and oversee a referral system and provide child abuse prevention services to human services clients and one-time enhancements to Nurse Family Partnership databases to implement the referral process and provide evaluation data; 2) a program at Nurse Family Partnership that is dedicated to foster greater collaboration between local health agencies and providers, and county departments

of human services; 3) public health and human services training; 4) an evaluation of the public health and human services systems to identify the system changes needed to improve the collaboration between public health and human services; and 5) Departmental administrative support for the implementation of the prevention services programs and the other child welfare improvements identified in Governor Hickenlooper's Child Welfare Plan "Keeping Kids Safe and Families Healthy."

Problem or Opportunity:

A review of Colorado's substantiated child abuse reports show that young children under age five are at the greatest risk for being subject to child abuse or neglect. Within this young population, a review of the child fatality reports shows newborns through age one and children under age three are at the greatest risk for being victims of fatal child abuse. The Nurse Family Partnership program serves at risk first time mothers. In addition to the Nurse Family Partnership services some individuals will be referred to the relevant public assistance programs (e.g., Food

Assistance). In some cases, the nurse working with the first time mother, may see an individual need for preventive family services as an attempt to avoid future interaction with the Child Welfare system. Currently, there is limited training and coordination between nurses providing Nurse Family Partnership services and preventive services in the child protection area. The Department seeks to create a service delivery system that allows county departments across the state to access Nurse Family Partnership and other child abuse prevention programs.

Families, county departments of human services and local health agencies will benefit from greater collaboration and coordination that brings together research and best practices from the human services and public health fields. Nurse Family Partnership is a well-established program in Colorado under the Department of Public Health and Environment. The Department of Human Services requests funds to augment the Nurse Family Partnership program to link the nurse-home visitor program and its public health components with human services and its social work foundation. Improved coordination will improve county departments of human services' ability to use Nurse Family Partnership services and improve Nurse Family Partnership's ability to access public assistance and child welfare supports when serving a specific family.

Brief Background:

The Department seeks to build collaboration across the child abuse prevention programs, improve linkages between these programs and the human services community, and develop business rules that ensure the effective use of these resources for Colorado families and children. The Nurse Family Partnership program is fully developed and expanding under the Department of Public Health and Environment.

Nurse Family Partnership is an evidence-based program that has had demonstrated success in reducing child abuse and neglect among first-time mothers and serves mothers at-risk for child abuse, but who have not had child welfare

involvement. Nurse Family Partnership is a nurse- and health-care-based program, with a clearly defined curriculum, that identifies mothers during pregnancy and provides intensive home visiting with a structured home-based curriculum during pregnancy and the first two years of a child's life. Participation in Nurse Family Partnership is voluntary. Entry into the program typically occurs within the first twenty-eight weeks of pregnancy, and Nurse Family Partnership services can occur from pregnancy through age two. Colorado has nineteen Nurse Family Partnership sites and those sites served approximately 2,640 families in FY 2011-12. Nurse Family Partnership has a presence in over fifty counties and is expected to expand to fifty-eight counties in 2013.

The Department is not requesting funds for the Nurse Family Partnership program, but rather is requesting funds to develop a subprogram within the Nurse Family Partnership framework that targets human services and child welfare needs. Improving the linkage between child abuse prevention programs and the Department is needed to expand the safety net for children and tailor services to families to ensure they are efficient and effective. Nurse Family Partnership is primed to support bridging health and human services given its national presence, extensive evidence-based child abuse programs, and robust evaluation components.

The Department requests funds for the following purposes (described in greater detail in the sections that follow):

- 1) *Referral Process.* Develop a referral process that better connects families in contact with human services to child abuse prevention programs and connects families to the best prevention program to meet their needs.
- 2) *Nurse Family Partnership Augmentation.* Establish and maintain a Nurse Family Partnership sub-program that augments the existing services. The program will bring public health expertise to human services, provide coordinators and system

navigators to give technical assistance and support to families, public health personnel, and human services personnel seeking and using child abuse prevention services, and be responsible for data related to the program.

- 3) *Training.* Provide training to Nurse Family Partnership staff and county department staff to link public health and human services practices.
- 4) *Evaluation and Strategic Planning.* Evaluate Nurse Family Partnership and child abuse prevention efforts in relation to human services' needs and develop recommendations to modify prevention services and/or child welfare services to more effectively prevent child abuse.
- 5) *Administrative Support.* Provide administrative support to the Department to implement the front-end redesign of child welfare services.

1) *Referral Process.* Changes to the referral process will improve county department access to Nurse Family Partnership and child abuse prevention services. Nurse Family Partnership will be utilized when a county department has determined the family will benefit from preventive services. County department's public assistance units or child welfare programs will refer pregnant women to Nurse Family Partnership to eliminate or reduce the child safety risks that may cause a family to enter or penetrate deeper into the child welfare system.

Strengthening the Nurse Family Partnership referral process will enable county department child welfare staff to access Nurse Family Partnership when a case does not meet the criteria for further assessment or child welfare services, but the family would benefit from prevention services to reduce or eliminate a risk of future abuse. Though the referral may come from county child welfare staff, the referral could also come from the county's TANF, child care assistance or collaborative management programs. The Department requests 1.0 FTE to

provide statewide oversight, coordination, and management of the referral process.

Modifying the Nurse Family Partnership program databases and website would improve processing time of referrals and that database revisions are needed for the Nurse Family Partnership to support the augmentation effort. The revisions include capturing broader risk factors and information that is relevant to human services. The database improvements will also assist Nurse Family Partnership and the Department in evaluating what systematic changes need to occur to make child abuse services more accessible or more effective, and what practices in human services and child welfare need to change to serve families early, promote family participation, and reduce the occurrence or recurrence of child abuse.

This request includes one-time upgrades to the Nurse Family Partnership's web portal to allow staff to enter data needed to efficiently process referrals from county departments, and upgrades Nurse Family Partnership's databases to enable nurses and evaluation teams to expand the data sets to include elements that are relevant to human services. This work will be accomplished by a 12-month contract that is equivalent to a 1.0 FTE. The work will include design, development and programming, user testing, training materials and training

2) *Nurse Family Partnership Augmentation.* The Nurse Family Partnership program services will bridge health and human services using system navigators. The Department requests funds for two Nurse Family Partnership staff to coordinate and support families and personnel navigating the public health and human services systems, and to provide case-by-case and policy-level technical assistance to families, public health personnel, and human services personnel as the service array is expanded and services align. The sub-program requires contract support from a project director equivalent to 0.2 FTE, a program manager, and a two-person resource and referral team.

3) *Training.* Educating Nurse Family Partnership staff and county department staff to link public health and human services paradigms and practices is essential to ensuring that each program's operations connect, and families receive the benefit of a service array that includes both public health and human services.

Eliminating silos and aligning these systems can occur through shared learning that explains the public health and human services paradigms, parallels and contrasts in methodology and decision-making, and identifies the outcomes for each service system. Training will be accomplished through two contract trainers equivalent to 1.5 FTE, a training curriculum designer equivalent to 0.5 FTE and 6.5 days of training (equivalent to 1 week of training and 1.5 days for travel) at nine sites across the state.

4) *Evaluation and Strategic Planning.* The Department requests funds for Nurse Family Partnership to evaluate its own model in relation to human services practices, and the Department requests an independent evaluation of child welfare services in relation to Nurse Family Partnership and other related child abuse prevention programs. The Department determined the scope of the evaluation needs based upon consultation with national experts in the field. The evaluations will enable Colorado to connect existing public health child abuse programs and child protection efforts to serve families before they enter the realm of child protective services, and allow Nurse Family Partnership to determine what changes can occur while maintaining fidelity to the Nurse Family Partnership model.

The evaluation is expected to focus on the following areas:

- Use of the Risk and Strength Framework (RSF). The RSF is designed to be a dynamic framework that can be used to strengthen clinical implementation of the Nurse Family Partnership program, and adjust visit frequency and duration depending upon families' needs and strengths. It is anticipated that the RSF will help nurses systematize their

evaluations of families' needs, which will enable them to work more effectively with local human services and child welfare agencies, and deliver the program even more effectively with all families.

- Nurse knowledge and sense of efficacy in addressing families' risks and strengths in each of the 22 domains covered by the RSF.
- Local child welfare leaders' knowledge and confidence regarding the benefits of working collaboratively with Nurse Family Partnership nurses to serve Nurse Family Partnership families.
- Ways of improving our community level efforts, with a focus on bringing community resources to help the most vulnerable families served in the Nurse Family Partnership.
- Nurses' levels of confidence in communicating with mothers and other family members about arranging alternative custody for the child when mother is disabled or family conditions are so acute that the newborn or child is endangered. This work requires modification of the existing Nurse Family Partnership electronic data system to provide a quantitative basis for monitoring change. This quantitative work will be augmented with qualitative data from key informants at the stages of intervention planning, execution, and after these serious cases have been processed with Nurse Family Partnership nurses and child welfare workers.
- Determining the most effective delivery of Nurse Family Partnership services and human services when serving a family with domestic violence, intimate partner violence, mental illness, addiction, and/or personal exploitation.

The evaluation will include a review of child protection, adult protection, intimate partner violence, differential response, and Trails data. The Department anticipates that evaluation results will inform changes in Nurse Family Partnership and child welfare training as well as changes in practice. These changes will begin in FY 2013-14, and that the impact of the revised training and intervention on outcomes will occur upon

implementation. Changes in practice, to both child welfare and child abuse prevention programs, will occur based upon the data, outcomes and recommendations made in the evaluations. The evaluations of these two systems will allow for continuous quality improvement of Colorado's efforts to prevent child abuse.

The two-person data team for the augmentation program will collect relevant data. The Nurse Family Partnership will use contract evaluation services to prepare the evaluation.

5) *Administrative Support.* The Department requests funds for a Program Assistant II at 1.0 FTE that would support the activities to implement the proposed child welfare initiatives and provide on-going support to the prevention programs. The assistant will schedule and track activities, prepare communications, and process invoices for prevention programs and the other child welfare initiatives.

Proposed Solution:

The Department will augment Nurse Family Partnership and develop the policy and operating framework to bridge public health and human services. The requested funds will develop a referral process and business rules that bridge human services, Nurse Family Partnership and similar public health programs. The funds will enable coordination, system navigation, training and evaluation of the service delivery to determine what changes are needed to make child abuse prevention services and child welfare services more efficient and more effective.

Alternatives:

Colorado could choose to not allocate resources to bridge health and human services through the Department and Nurse Family Partnership; however, the ability to expand the child welfare continuum to reach families before child abuse is reported is reduced. Similarly, the opportunity for public health and human services to collaborate and allow each practice to inform the other is reduced. Nurse Family Partnership is

well established in Colorado and across the nation. Colorado is primed to redefine the front end of the child welfare continuum in partnership with community-based providers, such as Nurse Family Partnership, who are in a position to inform that change.

Anticipated Outcomes:

Developing a service continuum that connects public health child abuse prevention services and child welfare services will reduce child abuse and neglect by:

- Increasing county department referrals to Nurse Family Partnership and improve Nurse Family Partnership's access to public assistance and child welfare supports to Nurse Family Partnership clients; and
- Connecting pregnant women that come into contact with public assistance and child welfare programs with a time-limited evidence based service that has been shown to reduce future occurrences of child abuse, reducing future reporting to county child protection hotlines and increasing the number of children remaining home safely.

In 2012, Nurse Family Partnership has identified the following outcomes for Colorado:

- 38 percent of mothers who entered the program without a diploma/GED have since earned one.
- 47 percent reduction in domestic violence during pregnancy.
- 91 percent of babies were born full term and 90 percent were born at a healthy weight.
- 90 percent of mothers initiated breastfeeding and 35 percent continued to breastfeed at least six months.

Nurse Family Partnership studies show long-term effects in reducing state-verified rates of child abuse and neglect (a 48% reduction), a 28-56 percent relative reduction in emergency department encounters for injuries and ingestions during the children's second year of life, and a 79 percent relative reduction in the number of days that children were hospitalized with injuries and

ingestions during children's first two years. The Washington State Institute for Public Policy, the RAND Corporation and the Brookings Institute have concluded that the return on investment for Nurse Family Partnership is in a range of between \$2.88-\$5.70 of savings for every \$1 spent.

The program changes in this request will also result in the following outcomes:

- Ensuring alignment between the Nurse Family Partnership and child welfare policy and practice to ensure the effective utilization of child abuse prevention services and child welfare services;
- Ensuring that the resources of state and local level are brought together to align services;
- Providing technical assistance to county personnel, Nurse Family Partnership personnel and families needing child abuse prevention services;
- Using coordinators and system navigators to connect families to services and assist personnel in resolving barriers to service delivery. This will enable nurses to spend more time providing nursing services rather than referral services; and
- Evaluating both the Nurse Family Partnership and child welfare service delivery systems to determine if changes in practice or process can improve their effectiveness in reducing child abuse and neglect.

Assumptions for Calculations:

Table 1 identifies costs for the five components of this request. Narrative details about each specific component are found in the Brief Background section of this request. Specific details about cost components are contained within the sections that follow and the attachments.

Table 1. Request Summary.

Component	FY 2012-13	FY 2013-14	FY 2014-15
Referral Process	\$0	\$200,075	\$99,766
Nurse Family Partnership Augmentation	\$218,608	\$708,916	\$708,916
Training	\$39,000	\$295,750	\$295,750
Evaluation and Strategic Planning	\$0	\$211,818	\$238,183
Administrative Support	\$0	\$53,198	\$53,651
Indirect Costs	\$33,489	\$167,427	\$156,807
Total	\$291,097	\$1,637,184	\$1,553,073

1) *Referral Process.* Changes to the referral process require a coordinator, beginning in FY 2013-14, whose duties are identified in Table 2. Detailed personal services costs are found in Attachment A.

Table 2. Coordinator Job Duties.

Duties	Hours
Responsible for implementing the referral processes, provide technical assistance to county departments annotating a prevention services referral, site visits to train county department workers in referral criteria and processes.	580
Partner with prevention service sites to determine that services are effective, implemented with fidelity, and promote child safety.	128
Develop and implement work plans that allow Colorado to maximize federal funding opportunities, create a clear record of services and create an efficient referral process including: IT changes, referral criteria, thresholds for moving from prevention services to child welfare services.	308
Provide technical assistance to nurses, Nurse Family Partnership representatives, county departments, other home visitor programs, and Early Childhood Councils to provide guidance and connect councils and public health initiatives to human services.	286
Develop performance measures, evaluate program progress and effectiveness in	208

coordination with supervisor and independent evaluators, and provide statistical data and reporting.	
Develop and execute procurements and contracts, contract management, program accounting.	162
Develop educational material and market program participation by counties and communities.	104
Travel	312
Total	2,088
1.0 FTE	2,080
FY 2013-14 Cost	\$96,075
Annualized Cost	\$99,766

Infrastructure enhancements to the database and web portal begin in FY 2013-14 and are found in Attachment B. These costs are anticipated to require 2,080 hours of contracted services at \$50 per hour.

2) Nurse Family Partnership Augmentation.

The Department requests funds to allow Nurse Family Partnership to develop a small work unit that partners with the larger Nurse Family Partnership program, the Department and county departments to link Nurse Family Partnership services to human services. The unit will provide coordination, system navigator, and data support services to Nurse Family Partnership, nurses, and the Department. The unit will be comprised of a Nurse Family Partnership Augmentation program manager, two resource, referral and system navigator personnel to support the 58 Nurse Family Partnership sites and county departments utilizing Nurse Family Partnership services, and a two-person data team that develops the business rules and Nurse Family Partnership data system changes needed to efficiently process referrals from human services as well as capture and obtain data needed to evaluate the effectiveness of Nurse Family Partnership services as it relates to public assistance and child welfare services. This unit will inform the larger Nurse Family Partnership organization and the Department of barriers and system changes needed to improve the delivery of child abuse services in Colorado. Costs associated with the Nurse Family

Partnership work unit begin in FY 2012-13 to implement the collaborative service model. Fully staffed, the unit includes 8 positions, both full and part time, with some positions requiring more than one person. Note that the unit has several positions that are aligned with the other components of this request. The following are the anticipated positions:

- *Project Director* (part time) – Responsible for project leadership and work with stakeholders.
- *Program Manager* (full time) – Responsible for managing the program’s operations and coordination of contracts and unit’s work.
- *Support Services Data Manager* (part time) – Responsible for managing data collection and analysis. Works with contracted evaluators.
- *Resource and Referral* (full time, two positions) – work with the State, counties and stakeholders to foster collaboration across programs.
- *Research Assistant and Data Coding* (part time) – Supports the Data Manager, evaluation, and other to ensure data is entered properly and to help with research.
- *IT Professional* (full time) – Maintains IT infrastructure and helps with project to update database and web portal.
- *Fidelity Practice Manager* (full time) – Responsible for ensuring that Nurse Family Partnership sites are implementing the unit’s programmatic changes correctly.
- *Office Manager* (part time) – Provides administrative support for the unit.

Attachment B provides details about the number of hours anticipated for each position and the rates. This totals to \$291,097 in FY 2012-13, \$1,252,793 in FY 13-14 and \$1,135,273 in FY 2014-15 and thereafter.

3) Training.

The Nurse Family Partnership Augmentation program will also partner with the Nurse Family Partnership national training office to develop training for Nurse Family Partnership nurses and county personnel. The training will share current practices, inform the community of changes in

practice as the program evolves, and support information sharing between nurses and county personnel. The training will be developed to be consistent with the Nurse Family Partnership model and its training requirements. Training will be provided regionally as this is consistent with current Nurse Family Partnership training and makes the training accessible to county department personnel. An ongoing curriculum review will occur based upon the work of the Nurse Family Partnership Augmentation Program, training needs assessments and evaluation feedback.

In FY 2012-13, training development will begin with a Nurse Educator working for 520 hours. Beginning in FY 2013-14, personnel associated with training include:

- *Nurse Educator* (full time, 1.5 positions) – Manages education program and curriculum, provides some educational services, and monitors educational needs of nurses.
- *Curriculum Designer* (part time) – Works with Nurse Educators to design and develop curriculum.

Training costs also include expenditures for nine regional conferences, totaling \$87,750. The first regional conferences will be held in FY 2013-14. Costs are based on \$1,500 per day for 6.5 days in nine regions.

4) Evaluation and Strategic Planning.

The Department also requests funds to allow Nurse Family Partnership to perform an internal evaluation of Nurse Family Partnership services as it relates to human services. Nurse Family Partnership is a multi-dimensional program with national standards and training requirements, regionalized implementation, and required internal evaluation. Given the complexity of the Nurse Family Partnership organization, an internal evaluation, with parameters that are established by Nurse Family Partnership, the Department and county departments, ensures that the measures, data and outcomes will take the Nurse Family Partnership model operating parameters into account. This evaluation is

distinct from an evaluation of Nurse Family Partnership services; this evaluation targets Nurse Family Partnership services in relation to the needs and operating parameters of Colorado’s child welfare system.

The evaluation team and the Nurse Family Partnership Augmentation unit will consult with the national Nurse Family Partnership project director as needed to ensure fidelity to the Nurse Family Partnership model and to ensure collaboration between Nurse Family Partnership, the Department and county departments when developing change in Colorado’s child abuse prevention practices. See *Attachment B*.

In addition, an independent evaluator will evaluate Nurse Family Partnership and other child abuse prevention programs and child welfare services to determine what improvements are need to make services more efficient and more effective, and what changes are needed to align public health and human services practices. Based on the evaluation requirements and a review of current evaluation contracts, the Department requests the following:

Table 3. Evaluation Costs by Fiscal Year.

	FY 2013-14	FY 2014-15
Personnel	\$191,550	\$219,200
Materials	\$3,994	\$2,709
Travel	\$16,274	\$16,274
Indirect	\$23,300	\$26,200
Total	\$235,118	\$264,383

See *Attachment C*.

5) Administrative Support.

The Department requests administrative support to aid in the implementation of this program and to help with the implementation of other prevention services programs. Detailed personal services costs can be found in Attachment D. Table 4 identifies administrative support duties.

Table 4. Administrative Support Job Duties.

Duties	Hours
Tracks policies, action items, work group activities and develops presentations,	520

recommendations and reports.	
Proofreading, compiling data from multiple sources and publishing the data as a report, newsletter, powerpoint presentation, or other format as appropriate.	882
Tracks communication, maintains records, schedules, tracks and attends meetings and activities, confirming participation, prepares minutes and follow up communications.	574
Prepares accounting and purchasing documents and reviews submissions for sufficiency. Processes invoices, reimbursement requests, and purchases.	104
Travel	104
Total	2,084
1.0 FTE	2,080
FY 2013-14 Cost	\$53,198
Annualized Costs	\$53,651

Supplemental, 1331 Supplemental, or Budget Amendment Criteria:

Given the ongoing challenges facing Colorado's Child Welfare system, the Executive Branch decided to take advantage of improving revenue forecasts and implement critical Child Welfare reforms.

Current Statutory Authority or Needed Statutory Change:

Section 26-5-102 C.R.S., enables child welfare services system reform goals. No statutory change is needed.

Consequences if not funded:

Colorado will continue to have minimal evidence-based prevention services that are connected directly to county child protection needs. Without enhanced prevention services, the rate in which children and families enter the child welfare services system will not decline.

Impact to Other State Government Agency:

The Department of Public Health and Environment Nurse Family Partnership program may be impacted. It is not possible to fully estimate this impact although these agencies may have reduced costs or improved outcomes if this request is funded.

Relation to Performance Measures:

This funding request will positively impact child safety and permanency. The C-Stat measure that will be positively affected concerns the re-occurrence of child abuse. C-Stat is a performance-based analysis strategy that allows the Department to better focus on and improve performance outcomes that enhance peoples' lives.

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Attachment A - Personnel Costs, Referral Coordinator

Calculation Assumptions:
Personal Services -- Based on the Department of Personnel and Administration's August 2011 Annual Compensation Survey Report, positions are estimated at the bottom of the pay range.
Operating Expenses -- Base operating expenses are included per FTE for \$500 per year. In addition, for regular FTE, annual telephone costs assume base charges of \$450 per year.
Standard Capital Purchases -- Each additional employee necessitates the purchase of a Personal Computer (\$900), Office Suite Software (\$330), and office furniture (\$3,473).
General Fund FTE -- New full-time General Fund positions are reflected in FY 2012-13 as 0.9166 FTE to account for the pay-date shift.

Expenditure Detail		FY 2013-14		FY 2014-15	
<i>Personal Services:</i>		FTE	\$	FTE	
	Monthly Salary				
General Professional V	\$ 5,481	0.9	59,195	1.0	65,772
PERA			6,008		6,676
AED			2,131		2,631
SAED			1,924		2,466
Medicare			858		954
STD			105		116
Health-Life-Dental			4,421		4,421
Subtotal General Professional V, 1.0 FTE		0.9	74,642	1.0	\$ 83,036
Subtotal Personal Services		0.9	\$ 74,642	1.0	\$ 83,036
Operating Expenses					
Regular FTE Operating		1.0	500	1.0	500
Telephone Expenses		1.0	450	1.0	450
PC, One-Time		1.0	1,230		
Office Furniture, One-Time		1.0	3,473		
Travel (miles)		1.0	9,180	1.0	9,180
Lodging		1.0	3,000	1.0	3,000
Per diem		1.0	3,600	1.0	3,600
Subtotal Operating Expenses			\$ 21,433		\$ 16,730
TOTAL REQUEST		0.9	\$ 96,075	1.0	\$ 99,766
	<i>General Fund:</i>		\$ 96,075		\$ 99,766

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Attachment B
Nurse Family Partnership Augmentation
Vendor- Personnel Services (Rate includes salary and Benefits)

	Rate	Hours	Contract Personnel Assigned Task	Cost
FY 2012-13				
Nurse Family Partnership Augmentation				
Project Director	\$236	104		\$24,544
Nurse and Child Protective Service Provider Support Services Program Manager	\$75	520		\$39,000
Nurse and Child Protective Service Provider Support Services Data Manager	\$65	520	1.5	\$50,700
Child Welfare Resource and Referral	\$36	520	2.0	\$37,284
Fidelity Practice Manager	\$45	520		\$23,400
Office Manager	\$42	1,040		\$43,680
			Subtotal:	\$218,608
Training Development				
Nurse Educator	\$50	520	1.5	\$39,000
			Subtotal:	\$39,000
Subtotal Nurse Family Partnership Costs				\$257,608
Indirect 13%				<u>\$33,489</u>
FY 2012-13 Total				\$291,097

FY 2013-14				
Referral Process - Infrastructure Enhancements				
Database and Web-based Access Enhancements	\$50	2,080		\$104,000
			Subtotal:	\$104,000
Nurse Family Partnership Augmentation				
Project Director	\$236	416		\$98,176
Nurse and Child Protective Service Provider Support Services Program Manager	\$75	2,080		\$156,000
Nurse and Child Protective Service Provider Support Services Data Manager	\$65	520	1.5	\$50,700
Child Welfare Resource and Referral	\$36	2,080	2.0	\$149,760
Research Assistant and Data Coding	\$45	520		\$23,400
IT Professional	\$45	2,080		\$93,600
Fidelity Practice Manager	\$45	2,080		\$93,600
Office Manager	\$42	1,040		\$43,680
			Subtotal:	\$708,916
Training Delivery				
Nurse Educator	\$50	2,080	1.5	\$156,000
Curriculum Designer	\$50	1,040		\$52,000
Regional Trainings for Nurse Family Partnership and County Department Personnel (\$1,500/day x 6.5 days x 9 regions)				\$87,750
			Subtotal:	\$295,750
Subtotal Nurse Family Partnership Costs				\$1,108,666
Indirect 13%				<u>\$144,127</u>
FY 2013-14 Total				\$1,252,793

Attachment B (cont'd)
Nurse Family Partnership Augmentation

	Rate	Hours	Contract Personnel Assigned Task	Cost
FY 2014-15 and thereafter				
Nurse Family Partnership Augmentation				
Project Director	\$236	416		\$98,176
Nurse and Child Protective Service Provider Support Services				
Program Manager	\$75	2,080		\$156,000
Nurse and Child Protective Service Provider Support Services Data				
Manager	\$65	520	1.5	\$50,700
Child Welfare Resource and Referral	\$36	2,080	2.0	\$149,760
Research Assistant and Data Coding	\$45	520		\$23,400
IT Professional	\$45	2,080		\$93,600
Fidelity Practice Manager	\$45	2,080		\$93,600
Office Manager	\$42	1,040		\$43,680
			Subtotal:	\$708,916
Training Delivery				
Nurse Educator	\$50	2,080	1.5	\$156,000
Curriculum Designer	\$50	1,040		\$52,000
Regional Trainings for Nurse Family Partnership and County				
Department Personnel (\$1,500/day x 6.5 days x 9 regions)				\$87,750
			Subtotal:	\$295,750
Subtotal Nurse Family Partnership Costs				\$1,004,666
Indirect 13%				<u>\$130,607</u>
FY 2014-15 Total				\$1,135,273

Attachment C
Evaluation Cost Proposal
FY 2013-14
Contract Personnel Costs

Evaluation Development - Personnel	Rate	Hours	Direct Cost
Project Director	\$ 100	81	\$ 8,100
Principal Investigator	\$ 100	200	\$ 20,000
Budget Specialist	\$ 75	8	\$ 600
Total			\$ 28,700

Evaluation - Personnel	Rate	Hours	Direct Cost
Project Director	\$ 100	130	\$ 13,000
Principal Investigator	\$ 100	1,080	\$ 108,000
Budget Specialist	\$ 75	18	\$ 1,350
Researcher	\$ 75	540	\$ 40,500
Total			\$ 162,850

Materials and Supplies

Paper for evaluations, reports and follow-up communication (\$0.10 x 500 pgs x 12 mo.)	\$	600
Supplies- folders, report covers, binder clips	\$	700
Printer cartridges	\$	600
1 Computers, 1 Printer Scanners (\$1,000 per laptop + \$950 per printer/scanner)	\$	1,950
Mailing costs (\$12 per mo. x 12 mo.)	\$	144
Total	\$	3,994

Evaluation - Travel	Mileage	Per Diem	Hotel	
Travel	12,000 miles at \$0.51/mile	\$ 6,120		
	Per Diem at \$56/day x 6 days/mo	\$ 4,032		
	Hotel at \$125/day x 4 days/mo		\$ 6,000	
	Project Meetings (12)	\$ 122		
Total	\$ 6,242	\$ 4,032	\$ 6,000	\$ 16,274

Subtotal Annual Evaluation Cost	\$	211,818
Indirect at 11%	\$	23,300
Total Annual Evaluation Cost	\$	235,118

Attachment C (cont'd)
Evaluation Cost Proposal
FY 2014-15 and thereafter
Contract Personnel Costs

Personnel	Rate	Hours	Direct Cost
Project Director	\$ 100	260	\$ 26,000
Principal Investigator	\$ 100	1500	\$ 150,000
Budget Specialist	\$ 75	36	\$ 2,700
Researcher	\$ 75	540	\$ 40,500
Total cost			\$ 219,200

Materials and Supplies		\$ 1,200
Paper for evaluations, reports and follow-up communication (\$0.10 x 1,000 pgs x 12 mo.)		\$ 950
Supplies- folders, report covers, binder clips		\$ 415
Printer cartridges		\$ 144
Mailing costs (\$12 per mo. x 12 mo.)	Total	\$ 2,709

Travel	Mileage	Per Diem	Hotel	
12,000 miles at \$0.51/mile	\$ 6,120			
Per Diem at \$56/day x 6 days/mo		\$ 4,032		
Hotel at \$125/day x 4 days/mo			\$ 6,000	
Project Meetings (12)	\$ 122			
Total	\$ 6,242	\$ 4,032	\$ 6,000	\$ 16,274

Subtotal Annual Evaluation Cost	\$ 238,183
Indirect at 11%	<u>\$ 26,200</u>
Total Annual Evaluation Cost	\$ 264,383

Attachment D - Personnel Costs, Administrative Support

Calculation Assumptions:

Personal Services -- Based on the Department of Personnel and Administration's August 2011 Annual Compensation Survey Report, positions are estimated at the bottom of the pay range.

Operating Expenses -- Base operating expenses are included per FTE for \$500 per year. In addition, for regular FTE, annual telephone costs assume base charges of \$450 per year.

Standard Capital Purchases -- Each additional employee necessitates the purchase of a Personal Computer (\$900), Office Suite Software (\$330), and office furniture (\$3,473).

General Fund FTE -- New full-time General Fund positions are reflected in FY 2012-13 as 0.9166 FTE to account for the pay-date shift.

Expenditure Detail		FY 2013-14		FY 2014-15	
Personal Services:		FTE	\$	FTE	
	Monthly Salary				
Program Assistant II	\$ 3,366	0.9	36,353	1.0	40,392
PERA			3,690		4,100
AED			1,309		1,616
SAED			1,181		1,515
Medicare			527		586
STD			64		71
Health-Life-Dental			4,421		4,421
Subtotal Program Assistant II, 1.0 FTE		0.9	47,545	1.0	52,701
Subtotal Personal Services		0.9	\$ 47,545	1.0	\$ 52,701
Operating Expenses					
Regular FTE Operating	500	1.0	500	1.0	500
Telephone Expenses	450	1.0	450	1.0	450
PC, One-Time	1,230	1.0	1,230		
Office Furniture, One-Time	3,473	1.0	3,473		
Subtotal Operating Expenses			\$ 5,653		\$ 950
TOTAL REQUEST		0.9	\$ 53,198	1.0	\$ 53,651
<i>General Fund:</i>			\$ 53,198		\$ 53,651